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MEDICAL JOURNALISM SPECIAL PRIZE 1988

Volume 91, No. 7 JULY 1988

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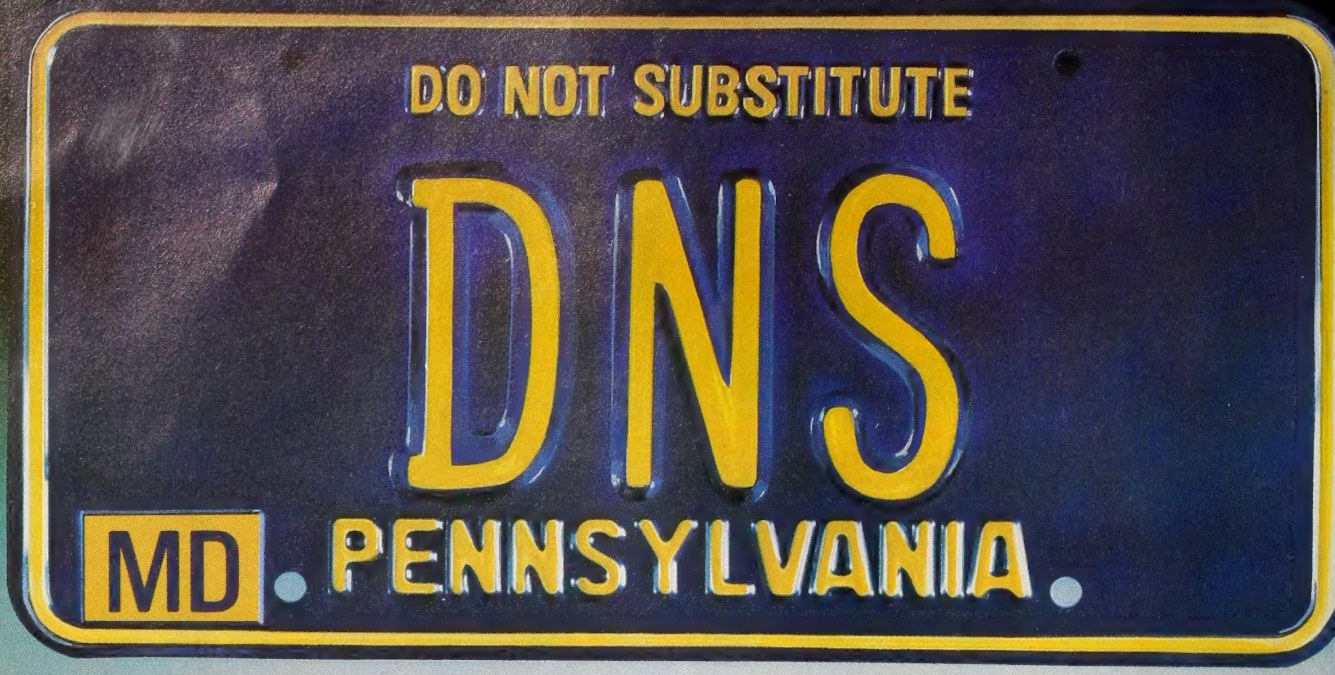

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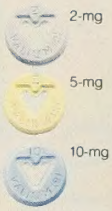

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THEO-DUR®

THEOPHYLLINE (Anhydrous) Sustained Action Tablets

INDICATIONS: THEO-DUR is indicated for relief and/or prevention of symptoms of asthma and for reversible bronchospasm associated with chronic bronchitis and emphysema.

CONTRAINDICATIONS: THEO-DUR is contraindicated in individuals who have shown hypersensitivity to theophylline or any of the tablet components.

WARNINGS: Status asthmaticus should be considered a medical emergency and is defined as that degree of bronchospasm which is not rapidly responsive to usual doses of conventional bronchodilators. Optimal therapy for such patients frequently requires both *additional medication*, parenterally administered, and *close monitoring*, preferably in an intensive care setting.

Although increasing the dose of theophylline may bring about relief, such treatment may be associated with toxicity. The likelihood of such toxicity developing increases significantly when the serum theophylline concentration exceeds 20 mcg/ml. Therefore, determination of serum theophylline levels is recommended to assure maximal benefit without excessive risk.

Serum levels above 20 mcg/ml are rarely found after appropriate administration of recommended doses. However, in individuals in whom theophylline plasma clearance is reduced *for any reason*, even conventional doses may result in increased serum levels and potential toxicity. Reduced theophylline clearance has been documented in the following readily identifiable groups: 1) patients with impaired renal or liver function; 2) patients over 55 years of age, particularly males and those with chronic lung disease; 3) those with cardiac failure from any cause; 4) neonates; and 5) those patients taking certain drugs (macrolide antibiotics and cimetidine). Decreased clearance of theophylline may be associated with either influenza immunization or active infection with influenza.

Reduction of dosage and laboratory monitoring is especially appropriate in the above individuals. Less serious signs of theophylline toxicity (i.e. nausea and restlessness) may occur frequently when initiating therapy, but are usually transient; when such signs are persistent during maintenance therapy, they are often associated with serum concentrations above 20 mcg/ml. Unfortunately, however, serious side effects such as ventricular arrhythmias, convulsions or even death may appear as the first sign of toxicity without any previous warning. Stated differently: *serious toxicity is not reliably preceded by less severe side effects.*

Many patients who require theophylline may exhibit tachycardia due to their underlying disease process so that the cause/effect relationship to elevated serum theophylline concentrations may not be appreciated.

Theophylline products may cause dysrhythmia and/or worsen pre-existing arrhythmias and any significant change in rate and/or rhythm warrants monitoring and further investigation.

The occurrence of arrhythmias and sudden death (with histological evidence of necrosis of the myocardium) has been recorded in laboratory animals (minipigs, rodents and dogs) when theophylline and beta agonists were administered concomitantly, although not when either was administered alone. The significance of these findings when applied to human usage is currently unknown.

PRECAUTIONS: THEO-DUR TABLETS SHOULD NOT BE CHEWED OR CRUSHED.

General: Theophylline half-life is shorter in smokers than in non-smokers. Therefore, smokers may require larger or more frequent doses. Morphine and curare should be used with caution in patients with airway obstruction as they may suppress respiration and stimulate histamine release. Alternative drugs should be used when possible. Theophylline should not be administered concurrently with other xanthine medications. Use with caution in patients with severe cardiac disease, severe hypoxemia, hypertension, hyperthyroidism, acute myocardial injury, cor pulmonale, congestive heart failure, liver disease, in the elderly (especially males) and in neonates. In particular, great caution should be used in giving theophylline to patients with congestive heart failure. Frequently, such patients have markedly prolonged theophylline serum levels with theophylline persisting in serum for long periods following discontinuation of the drug. Individuals who are rapid metabolizers of theophylline, such as the young, smokers, and some non-smoking adults, may not be suitable candidates for once-daily dosing. These individuals will generally need to be dosed at 12 hour or sometimes 8 hour intervals. Such patients may exhibit symptoms of bronchospasm near the end of a dosing interval, or may have wider peak-to-trough differences than desired.

Use theophylline cautiously in patients with history of peptic ulcer. Theophylline may occasionally act as a local irritant to the G.I. tract although gastrointestinal symptoms are more commonly centrally mediated and associated with serum drug concentrations over 20 mcg/ml.

Information for Patients: The physician should reinforce the importance of taking only the prescribed dose and time interval between doses. THEO-DUR tablets should not be chewed or crushed. When dosing THEO-DUR on a once daily (q24h) basis, tablets should be taken whole and not split. As with any controlled-release theophylline product, the patient should alert the physician if symptoms occur repeatedly, especially near the end of the dosing interval.

DRUG INTERACTIONS: Drug-Drug: Toxic synergism with ephedrine has been documented and may occur with some other sympathomimetic bronchodilators. In addition, the following drug interactions have been demonstrated:

Drug	Effect
Theophylline with lithium carbonate	Increased excretion of lithium carbonate
Theophylline with propranolol	Antagonism of propranolol effect
Theophylline with cimetidine	Increased theophylline blood levels
Theophylline with troleandomycin, erythromycin	Increased theophylline blood levels

Drug-Food: *THEO-DUR 100 mg Sustained Action Tablets* have not been adequately studied to determine whether their bioavailability is altered when given with food. Available data suggest that drug administration at the time of food ingestion may influence the absorption characteristics of theophylline controlled-release products resulting in serum values different from those found after administration in the fasting state.

A drug-food effect, if any, would likely have its greatest clinical significance when high theophylline serum levels are being maintained and/or when large single doses (greater than 13 mg/kg or 900 mg) of a controlled-release theophylline product are given.

THEO-DUR (200, 300, and 450 mg) Sustained Action Tablets: The rate and extent of absorption of theophylline from THEO-DUR 200 mg, 300 mg, and 450 mg tablets when administered fasting or immediately after a moderately high fat content breakfast is similar.

Drug-Laboratory Test Interactions: When plasma levels of theophylline are measured by spectrophotometric methods, coffee, tea, cola beverages, chocolate, and acetaminophen contribute falsely high values.

Carcinogenesis, Mutagenesis, and Impairment of Fertility: Long-term animal studies have not been performed to evaluate the carcinogenic potential, mutagenic potential, or the effect on fertility of xanthine compounds.

Pregnancy: Category C—Animal reproduction studies have not been conducted with theophylline. It is not known whether theophylline can cause fetal harm when administered to a pregnant woman or can affect reproduction capacity. Xanthines should be given to a pregnant woman only if clearly needed.

Nursing Mothers: It has been reported that theophylline distributes readily into breast milk and may cause adverse effects in the infant. Caution must be used if prescribing xanthine to a mother who is nursing, taking into account the risk-benefit of this therapy.

Pediatric Use: Safety and effectiveness of THEO-DUR administered:

1. Every 24 hours in children under 12 years of age, have not been established.
2. Every 12 hours in children under 6 years of age, have not been established.

ADVERSE REACTIONS: The most consistent adverse reactions are usually due to overdose and are:

1. *Gastrointestinal*: nausea, vomiting, epigastric pain, hematemesis, diarrhea.
2. *Central nervous system*: headaches, irritability, restlessness, insomnia, reflex hyperexcitability, muscle twitching, clonic and tonic generalized convulsions.
3. *Cardiovascular*: palpitation, tachycardia, extrasystoles, flushing, hypotension, circulatory failure, ventricular arrhythmias.
4. *Respiratory*: tachypnea.
5. *Renal*: albuminuria, increased excretion of renal tubular and red blood cells, potentiation of diuresis.
6. *Other*: rash, hyperglycemia and inappropriate ADH syndrome.

OVERDOSAGE: Management: If potential oral overdose is established and seizure has not occurred:

A. Induce vomiting.
B. Administer a cathartic (this is particularly important if sustained-release preparations have been taken).
C. Administer activated charcoal.

If patient is having a seizure:

A. Establish an airway.
B. Administer oxygen.
C. Treat the seizure with intravenous diazepam, 0.1 to 0.3 mg/kg up to 10 mg.
D. Monitor vital signs, maintain blood pressure and provide adequate hydration.

Post Seizure Coma:

A. Maintain airway and oxygenation.
B. If a result of oral medication, follow above recommendations to prevent absorption of the drug, but intubation and lavage will have to be performed instead of inducing emesis, and the cathartic and charcoal will need to be introduced via a large bore gastric lavage tube.
C. Continue to provide full supportive care and adequate hydration while waiting for drug to be metabolized. In general, the drug is metabolized sufficiently rapid so as not to warrant consideration of dialysis; however, if serum levels exceed 50 mcg/ml charcoal hemoperfusion may be indicated.

CAUTION: Federal law prohibits dispensing without prescription. For full prescribing information, see package insert.

Revised 6/87

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Before prescribing, see complete prescribing information in SK&F CO. literature or PDR. The following is a brief summary.

WARNING
This drug is not indicated for initial therapy of edema or hypertension. Edema or hypertension requires therapy titrated to the individual. If this combination represents the dosage so determined, its use may be more convenient in patient management. Treatment of hypertension and edema is not static, but must be reevaluated as conditions in each patient warrant.

Contraindications: *Concomitant use with other potassium-sparing agents such as spironolactone or amiloride. Further use in anuria, progressive renal or hepatic dysfunction, hyperkalemia. Pre-existing elevated serum potassium. Hypersensitivity to either component or other sulfonamide-derived drugs.*
Warnings: Do not use potassium supplements, dietary or otherwise, unless hypokalemia develops or dietary intake of potassium is markedly impaired. *If supplementary potassium is needed, potassium tablets should not be used. Hyperkalemia can occur, and has been associated with cardiac irregularities. It is more likely in the severely ill, with urine volume less than one liter/day, the elderly and diabetics with suspected or confirmed renal insufficiency. Periodically, serum K^+ levels should be determined. If hyperkalemia develops, substitute a thiazide alone, restrict K^+ intake.* ***Associated widened QRS complex or arrhythmia requires prompt additional therapy.*** *Thiazides cross the placental barrier and appear in cord blood. Use in pregnancy requires weighing anticipated benefits against possible hazards, including fetal or neonatal jaundice, thrombocytopenia, other adverse reactions seen in adults. Thiazides appear and triamterene may appear in breast milk. If their use is essential, the patient should stop nursing. Adequate information on use in children is not available. Sensitivity reactions may occur in patients with or without a history of allergy or bronchial asthma. Possible exacerbation or activation of systemic lupus erythematosus has been reported with thiazide diuretics.*
Precautions: *The bioavailability of the hydrochlorothiazide component of 'Dyazide' is about 50% of the bioavailability of the single entity. Theoretically, a patient transferred from the single entities of triamterene and hydrochlorothiazide may show an increase in blood pressure or fluid retention. Similarly, it is also possible that the lesser hydrochlorothiazide bioavailability could lead to increased serum potassium levels. However, extensive clinical experience with 'Dyazide' suggests that these conditions have not been commonly observed in clinical practice. Angiotensin-converting enzyme (ACE) inhibitors can elevate serum potassium; use with caution with 'Dyazide'. Do periodic serum electrolyte determinations (particularly important in patients vomiting excessively or receiving parenteral fluids, and during concurrent use with amphotericin B or corticosteroids or corticotropin[ACTH]). Periodic BUN and serum creatinine determinations should be made, especially in the elderly, diabetics or those with suspected or confirmed renal insufficiency. Cumulative effects of the drug may develop in patients with impaired renal function. Thiazides should be used with caution in patients with impaired hepatic function. They can precipitate coma in patients with severe liver disease. Observe regularly for possible blood dyscrasias, liver damage, other idiosyncratic reactions. Blood dyscrasias have been reported in patients receiving triamterene, and leukopenia, thrombocytopenia, agranulocytosis, and aplastic and hemolytic anemia have been reported with thiazides. Thiazides may cause manifestation of latent diabetes mellitus. The effects of oral anticoagulants may be decreased when used concurrently with hydrochlorothiazide, dosage adjustments may be necessary. Clinically insignificant reductions in arterial responsiveness to norepinephrine have been reported. Thiazides have also been shown to increase the paralyzing effect of nondepolarizing muscle relaxants such as tubocurarine. Triamterene is a weak folic acid antagonist. Do periodic blood studies in cirrhotics with splenomegaly. Antihypertensive effects may be enhanced in post-sympathectomy patients. Use cautiously in surgical patients. Triamterene has been found in renal stones in association with the other usual calculus components. Therefore, 'Dyazide' should be used with caution in patients with histories of stone formation. A few occurrences of acute renal failure have been reported in patients on 'Dyazide' when treated with indomethacin. Therefore, caution is advised in administering nonsteroidal anti-inflammatory agents with 'Dyazide'. The following may occur: transient elevated BUN or creatinine or both, hyperglycemia and glycosuria (diabetic insulin requirements may be altered), hyperuricemia and gout, digitalis intoxication (in hypokalemia), decreasing alkali reserve with possible metabolic acidosis. 'Dyazide' interferes with fluorescent measurement of quinidine. Hypokalemia is uncommon with 'Dyazide', but should it develop, corrective measures should be taken such as potassium supplementation or increased dietary intake of potassium-rich foods. Corrective measures should be instituted cautiously and serum potassium levels determined. Discontinue corrective measures and 'Dyazide' should laboratory values reveal elevated serum potassium. Chloride deficit may occur as well as dilutional hyponatremia. Concurrent use with chlorpropamide may increase the risk of severe hyponatremia. Serum PBI levels may decrease without signs of thyroid disturbance. Calcium excretion is decreased by thiazides. 'Dyazide' should be withdrawn before conducting tests for parathyroid function. Thiazides may add to or potentiate the action of other antihypertensive drugs. Diuretics reduce renal clearance of lithium and increase the risk of lithium toxicity.*
Adverse Reactions: *Muscle cramps, weakness, dizziness, headache, dry mouth; anaphylaxis, rash, urticaria, photosensitivity, purpura, other dermatological conditions, nausea and vomiting, diarrhea, constipation, other gastrointestinal disturbances; postural hypotension (may be aggravated by alcohol, barbiturates, or narcotics). Necrotizing vasc[illegible] icterus, pancreatitis, xanthopsia and respiratory distress including pneumonitis and pulmonary edema [illegible] sialadenitis, and vertigo have occurred with thiazides alone. Triamterene has been found in renal stones in association with other usual calculus components. Rare incidents of acute interstitial nephritis have been reported. Impotence has been reported in a few patients on 'Dyazide', although a causal relationship has not been established.*
Supplied: ***'Dyazide' is supplied as a red and white capsule, in bottles of 1000 capsules; Single Unit Packages (unit-dose) of 100 (intended for institutional use only); in Patient-Pak™ unit-of-use bottles of 100.***

BRS-DZ-L45

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Pennsylvania Medicine®

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20 Erford Road
Lemoyne, Pennsylvania 17043
Telephone (717) 763-7151

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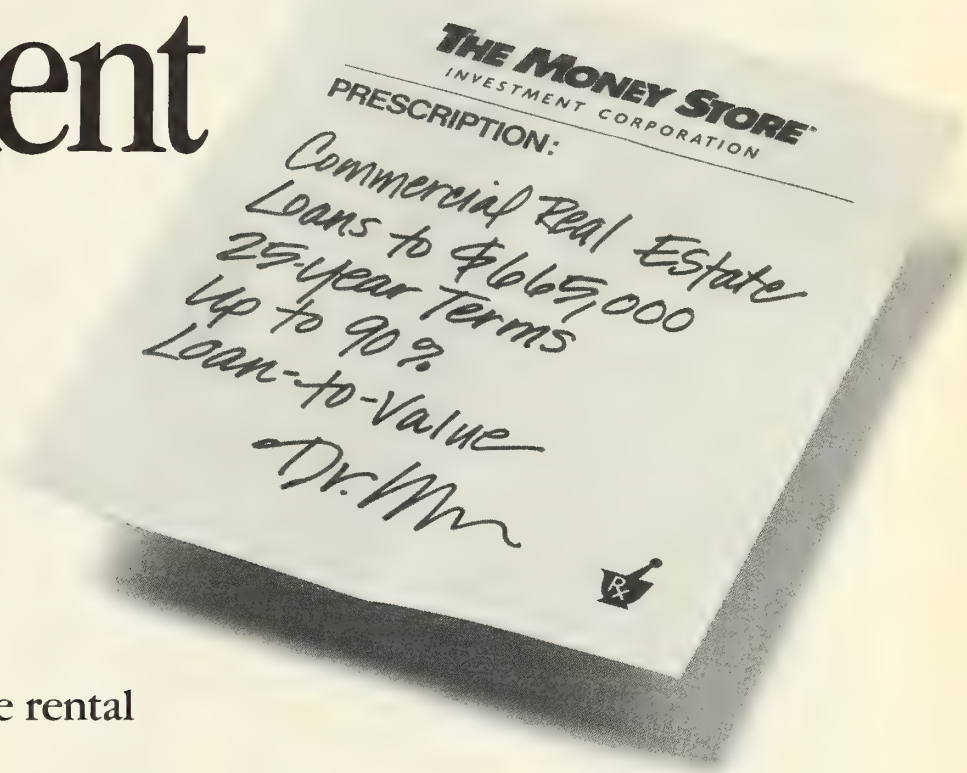

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LAW REQUIRES PHYSICIANS DISCLOSE FINANCIAL TIES

A new state law imposes disclosure requirements on a physician who refers a patient to a facility or entity in which the physician has a financial interest. The law (Act 66 of 1988) requires the physician to advise the patient of the interest and that the patient is free to use the facility or entity of the patient's choice. The disclosure requirements are effective July 25, 1988. They are consistent with the AMA ethical requirements.

COST CONTAINMENT COUNCIL OFFERS INDIGENT CARE PLAN

Members of the Pennsylvania Health Care Cost Containment Council met June 24 to vote on a proposed indigent care plan. The purpose of the plan is to assure access to basic health care for Pennsylvania's one million uninsured and 800,000 underinsured citizens. Under the proposed plan, employer-based insurance coverage, eligibility for Medical Assistance, and grants for health care providers who care for the indigent would be expanded. The plan would be financed through public and private funds. After the plan is submitted to the legislature and governor July 1, the legislature has 120 days to enact a statewide plan.

TORT REFORM LEGISLATION VOTED OUT OF COMMITTEE

The House Judiciary Committee has voted HB 2520, out of committee. Committee Chairman William DeWeese introduced the bill, which redefines "expert witness" for medical malpractice actions. PMS hopes to amend HB 2520 by adding provisions of HB 1834, the proposed medical liability reform bill. HB 2520 is now in the Rules Committee, awaiting release to the floor.

AMA ASKS CONGRESS TO DEFER RESIDENTS' LOAN PAYMENTS

The American Medical Association is urging Congress to provide resident physicians with full deferments for payments on their guaranteed student loans and supplemental loans for students. The AMA request is that all residents receive deferments for the duration of their postgraduate training regardless of when or where they received their loans, where they are in training, or how long their residencies last.

STATEWIDE HEALTH INSURANCE SUBJECT OF COUNCIL STUDY

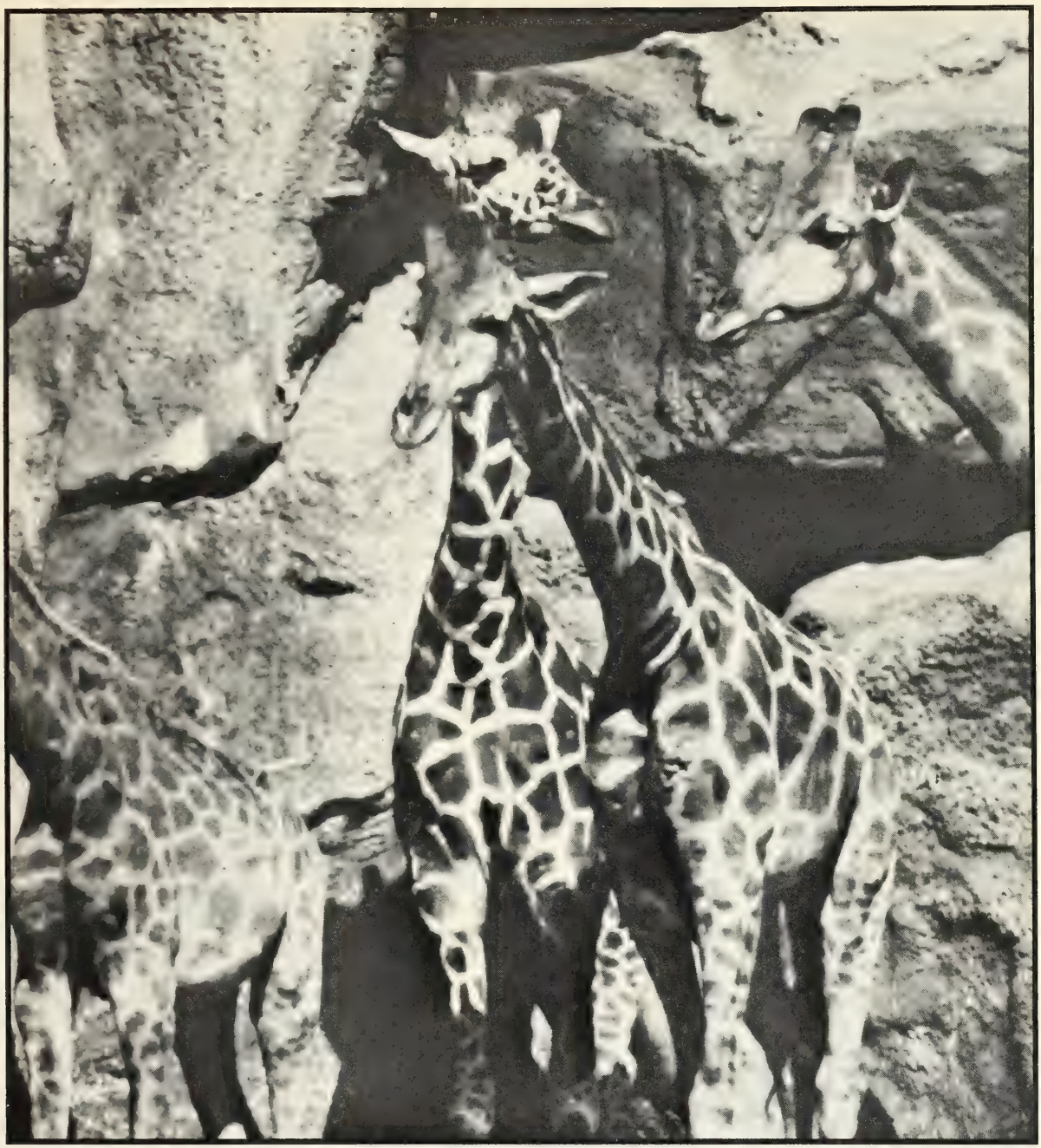
The Society's Board of Trustees at its May meeting directed the Council on Medical Economics to explore the issue of statewide health insurance for all Pennsylvanians. The Council's report will go to the Executive Committee within three months.

GONORRHEA CASES UP IN COMMONWEALTH

State health department statistics for 1987 show gonorrhea has remained the number one communicable disease in Pennsylvania for the 12th consecutive year. In 1987, 30,188 gonorrhea cases were reported in the state for a 9.9 percent increase over 1986 figures. In the past 12 years, only 1984 had more cases.

LANCASTER, CHESTER COUNTIES CENTER OF RABIES ACTIVITIES

Lancaster and Chester counties accounted for 26 of the 47 rabies cases reported in the state in May, according to the state health department. The two counties have recorded 118 of the 196 cases found in the state in the first five months of the year. This year's 196 cases compares with 140 cases through May 1987. Twenty-four of the state's 67 counties have now recorded at least one rabies case during 1988.



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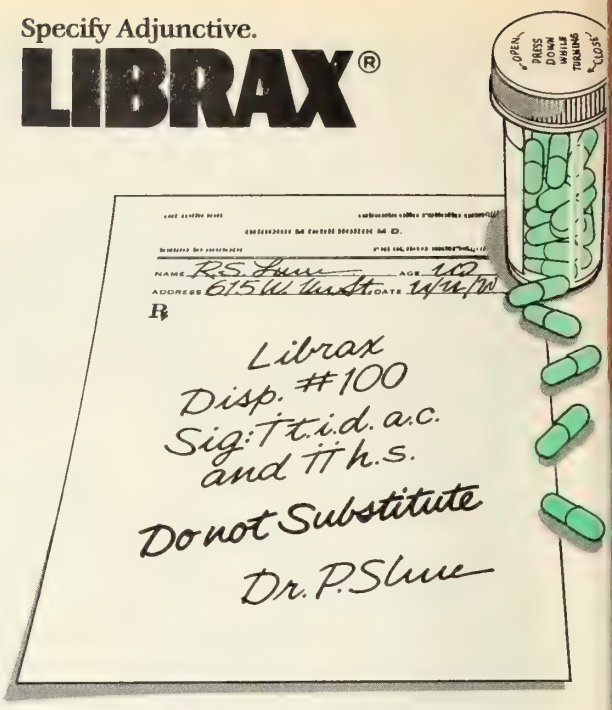

Each capsule contains 5 mg chlordiazepoxide HCl and 2.5 mg clidinium bromide.

Please consult complete prescribing information, a summary of which follows:

* **Indications:** Based on a review of this drug by the National Academy of Sciences—National Research Council and/or other information, FDA has classified the indications as follows:
"Possibly" effective: as adjunctive therapy in the treatment of peptic ulcer and in the treatment of the irritable bowel syndrome (irritable colon, spastic colon, mucous colitis) and acute enterocolitis.
Final classification of the less-than-effective indications requires further investigation.

Contraindications: Glaucoma; prostatic hypertrophy, benign bladder neck obstruction; hypersensitivity to chlordiazepoxide HCl and/or clidinium Br.
Warnings: Caution patients about possible combined effects with alcohol and other CNS depressants, and against hazardous occupations requiring complete mental alertness (*e.g.*, operating machinery, driving)

Usage in Pregnancy: **Use of minor tranquilizers during first trimester should almost always be avoided because of increased risk of congenital malformations as suggested in several studies. Consider possibility of pregnancy when instituting therapy. Advise patients to discuss therapy if they intend to or do become pregnant.**

As with all anticholinergics, inhibition of lactation may occur.
Withdrawal symptoms of the barbiturate type have occurred after discontinuation of benzodiazepines (see Drug Abuse and Dependence).
Precautions: In elderly and debilitated, limit dosage to smallest effective amount to preclude ataxia, oversedation, confusion (no more than 2 capsules/day initially; increase gradually as needed and tolerated). Though generally not recommended, if combination therapy with other psychotropics seems indicated, carefully consider pharmacology of agents, particularly potentiating drugs such as MAO inhibitors, phenothiazines. Observe usual precautions in presence of impaired renal or hepatic function. Paradoxical reactions reported in psychiatric patients. Employ usual precautions in treating anxiety states with evidence of impending depression; suicidal tendencies may be present and protective measures necessary. Variable effects on blood coagulation reported very rarely in patients receiving the drug and oral anticoagulants; causal relationship not established. Inform patients to consult physician before increasing dose or abruptly discontinuing this drug
Adverse Reactions: No side effects or manifestations not seen with either compound alone reported with Librax. When chlordiazepoxide HCl is used alone, drowsiness, ataxia, confusion may occur, especially in elderly and debilitated; avoidable in most cases by proper dosage adjustment, but also occasionally observed at lower dosage ranges. Syncope reported in a few instances. Also encountered: isolated instances of skin eruptions, edema, minor menstrual irregularities, nausea and constipation, extrapyramidal symptoms, increased and decreased libido—all infrequent, generally controlled with dosage reduction; changes in EEG patterns may appear during and after treatment; blood dyscrasias (including agranulocytosis), jaundice, hepatic dysfunction reported occasionally with chlordiazepoxide HCl, making periodic blood counts and liver function tests advisable during protracted therapy. Adverse effects reported with Librax typical of anticholinergic agents, *i.e.*, dryness of mouth, blurring of vision, urinary hesitancy, constipation. Constipation has occurred most often when Librax therapy is combined with other spasmolytics and/or low residue diets.
Drug Abuse and Dependence: Withdrawal symptoms similar to those noted with barbiturates and alcohol have occurred following abrupt discontinuance of chlordiazepoxide; more severe seen after excessive doses over extended periods; milder after taking continuously at therapeutic levels for several months. After extended therapy, avoid abrupt discontinuation and taper dosage. Carefully supervise addiction-prone individuals because of predisposition to habituation and dependence.

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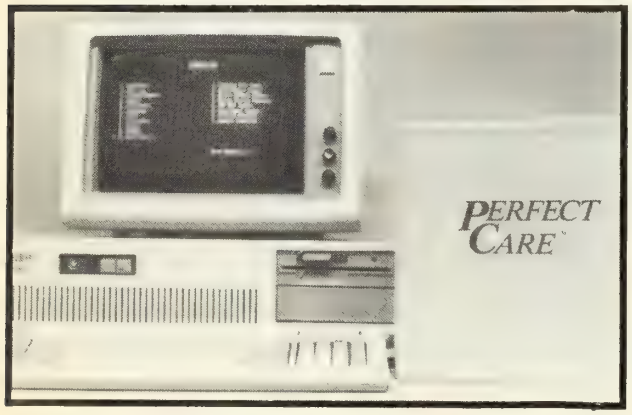

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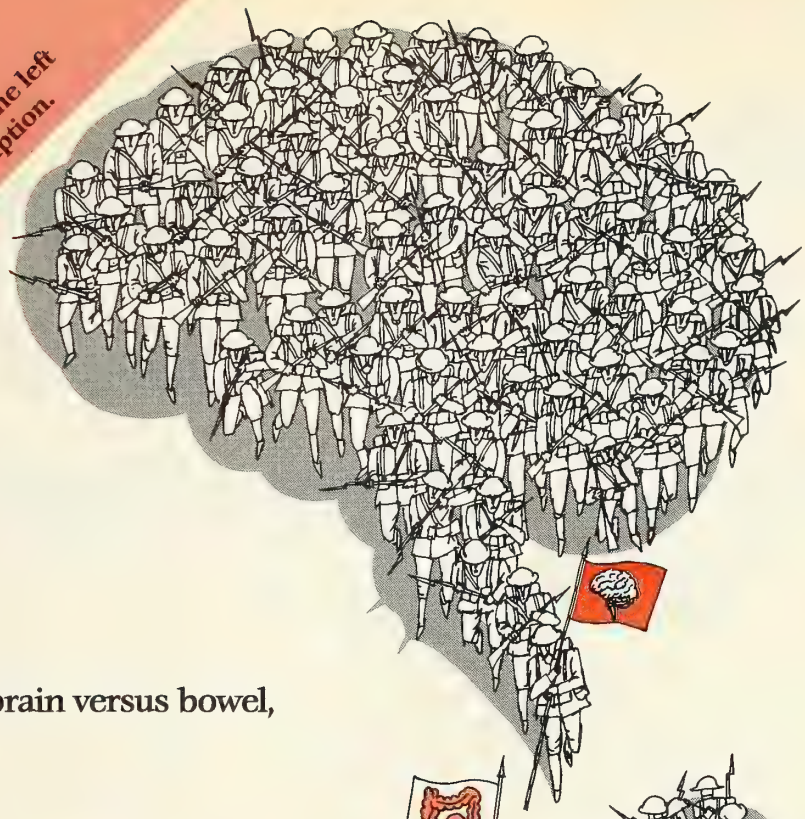

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MDs, DOs set agenda for joint affairs

Patricia L. Hogg

A series of recommendations on joint association and professional/educational affairs was the outcome when a group of MDs and DOs met June 1 in Valley Forge to discuss common concerns and problems. Leaders from the Pennsylvania Osteopathic Medical Association (POMA) and the Pennsylvania Medical Society participated.

For the first part of the conference the participants were placed into two groups. One group looked at ways the two associations could work together on association affairs such as membership, community programs, political activities, communications, and public relations. The second group discussed joint problems in medical education, internship training and licensure, and sociopolitical education.

A general session ending the conference considered recommendations suggested by the subgroups. All of the recommendations were accepted unanimously and will be taken to the boards of the organizations for action. The recommendations follow:

• A joint MD/DO committee should be formed to develop programs and to provide a steady interchange of ideas between POMA and PMS. Meeting at regular intervals, it should consist of the chairmen of legislation, education, and public relations, and an appointed board member from each organization. The chief executive officers of POMA and PMS should serve as advisors. Reports from this committee to the boards of the respective societies should be identical.

• Classes in public relations, public perception, and socioeconomics should be part of the required curriculum of medical schools. Some schools already offer classes in ethics and economics in the first two years.

• With the intention of making the state boards of medicine and osteopathic medicine more effective, the officers of POMA and PMS should meet with the governor to discuss the concerns of the medical community with the licensing boards.

• PMS should look into the possibility of requiring DOs to be members of both PMS and POMA to qualify for medical malpractice coverage from PMSLIC. POMA is to provide background on this issue to the PMS Board.

• PMS and POMA should support regulations of the state osteopathic board that would streamline the approval process of DO graduates who want credit for an internship in an MD institution for the purpose of Pennsylvania licensure.

• PMS and POMA should continue to encourage MD institutions to provide internship training that conforms with American Osteopathic Association standards, is accredited by the AOA, and is affiliated with an osteopathic medical school or hospital with an AOA approved internship program.

• Medical schools should place more emphasis on the following shared programs: patient simulation, use of computers and library facilities, and ambulatory care in a wide variety of settings.

• PMS and POMA should join in an effort to provide introductory education on socioeconomic issues in the medical schools with significant emphasis on these issues recurring midway through residency training. Medical schools and residency programs should look to organized medicine for resources to help provide this training.

The conference was first recommended by Gerald L. Andriole, MD, PMS president elect, at the 1987 Meeting of the PMS House of Delegates. Facilitators for the conference were Dr. Andriole, Harvey A. Harris, DO, Robert E. Albertini, MD, and J. Peter Tilley, DO.

Dr. Malmud takes new position at Temple

Leon S. Malmud, MD, is the new vice president for health sciences at Temple University. He was selected unanimously by a nine-member university search committee.

As vice president, Dr. Malmud is responsible for all of the schools and colleges of the health sciences, including medicine, dentistry, allied health professions, and pharmacy, as well as the medical school's Physicians' Practice Plan, the University Dental Clinics, and the Temple University Woodhaven Center for Developmental Disabilities. He will handle all budget and financial matters for the Health Sciences Center.

Dr. Malmud has been at Temple for 15 years, serving most recently as acting vice president for hospital affairs. He is a graduate of the University of Pennsylvania School of Medicine and did an internship at the Albert Einstein Medical Center and his residency at the Hospital of the University of Pennsylvania and Temple University Hospital.

The health sciences center represents 48 percent of Temple's total operating budget of $535,407,000.

Dr. Malmud

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Number of state's medical graduates up 40

Graduation ceremonies took place in May and June for 1,254 graduates of Pennsylvania's seven medical schools and one osteopathic school. This total is 40 higher than last year's total of 1,214, representing an increase of 3.2 percent. Slightly less than a third, or 410, of the graduates were women. The number of women graduates declined 3 from last year's total of 413, for a 0.8 percent decrease.

Hahnemann University

At Hahnemann's 141st commencement ceremonies, 156 graduates received medical degrees. Of the 156, 108 were men and 48 were women. The ceremonies took place June 2 at the Academy of Music, Philadelphia.

Richard C. Reynolds, MD, executive vice president of the Robert Wood Johnson Foundation in Princeton, NJ, delivered the commencement address and received an honorary doctor of science degree. Prior to joining the Foundation, Dr. Reynolds was dean at the Robert Wood Johnson Medical School at the University of Medicine and Dentistry of New Jersey (UMDNJ).

Jefferson Medical College

On June 10 at the Academy of Music, Philadelphia, 219 students graduated from Jefferson Medical College of the Thomas Jefferson University. Sixty of the students were women; 159 were men. This was Jefferson's 164th graduating class.

Two guests at the ceremonies received honorary degrees. U.S. Representative William H. Gray III, of Philadelphia, received a doctorate of laws. Gray was first elected to the U.S. House in 1978 and is chairman of the House Budget Committee. Bernard Lown, MD, cofounder of International Physicians for the Prevention of Nuclear War, winner of a 1985 Nobel Peace Prize, received a doctorate of humane letters. Dr. Lown is a professor of cardiology at Harvard School of Public Health and inventor of the defibrillator and the cardioverter.

The faculty speaker at the event was Willis C. Maddrey, MD, chairman of the Department of Medicine at Jefferson. Bruce E. Jarrell, MD, associate professor of surgery at Jefferson, was grand marshall.

Medical College of Pennsylvania

The Medical College of Pennsylvania (MCP) awarded 114 medical degrees to 52 men and 62 women June 4 at its 136th commencement ceremonies at the Academy of Music, Philadelphia.

Lawrence L. Weed, MD, formerly of the University of Vermont, gave the graduation address. An expert in computer applications in medicine, Dr. Weed was chosen to speak by the graduates.

Philadelphia's mayor, W. Wilson Goode, William Brecht, former chairman of MCP's Board of Corporators, and Minerva Smith Buerk, MD, a 1946 MCP graduate, received honorary degrees. Dr. Brecht was chairman of

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MCP's Board from 1980 to 1988. Dr. Buerk is a dermatologist.

Pennsylvania State University

The Pennsylvania State University College of Medicine confered 85 medical degrees at its 18th commencement exercises. Thirty-one women and 54 men received degrees May 15 in Founders Hall, Hershey.

Guest speaker at the exercises was Howard M. Spiro, MD, professor of medicine and director of the Program for Humanities in Medicine at Yale University School of Medicine. Dr. Spiro spoke on "Splicing in the MD gene." He is a graduate of Harvard Medical School and specializes in gastroenterology and internal medicine.

Also taking part in the ceremonies were Bryce Jordan, PhD, president of Penn State, and C. McCollister Evarts, MD, dean of the college of medicine.

Philadelphia College of Osteopathic Medicine (PCOM)

Pennsylvania's only school of osteopathic medicine awarded 208 degrees at its 97th graduation ceremonies. On June 5, 147 men and 61 women received degrees at the Academy of Music, Philadelphia.

Two honorary doctor of laws degrees were awarded. The recipients were Daniel Lee Wisely, DO, and Joseph W. Stella, DO. Dr. Wisely is professional director, director of medical education, and professor and chairman of the Department of Surgery at PCOM. He is a 1955 graduate of Kirksville College of Osteopathic Medicine. Dr. Stella is president of the American Osteopathic Association and a 1943 graduate of Kirksville College of Osteopathic Medicine.

Temple University

At its 84th commencement, Temple University School of Medicine presented 184 medical degrees. On May 20, 133 men and 51 women received degrees at the Academy of Music, Philadelphia.

Martin Goldberg, MD, dean of the school of medicine, presented the degrees.

University of Pennsylvania

On May 16, the University of Pennsylvania School of Medicine awarded 159 medical degrees. The graduation exercises were held in Irvine Auditorium on the Penn campus. Of the 159 graduates, 101 were men and 58 were women.

The students at Penn selected Frederick S. Kaplan, MD, assistant professor of orthopedic surgery and medicine at Penn, to give the commencement address. Dr. Kaplan graduated from Johns Hopkins University and School of Medicine, and went to Penn in 1976 for his internship and residency. He joined the Penn faculty in 1981.

Edward J. Stemmler, MD, dean of the school of medicine, presented the degrees.

University of Pittsburgh

May 23 was "Diploma Day" at the University of Pittsburgh School of Medicine. That day the university conferred 129 medical degrees to 90 men and 39 women. The 101st graduation ceremonies took place in Carnegie Music Hall, Pittsburgh.

Featured speakers at the event were Henry T. Bahnson, MD, and Paul C. Gaffney, MD. Dr. Bahnson retired from his position as chairman of the Department of Surgery at Pitt last September. He performed the first heart transplant in Pennsylvania in 1968 at Presbyterian Hospital in Pittsburgh. Dr. Gaffney is director of the medical alumni office and professor of pediatrics at Pitt.

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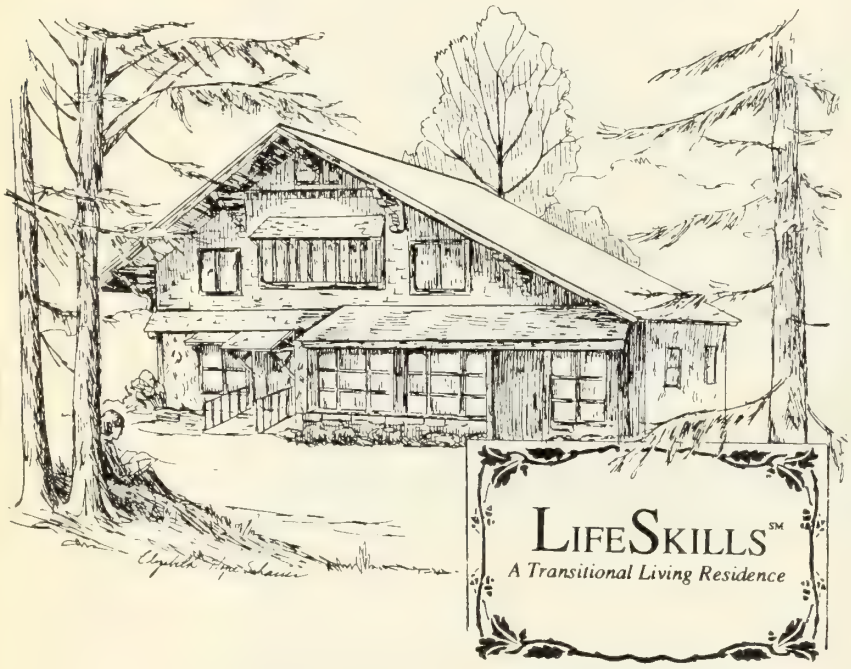

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APA installs Dr. Fink as president

Paul J. Fink, MD, of Philadelphia, has been installed as the 115th president of the American Psychiatric Association (APA). He was installed at the APA's annual meeting in May in Montreal, Canada.

Dr. Fink is the chairman of psychiatry at Albert Einstein Medical Center and medical director at Philadelphia Psychiatric Center, an Einstein subsidiary.

In his address at the annual meeting, Dr. Fink announced his plans to help eliminate the stigma of psychiatry. He said, "The APA has an extraordinary mission—overcoming stigma. There is no force more destructive to psychiatry than the insidious, irrational, undermining, and stereotyping stigma against the mentally ill and their caretakers. Its effects on patients is awful—stopping them from seeking treatment, causing them to distrust the treatment giver, interfering with the doctor-patient relationship. Its effect on legislators, judges, insurance executives, and the ordinary man is not only unacceptable, but in many ways incredible."

In the area of education, Dr. Fink developed the Psychiatric Resident Intraining Examination (PRITE), a nationwide testing program to measure the annual progress of all psychiatry residents. For this he received the American College of Psychiatry Bowis Award, which is given to an individual who has contributed outstanding achievements and leadership to the college.

At Albert Einstein, he recently developed the Cancer Support Team (CAST), a program in which psychiatrists, psychologists, and social workers counsel cancer patients and their families.

Dr. Fink is chairman of the medical economics committee of the Philadelphia County Medical Society, a member of the Pennsylvania Medical Society Council on Medical Practice, past president of the Philadelphia Psychiatric Society, and vice president of the Psychiatric Alliance.

He is also a member of the Psychiatry Residency Review Committee, an associate examiner of the American Board of Psychiatry and Neurology, and professor and deputy chairman of the psychiatry department at the Temple University Health Sciences Center.

MCP named emergency system resource hospital

The Medical College of Pennsylvania (MCP) has been designated the system resource hospital for the city of Philadelphia's Emergency Medical Services (EMS) system.

According to the contract between MCP and the Philadelphia Fire Department, under which the EMS system is now organized, MCP will have lead responsibility and authority for all medical aspects of the program.

MCP will train, supervise, and provide medical command to paramedics of the fire department's 24 rescue units. In conjunction with designated satellite base command hospitals in the city, MCP personnel will give medical direction to paramedics in the field who are administering first-line treatment to the sick and injured.

MCP also will assist in the development and implementation of medical policy for the EMS system and administer a quality assurance program, according to Steven J. Davidson, MD, who will serve as system medical director for the city, reporting to Fire Commissioner William Richmond. Dr. Davidson, associate professor of emergency medicine and director of emergency medical services within MCP's department of emergency medicine, also will chair the Fire Commissioner's Medical Advisory Board.

"MCP will serve as a cornerstone of Philadelphia's EMS system by providing immediate medical direction and supervision of paramedics. This vital function, which will be carried out by our residency-trained emergency physicians who have special interest and experience in urban emergency medical services, enhances the quality of prehospital emergency medical care to ill and injured individuals throughout Philadelphia," Dr. Davidson said.

Pesticide poisoning symptoms listed

Pesticide poisoning may be going undiagnosed or misdiagnosed according to environmentalists.

Physicians are advised that symptoms of pesticide poisoning are the same as symptoms of influenza and food poisoning by Christine Weidner, president of Grass Roots the Organic Way (GROW).

Symptoms of sub-acute pesticide poisoning include: severe headache, nausea, vomiting, diarrhea, difficulty in breathing, minor skin rash, fatigue, depression, frequency of urination, blurry vision, and vaginal bleeding. These symptoms usually resolve in 24 to 48 hours.

GROW is asking physicians who identify patients who are hypersensitive to the toxins used in lawn care programs to register these patients with the Voluntary Central Registry System of the Pennsylvania Departments of Health and Agriculture. Lawn care companies have been asked to check the registry and notify people of spraying that will be done in their areas.

Patients who want more information can get Material Safety Data Sheets (MSDS) from chemical companies.

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New leadership takes helm at Blue Shield

Samuel D. Ross Jr., and R. Robert Tyson, MD, have been installed as president and chairman of the board, respectively, of Pennsylvania Blue Shield, the nation's largest Blue Shield plan.

Ross was elected president and chief executive officer by the company's board of directors. He succeeds Leroy K. Mann, who had been president of Blue Shield since 1981 and has retired after 35 years of service with the company. The election of Dr. Tyson as chairman of the board follows the retirement of Harry V. Armitage, MD, after nine years in that position.

Samuel D. Ross Jr.

Ross joined Blue Shield in 1970 as vice president, administrative services. He was named vice president, administration in 1977, senior vice president, administration and planning in 1981, executive vice president in 1986, and president elect in 1987. Prior to joining Blue Shield, he held administration positions at Thomas Jefferson University Hospital in Philadelphia.

Ross is chairman of the board of the Tri-County (Dauphin, Cumberland, Perry) United Way, an organization he has been active in for several years. He also serves on the board of the National Multiple Sclerosis Society, Central Pennsylvania Chapter. A native of Oreland, PA, Ross is a graduate of Susquehanna University, and resides in Carlisle.

Dr. Tyson's career includes more than 30 years of service with Temple University's School of Medicine, where he retired as chairman of the Department of Surgery in 1983. He is immediate past president of the Pennsylvania Medical Society, a former delegate to the American Medical Association, and is a diplomate of the American Board of Surgery.

A native of Philadelphia, Dr. Tyson received his medical degree from the University of Pennsylvania. He lives in Rome, PA.

R. Robert Tyson, MD

Study to examine use of Retrovir

A clinical study is under way to determine whether Retrovir (zidovudine, formerly known as AZT) can be used to prevent the establishment of human immunodeficiency virus (HIV) infection in health care workers occupationally exposed to HIV-infected blood. The study is being conducted by Burroughs Wellcome Company.

The double-blind, placebo-controlled study is designed to determine whether a six-week course of oral Retrovir, given to an HIV-negative individual shortly after significant occupational exposure to HIV-infected blood, blood products, or blood containing fluids, can prevent the establishment of HIV infection. Safety and tolerance data also will be collected.

Patients eligible for the study are primarily health care or clinical laboratory workers and others who have had significant occupational exposure to HIV-infected blood or blood components through a penetrating wound, such as a needlestick, or by splashes onto abraded skin or mucous membranes.

Study participants will be monitored for one year and tested regularly for the HIV antigen and antibody.

Health care workers who are interested in participating in the study can call the study's coordinating center at 1-800-HIV-STIK.

Earlier studies conducted on animals indicate that treatment with Retrovir a few days after viral exposure may prevent HIV infection, according to Sandra Nusinoff-Lehrman, MD, associate head of the Infectious Disease Department at Burroughs Wellcome Company.

Studies conducted in health care settings estimate that the risk of HIV infection to workers is about one in 200. To date, at least 22 individuals appear to have become infected from exposure to HIV while working with HIV-infected patients.

York Rehab offers safety prevention program

Rehab Hospital of York is offering a safety prevention program for schools and community groups in the Harrisburg/Lancaster/York area.

The one hour program, written for junior and senior high school audiences, focuses on the prevention of traumatic spinal cord and head injuries. It includes a discussion of the anatomy of the brain and spinal cord, a presentation by an emergency technician, and an open exchange with a head or spinal cord injury patient about life with a disability.

A program preview will be held July 22 at the hospital. For more information or to schedule a presentation, call the Head Injury or Spinal Cord Program Director at Rehab Hospital of York, 717-767-6941.

MR UPDATE

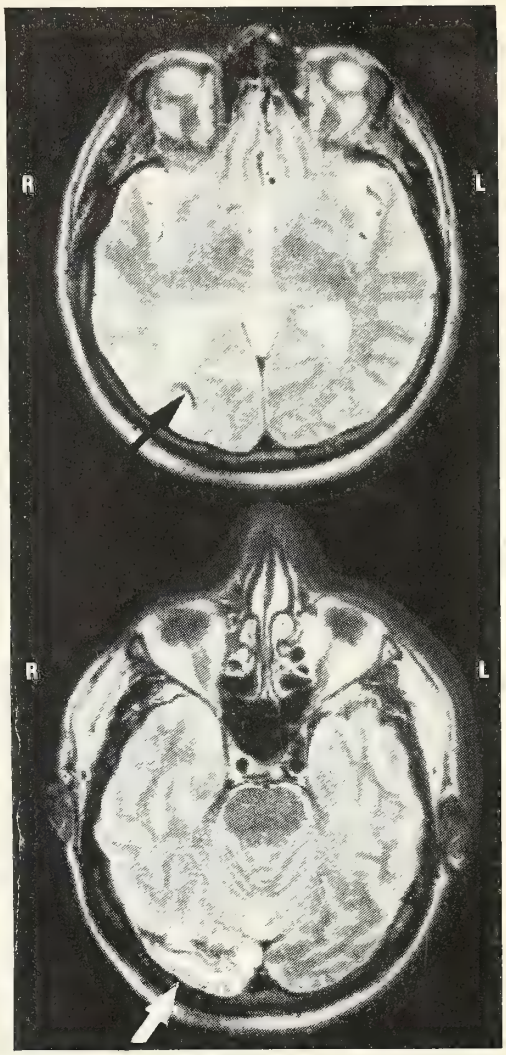
MRI Advances the Detection of AVM's

BRAIN EXAMINATION

HISTORY: A 52 year old man had two small right occipital hemorrhages, 18 months apart. After resolution, negative studies included two cerebral arteriograms and contrast CT scans.

SCAN: Several dark curvilinear structures, evidence of the flow void phenomenon, indicate abnormal vasculature in the right occipital lobe. Associated high signal intensity of adjacent white matter is compatible with edema, hemorrhage, or gliosis. Together these findings are consistent with occult arteriovenous malformation (AVM).

MRI HIGHLIGHTS: MRI is highly sensitive for AVM's which are otherwise occult by arteriography or CT scanning. These may be found in patients with spontaneous hemorrhage, seizure disorder, or other clinical presentations. In addition, the sensitivity of MRI for intracranial hemorrhage is being increased through the use of new partial flip imaging techniques. Refinements in signal processing, surface coils, and other techniques continue to expand the clinical indications of MRI. Because of its sensitivity, safety, and patient comfort, MRI is the screening technique of choice for most CNS abnormalities.



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Medicine in Action comes alive in Pittsburgh

Diane C. Wuycheck

Was it the weather?

The shining glass and garden setting?

The creativity of the displays?

The energy of the coordinators?

The time spent by over 75 physicians?

The enthusiasm of the children?

The curiosity of the general public?

These were all among the magic ingredients that made Medicine in Action come alive in the Wintergarden of PPG Place, Pittsburgh, May 9 through 13, as a public service of the Allegheny County Medical Society (ACMS) and its Foundation.

Richard E. Deitrick, MD, ACMS president, and George F. Buerger, MD, ACMS vice president, view the panorama in downtown Pittsburgh.

A peaceful garden setting became a flurry of activity as physicians, their spouses, and even their children joined ACMS staffers on Mother's Day to transform the area into a state-of-the-art medical exhibit featuring 12 medical specialties and four related displays.

Planning for the second edition of Medicine in Action began back in November and gained momentum right up to the kick-off balloon launch on May 9.

Surveys returned by visitors to the exhibit expressed positive reaction to the information and activities available. The bones had it again this year as visitor after visitor commented on the orthopedic surgery exhibit. Close behind came the obstetrics display on genetics and child birth. And none could resist the Tickle Feather Family of puppets brought to life by Dr. Bob Cicco. Eyes of all sorts gazed at you from the ophthalmology display and it was "all ears" at ENT.

Glittering goldfish captured the imaginations of young and old as they swam around a sonogram. Anesthesiologists talked about "more than going to sleep" and plastic surgeons answered questions about cosmetic and reconstructive surgery. You could be a medical student for the day via computer and, yes, they were real lung samples showing the effects of smoking while a friendly skeleton reinforced the message. The Pittsburgh Children's Museum's giant doll "Stuffee" was stuffed and unstuffed countless times as youngsters learned about the body's organs. Mixed emotions of delight and fright prevailed as Corporal Corpuscle and his crew battled the Gooky Green Germ in a children's play.

The day care, high school, and senior citizens groups all found something of interest. Tour groups admiring the Wintergarden architecture were surprised by the added bonus of being able to talk

Jau Deng, MD, and Larry Stokar, MD, fielded questions at the dermatology exhibit, which was just one of the 12 medical exhibits featured at the program.

The author is director of communications for the Allegheny County Medical Society and project coordinator for Medicine in Action.

Each year, there are approximately 400,000 victims of severe head injury in this country. Most are young people in the prime of life; many are children and teenagers, injured in automobile or athletic accidents. Head trauma is a tragic assault on its victims, and often the physical injuries, regardless of their severity or long-range implications, pose the lesser problem.

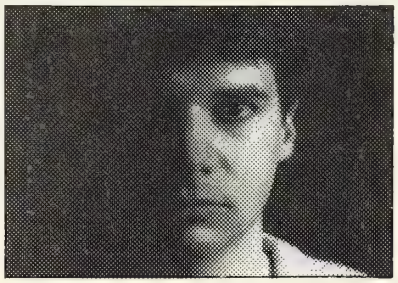
Many victims of head injury have spent days, or even months, in comas. Even those who have not been comatose can suffer seriously impaired cognitive skills. They cannot remember, they cannot speak, they cannot read and write, they cannot relate to their loved ones. They are fraught with frustration. Their behavior becomes anti-social and unmanageable.

It is a long road back. Family members see in their sons and daughters, their husbands and wives, a stranger they do not recognize. The whole family, in effect, becomes the patient.

Every prognosis is different. The goal of head injury rehabilitation is to restore the patient to his or her highest possible functioning level, to restore skills that can be restored, to maximize strengths and compensate for weaknesses.

It is a long road back.

Until recently, victims of severe head injury could not be cared for here in Northeastern Pennsylvania. In the last two years, however, Allied Services John Heinz Institute has provided complete post-hospital physical and neuropsychological rehabilitation services for head injury patients.



Close-to-home care not only means that all the resources of Allied Services, with its 30-year reputation for excellence in the care of the physically and mentally disabled, are available to these patients, but also that families can offer continued love and support as they participate fully in the rehabilitation process.

If you have questions about head injury, or about the John Heinz Institute's inpatient or outpatient programs, please call Karen Kearney at 717-826-3800. We'll be happy to help you.

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Medicine in Action is a pilot project of the AMA. ACMS is one of the first county medical societies in the country to conduct the project and the only one in Pennsylvania to date.

"Medicine in Action's concept ties in directly with my goals as ACMS president to reach the community and our membership one-on-one in as many settings as possible," said Richard E. Deitrick, MD.

Andrew Eller, MD, Antonio Capone Jr., MD, and Harold Leeper, MD, took a shift answering questions at the eyecatching ophthalmology exhibit.

Though the exhibit ran only a week (proclaimed "Medicine in Action Week" by the mayor and county commissioners), its long term effects are many and lasting. Already ACMS has received calls about its speakers bureau as the result of someone's picking up an ACMS brochure at Medicine in Action. "Bandaid" magnets with the ACMS referral and speakers bureau number were distributed by the thousands! Plastic tote bags bearing the logo and ACMS number may wind up in lunch rooms or as car litter bags. And something as simple as a balloon carrying the phone number went to dozens of children.

As with many public relations projects the effects are not always quantitative or immediately measurable. But the general public can't help but remember that many doctors volunteered their time to talk to them. There's no way you can assign a dollar value to that kind of good will!

Audio cassettes on HMOs available

Audio cassette tapes are available from "Cost and Quality in HMOs: Conflict of Interest?" a symposium held recently in Philadelphia.

The symposium was cosponsored by the Philadelphia Health Plan Foundation and the Leonard Davis Institute of Health Economics at the University of Pennsylvania, in association with the graduate program in health care administration of the Wharton School.

The following five tapes can be purchased:

Tape 1. Keynote address: "Quality: Moving from the Art of Measuring to the Act of Improving"; Donald M. Berwick, MD, vice president for quality care management at Harvard Community Health Plan.

Tape 2. Session one: "Quality of Care in HMOs"; Carol Cronin, vice president of the Washington Business Group on Health; and Edward J. Marine, MD, medical director of the Health Care Plan, Buffalo. Academic presenter was J. Sanford Schwartz, MD, associate professor of general medicine at the University of Pennsylvania Medical Center.

Tape 3. Luncheon address: "The Changing HMO Industry: A Public Policy Perspective"; Peter D. Fox, PhD, vice president of Lewin/IFC Inc.

Tape 4. Session two: "Debating Costs in HMOs"; Patricia M. Nazemetz, manager of benefits at Xerox Corporation; and Robert Lurie, principal of Health Care Connections, Ltd. Academic presenter was Alan L. Hillman, MD, MBA, assistant professor of general medicine and health care systems at the University of Pennsylvania.

Tape 5. Summary with panel remarks from Ms. Cronin, Dr. Fox, Mr. Lurie, Dr. Marine, and Ms. Nazemetz. Academic presenter was David B. Nash, MD, MBA, assistant professor of general medicine at the University of Pennsylvania.

Gesa Sklaroff, news anchor for WCAU-AM (CBS News), was moderator for sessions one and two and the summary.

The price per tape is $6. The complete set of five tapes costs $35. Postage and handling for one, two, or three tapes is $2, and $4 for four or five tapes.

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Temple University Hospital and School of Medicine is the sole participating eastern Pennsylvania center in the North American Symptomatic Carotid Endarterectomy Trial. This study is sponsored by the National Institutes of Health and involves the collaboration of more than 40 centers in the United States and Canada.

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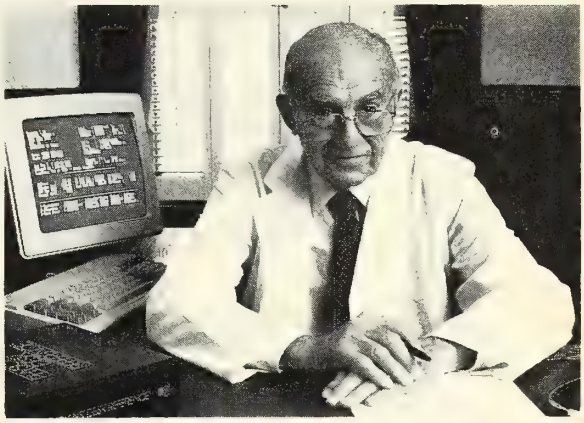

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Court renders decision in *Patrick vs. Burget*

Elizabeth B. Metz, Esq.

The United States Supreme Court recently rendered its much awaited decision in *Patrick v. Burget.*[1] The issue before the court was whether the "state action doctrine" protected Oregon physicians from federal antitrust liability for their activities on hospital peer review committees.[2] The Seventh Circuit Court of Appeals had ruled that Oregon physicians were so protected, principally relying on Oregon laws and regulations governing hospital peer review. However, the Supreme Court disagreed with the Seventh Circuit Court and reversed the decision.

In order for a private party to be immune from federal antitrust liability under the "state action doctrine," a two pronged test must be satisfied. First, the challenged restraint of trade must be "clearly articulated and affirmatively expressed as state policy." Second, the policy's implementation must be "actively supervised by the state itself." The Supreme Court ruled that the defendants had failed to satisfy the second "actively supervised" prong. In reaching that conclusion, the court primarily relied upon the inability of an Oregon physician to obtain a state administrative, or even judicial, review of the merits of an adverse hospital peer review action to determine whether it accorded with state policy. (The Court did not reach the question as to whether the first prong was satisfied.)

Given the Supreme Court's decision in *Patrick* and existing Pennsylvania law,[3] it is unlikely that Pennsylvania physicians serving on hospital peer review committees are immune from federal antitrust liability under the "state action doctrine." Nonetheless, Pennsylvania physicians should not assume they are completely unprotected from antitrust liability when they serve on a hospital peer review committee. One can still successfully defend an antitrust challenge to a hospital peer review action by showing the action was procompetitive because, for example, it promoted quality care, and was motivated by that goal.[4] In contrast, the actions of the *Patrick* defendants were found to have been designed to eliminate a competitor rather than to improve patient care. Even the Court of Appeals characterized their conduct as "shabby, unprincipled, and unprofessional."

In addition, the Health Care Quality Improvement Act of 1986[5] provides a qualified immunity. Under that Act, a physician or dentist[6] cannot obtain a damage award[7,8] against hospital peer review committee members in a federal antitrust suit[9] challenging a committee action, provided the action was taken

- In the *reasonable* belief it promoted quality care,[10]
- After a *reasonable* effort to obtain the facts,
- After *adequate* notice and hearing, and
- In the *reasonable* belief it was warranted.[11]

The Act provides that those requirements are presumed to be met unless re-

"Deemed Adequate" Notice and Hearing Procedures

Notice of Proposed Action

1. The professional is provided notice stating:
   - A professional review action has been proposed,
   - The reasons for the proposed action,
   - Any time limit for requesting a hearing, and
   - A summary of the professional's hearing rights (see ¶¶5-12).
2. The time limit for requesting a hearing is not less than 30 days.

Notice of Hearing

3. If the professional makes a timely request for a hearing he is provided a hearing notice stating:
   - The time, date, and place, and
   - The witnesses expected to testify on behalf of the professional review body.
4. The hearing is not scheduled less than 30 days after the date of the hearing notice.

Hearing

5. If the professional makes a timely request for a hearing, one is provided unless he fails to appear without good cause.
6. The hearing is held before one of the following:
   - An arbitrator mutually acceptable to the professional and the hospital.
   - A hearing officer selected by the hospital who is not in direct economic competition with the professional.
   - A panel of individuals appointed by the hospital who are not in direct economic competition with the professional.

   (The hospital can select which option is provided.)
7. At the hearing the professional is permitted to be represented by an attorney or other person of his choice.
8. The professional is permitted to have a record made of the hearing proceedings, and to obtain a copy of the record upon payment of any reasonable preparation charges.
9. During the hearing the professional is permitted to present relevant evidence, regardless of its admissibility in a court of law.
10. At the close of the hearing the professional is permitted to submit a written statement.
11. The hearing arbitrator, officer, or panel prepares a written recommendation, including a statement of the basis for the recommendation. A copy is provided to the professional.
12. The hospital prepares a written final decision, including a statement of the basis for the decision. A copy is provided to the professional.

Note: The "deemed adequate" notice and hearing procedures do not preclude

- The suspension or restriction of clinical privileges for a period of not longer than 14 days, during which an investigation is being conducted to determine the need for a professional review action.
- An immediate suspension or restriction of clinical privileges, subject to adequate notice and hearing procedures, where the failure to take such action may result in an imminent danger to the health of any individual.

Ms. Metz is assistant counsel of the Pennsylvania Medical Society.

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butted by the preponderance of the evidence. The Act further sets forth notice and hearing procedures that are "deemed adequate."

Exhibit A lists the procedural safeguards which if provided to the professional or voluntarily waived by him are "deemed adequate." Many hospitals do not currently offer all those safeguards. For example, some medical staffs choose not to permit the physician to be represented by an attorney. Failure to provide the "deemed adequate" procedures does not in itself preclude application of the Act's immunity. A medical staff can elect to provide alternative notice and hearing procedures. However, the Act's immunity will not be available unless the court independently determines the alternative procedures were adequate.[12] Thus, if a medical staff desires to guarantee protection under the Act, the safest course of action is to provide the designated safeguards.

In sum, the practical significance of the *Patrick* decision is that peer review committee members accused of an antitrust violation may be forced to prove their actions were procompetitive, in good faith, or reasonable during a timely and expensive trial. The "state action doctrine" exempts antitrust defendants from that burden because it provides *absolute* immunity. Even defendants who acted in bad faith or in an anticompetitive manner, as the *Patrick* defendants were found to have acted, are immune. The Pennsylvania Medical Society will consider whether changes in Pennsylvania law are warranted to enable Pennsylvania physicians serving on hospital peer review committees to qualify for the "state action doctrine" defense and the absolute immunity it provides.

In the meantime, it is important to remember that Pennsylvania hospital peer review committee members are no more at risk today than they were before the *Patrick* decision. No court has ever held that Pennsylvania hospital peer review committee members were immune from antitrust liability under the "state action doctrine." Indeed, prior to the *Patrick* decision, at least one court held it was not available to Pennsylvania hospital peer review committee members.[13] Nonetheless, because peer review committee members accused of an antitrust violation may incur substantial attorneys' fees and other costs defending their actions, medical staffs should consider taking appropriate steps to ensure that those costs will be paid by the hospital, either directly or through insurance.[14] That seems only fair as the committee members are performing a service on the hospital's behalf, typically free of charge. □

Notes

1. No. 86-1145 (U.S. May 16, 1988).
2. The facts of the case were more extensively discussed in the September 1977 issue of *Pennsylvania Medicine*.
3. Pennsylvania law has been interpreted as not permitting a substantive review of the merits. *See Rosenberg v. Holy Redeemer Hospital*, 351 Pa. Super. 399, 506 A.2d 408, *appeal denied*, 523 A.2d 1132 (1986). *But see* 28 Pa. Code §107.3 (Fry 1983) (medical staff privileges cannot be denied on the basis of any criterion lacking professional or ethical justification); 1 Pa. Code §35.9 (Fry 1986) (private party can seek redress of a regulated entity's violation of law or regulation by filing an administrative complaint with the regulating agency).
4. *Eg. Robinson v. MaGovern*, 521 F.Supp. 842 (W.D.Pa. 1981), *aff'd*, 688 F.2d 824, *cert. denied* 459 U.S. 971 (1982).
5. 28 U.S.C. §11101-11152.
6. The Act does not afford any immunity for professional review actions involving other health care professionals such as podiatrists. Those actions can, however, be defended using traditional antitrust defenses.
7. The Act does not preclude a private party from obtaining an injunction or declaratory relief. For example, it would not prevent a physician improperly excluded from a medical staff from obtaining an order requiring his appointment.
8. The Act also does not preclude government parties, such as the state attorney general, from obtaining the full scope of relief available to them, including monetary damages.
9. The Act's immunity actually extends to all federal causes of action except civil rights actions. Beginning on October 14, 1989, the Act's immunity will also extend to all state causes of action, except civil rights actions, commenced on or after that date, unless the state opts out.
10. The Act's immunity does not apply to actions intended to further other purposes, such as cost efficiency. Those actions can, however, be defended using traditional antitrust defenses.
11. The Act also imposes reporting requirements on hospitals. Failure to comply with those requirements could result in loss of the Act's immunity.
12. Peer review committee members are not totally defenseless even if adequate notice and hearing procedures were not provided. They would be ineligible for the Health Care Quality Improvement Act immunity. However, they could still use the traditional antitrust defense that their conduct was on balance procompetitive and was not intended to be anticompetitive. *See Northwest Wholesale Stationers, Inc. v. Pacific Stationary & Printing Co.*, 472 U.S. 784 (1985) (exclusion without procedural safeguards is not *per se* violation). However, failing to provide fair procedures will make it more difficult to prove procompetitive intent.
13. *Posner v. Lankenau Hospital*, 645 F.Supp. 1102 (E.D.Pa. 1986) (first prong not satisfied because Pennsylvania law does not sanction anticompetitive peer review).
14. Physicians also should ascertain whether their professional liability policies provide any coverage for their peer review activities. Not all basic policies cover antitrust liability for hospital review activities. Moreover, provisions that purport to provide coverage for damages are possibly unenforceable as against public policy. Provisions that cover defense cost are probably enforceable if the physician prevails, but are possibly unenforceable if the physician does not prevail. The Medical Professional Liability Catastrophe Loss Fund takes the position it is not required to cover liability arising out of peer review activities.

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References:

1. A. Morales et al., New England Journal of Medicine: 1221. November 12, 1981.
2. Goodman, Gilman — The Pharmacological basis of Therapeutics 6th ed., p. 176-188. McMillan December Rev. 1/85.
3. Weekly Urological Clinical letter, 27:2, July 4, 1983.
4. A. Morales et al., The Journal of Urology 128: 45-47, 1982.

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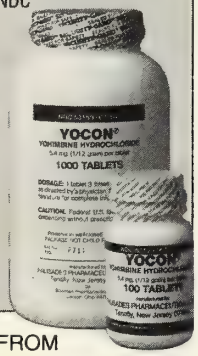

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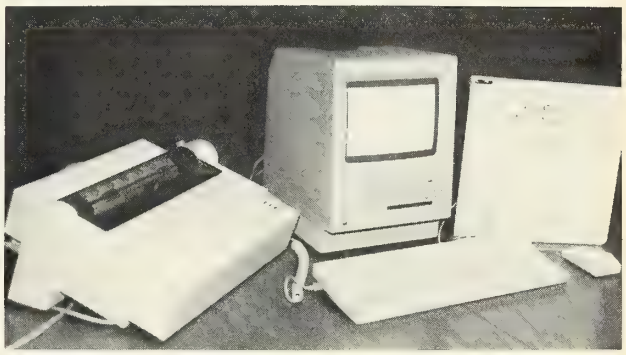

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What's going on here?

The epidemic of medical liability litigation in the past two decades has become a crisis in both economic and human terms. Economic costs for the physician include soaring malpractice insurance premiums and revenue lost because of time spent preparing cases. The high cost of liability insurance is partially passed on to patients in the form of higher fees. Extra tests ordered for defensive rather than strictly medical reasons drive medical costs up. The nation is losing highly trained specialists in such fields as perinatology and obstetrics, and fewer new physicians are entering these specialties. Being sued places a tremendous strain on physicians and their families, and has been the precipitant of some suicides of physicians.[1]

There are many reasons for the proliferation of professional liability lawsuits. Of course, actual malpractice does occur, although personal experience tells us that most such incidents do not result in litigation. Unrealistic expectations of what physicians and medical technology can do are widespread, and some patients resort to litigation when the outcome of treatment fails to meet their expectations. Awareness of issues relating to quality of medical care, legal rights with respect to medical care, and the accessibility of legal help also contribute to the inclination to sue, as have changes in personal injury laws favoring plaintiffs.[2]

Sixty percent of physicians interviewed recently by *Medical Economics* said they had been sued at least once. Forty percent of interviewees had been sued in the past five years alone. The majority of all professional liability claims filed are eventually dropped or are settled out of court. Of the 40 percent of claims that result in payment of indemnities, in one recent year the average payout by insurers approached $81,000.[3] This represents an increase of approximately 250 percent in the average size of awards since 1984. Of the 20 percent of cases that go to juries, 75 percent are decided in favor of the physician. If one assumes even a slight bias of juries in favor of the "victims" of malpractice, these numbers suggest that most persons sued for medical malpractice are good physicians providing appropriate patient care. Insurance carriers' experience has shown that impaired physicians are no more likely than other doctors to be sued for malpractice and that it is physicians who accept high-risk patients and perform high-risk procedures who are the most likely targets of litigation.[4]

Even though a suit eventually may be dropped, the process may drag on for two to three years. Suits that are settled out of court take an average of two to four years from filing to settlement. If the suit goes to trial, it can take five to seven years to be resolved. Thus a lawsuit represents a chronic source of stress with acute exacerbations as court dates approach.

Physicians' reactions to litigation

Many of the traits that make good physicians make poor litigants. Their identity is often tightly bound up with their work. They frequently question a course of treatment. They are impatient and find the ponderous pace of legal proceedings exceedingly frustrating. Successful physicians frequently repress anxiety, detach from emotion, need to feel in control, and deny feared outcomes. These coping mechanisms often fail under the stress of liability litigation.

Psychiatrist Sara Charles in recent years has studied systematically the impact of malpractice litigation on physicians. She reports that the initial response to the summons alleging negligence is disbelief and shock.[5] Litigation is experienced as an assault on the physician's sense of integrity. Anger, denial, shame, a sense of humiliation, anxiety, preoccupation with the case, depression, and frustration are often felt at various times during the litigation process. Dr. Charles says that being sued for malpractice is experienced as a devastating event in physicians' professional and personal lives. It

A new project of the Society's Impaired Physicians Program is "Litigation Stress Management for Physicians." Gregory Gable (right), assistant director of the Impaired Physicians Program, gave a presentation recently to the Montgomery County Medical Society. Pictured with him (left to right) are: Richard P. Albertson, MD, president of the MCMS, John P. Deviney, MD, vice president of the MCMS, and Larry Crowell, president of the Pottstown Memorial Medical Center.

This is the third in a series of articles on the Impaired Physician Program of the Pennsylvania Medical Society. Dr. Samkoff, of Hershey, contributes frequently to this publication as well as to several national medical journals. Mr. Gable is assistant director of the program.

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was named in one study as the most stressful event in their lives by 23 percent of physicians who had been sued.[6]

Sixty percent of sued physicians reported reacting to the situation with at least a temporary period of emotional upheaval. Eighteen percent suffered an exacerbation of a previously diagnosed physical illness or the onset of a new illness. While only 10 percent sought psychotherapy, almost as many, 8 percent, resorted to alcohol abuse in reaction to the lawsuit.

Physicians facing litigation seldom turn to their colleagues for understanding and support. When physicians report claims to their insurance carriers, they are told not to discuss it with anyone other than the defense attorney or the insurance company. In addition, other physicians tend to avoid the one who is being sued.[7] Most sued physicians report feeling painfully isolated in a horrible experience that many of their peers also have experienced alone. Even when the case finally is decided in their favor, most feel no sense of elation; they feel exhausted.

In addition to psychological reactions to the stress of being sued, physicians typically react by changing aspects of their practice. Most report ordering more diagnostic tests, obtaining more consultations, giving more detailed explanations to patients, discontinuing high-risk procedures, excluding high-risk patients from their practice, and more careful recordkeeping. Some consider changing to another specialty or retiring early. For many, some of the pleasure and satisfaction of practicing medicine is lost, and the quality of the doctor-patient relationship is adversely altered.

Minimizing the chances of being sued

There are steps physicians can take to lower the probability of being sued for malpractice. Good communication with patients is essential. This takes time and emotional energy, but defending a lawsuit takes much more of both. Physicians need to foster realistic expectations about medical care. While it may be very gratifying to be idolized by one's patients, the "MDiety syndrome" generates unrealistic expectations that no physician can fulfill every time for every patient.

Keeping up to date with continuing medical education, recognizing the limits of one's expertise, and seeking appropriate, timely consultations are important to reduce the risk of commiting actual malpractice. Finally, it must be recognized that even the best physician practicing the most defensive medicine can be sued; that now is a reality of medical practice.

Careful record keeping can be your best defense "witness" if you are sued, but under no circumstances whatsoever should you alter the patient record in any way in response to the filing.

Training in the legal aspects of medicine should be integrated into medical education, so that physicians can learn liability risk management skills along with diagnostic and therapeutic skills. The preclinical years are an advantageous time for students to learn healthy lifestyles, the uses of support groups, and similar skills that apply to the many stresses of the medical profession. Residency training programs are an appropriate setting for teaching specific skills for coping with malpractice litigation and familiarizing new physicians with sources of help.

Minimizing the stress of being sued

In general, physicians who cope well with other life stresses tend to deal more successfully with the stress of a professional liability suit than do those whose coping skills are not adequate under other stresses. Wilbert et al. found that physicians who cope successfully with litigation seem to distance themselves intellectually from the suit and do not perceive it as a personal attack.[8]

While it is not advisable to discuss the case itself with patients, neighbors, or colleagues, it is important to find a few appropriate people (spouse, therapist, or support group) with whom to share the painful feelings about the experience. Becoming informed about the litigation process and taking an active role in the preparation of the defense permits a physician to have as much control as possible in a situation that is largely beyond control.

Malpractice litigation is stressful on the family too, and the physician should keep family members informed of the progress of the case. Because the litigation makes further demand on the physician's already limited time with the family, it becomes even more important to schedule time to do things together. Physicians who do not have families need to be creative about forming and maintaining a support network.

William Bickers, an obstetrician/gynecologist with extensive experience in the field of professional liability, claims that one can learn to enjoy being sued.[9] While we cannot endorse his advice to employ humor in the courtroom, we enthusiastically pass along his "take home" messages: Never, never overestimate the intelligence of the plaintiff's attorney, and never let that individual make you lose your cool.

PMS is involved

The Impaired Physician Program of the Pennsylvania Medical Society receives referrals of physicians under stress from malpractice litigation from the Pennsylvania Medical Society Liability Insurance Company, attorneys, colleagues, spouses, and others. All referrals are held in complete confidence.

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To learn more about the Impaired Physician Program, write: Impaired Physician Program, Pennsylvania Medical Society, 20 Erford Road, Lemoyne, PA 17043.

An information packet on litigation stress is sent to the physician in question, and consultation with Robert W. McDermott, MD, medical director of the Impaired Physician Program, is made available. Contact is maintained with the physician periodically throughout the course of the suit. Dr. McDermott attempts to match veterans of litigation with physicians who are experiencing malpractice litigation stress to act as advocates, but many physicians are reluctant to share the experience with a colleague.

The Impaired Physician Program also serves in an educational capacity, offering presentations on the topic of malpractice litigation stress for county medical societies, their auxiliaries, and hospitals. Program staff members encourage county medical societies to consider what would be helpful locally in the way of support groups, educational material, and the like. Dr. McDermott recommends an awareness/helping program that would provide a stronger, more resilient foundation for physicians should they be faced with the emotional stress of a suit. Such a program must be entirely nondisciplinary, so that physicians will not be discouraged from seeking help for fear that the program could prove detrimental to their careers.

Summary

Malpractice litigation is neither entirely avoidable nor entirely inevitable.

If you are under stress from litigation, you are not alone.

For further information, telephone Robert W. McDermott, MD, medical director of the PMS Impaired Physician Program, or Gregory K. Gable, MA, assistant director, at 717-763-7151.

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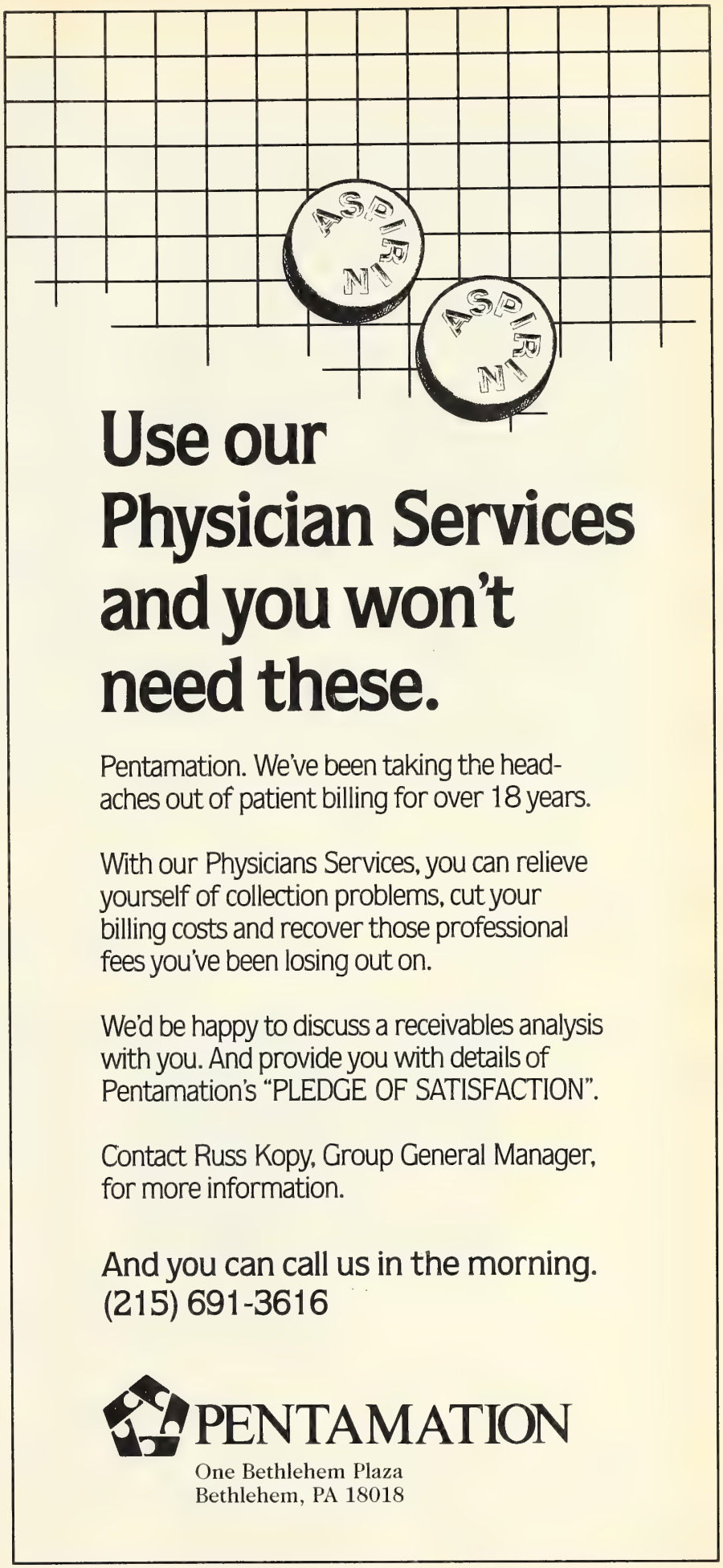

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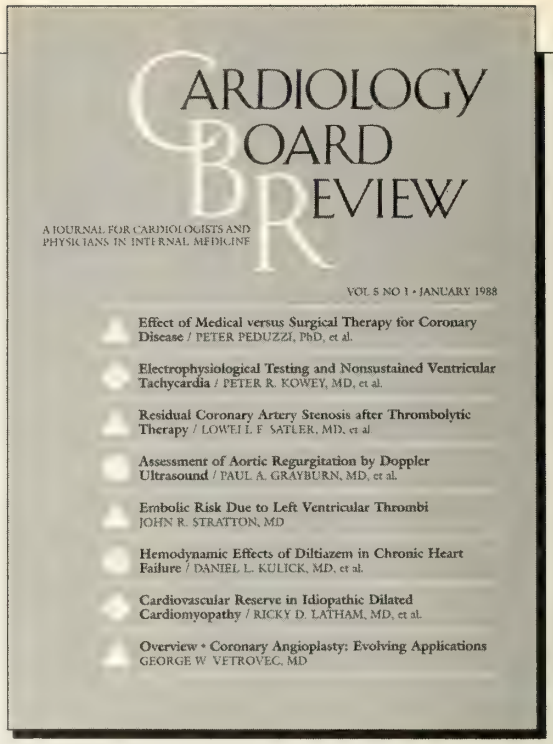
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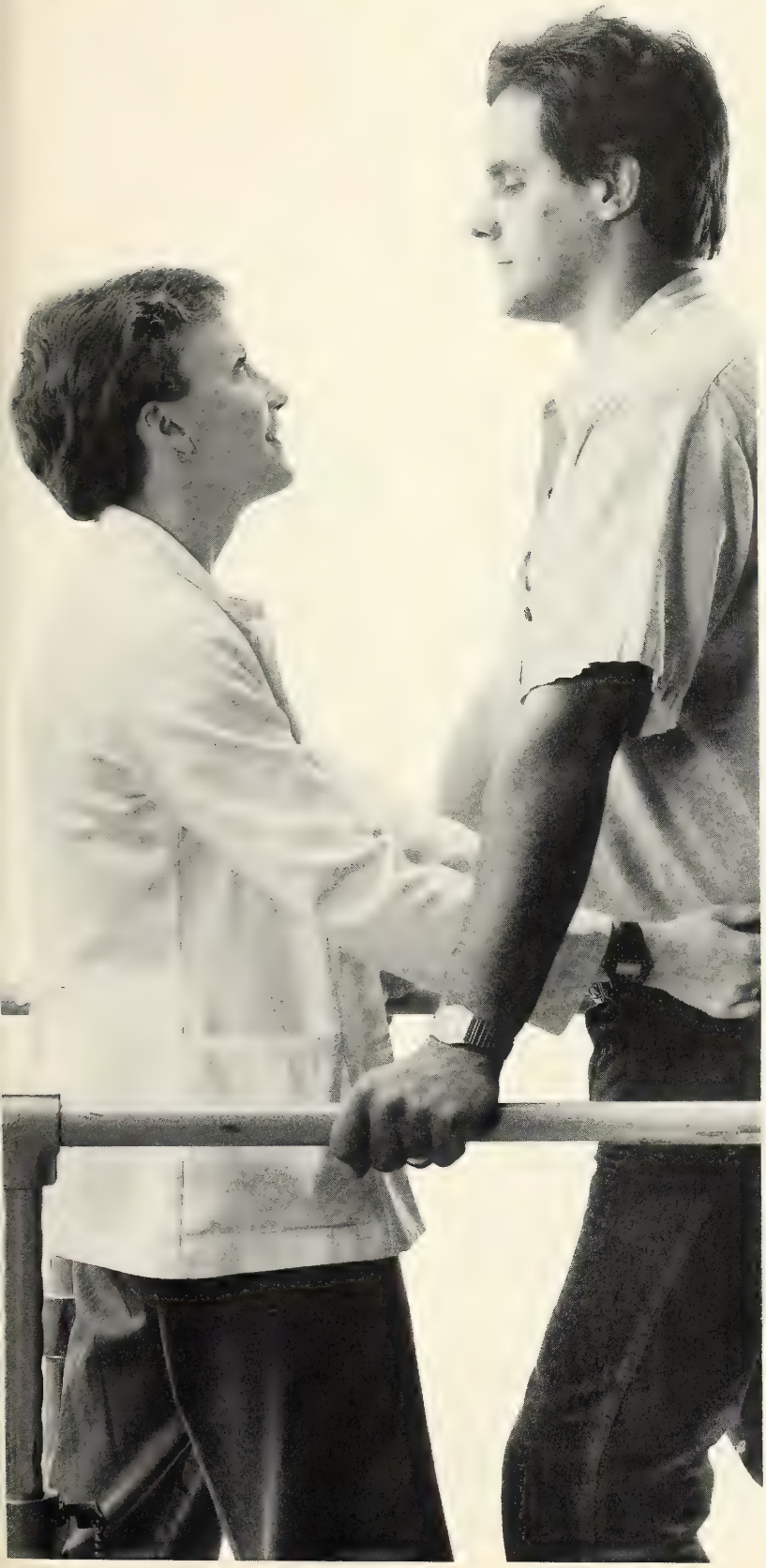

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editorial

Grassroots movement yields safety belt law

Howard G. Hughes, MD, FACEP

What follows is a historical look at the grassroots movement, supported in part by the medical community and the Pennsylvania Medical Society, that led to the formation of the Keystone Safety Belt Network. The KSBN was instrumental in getting last year's safety belt legislation passed.

1:45 a.m. Sunday. The telephone rings. The Life Flight communicator responds to a caller requesting the medical helicopter at the scene of a one-vehicle accident. There are two victims, one in serious condition with head, neck, and chest injuries.

Within four minutes Life Flight is airborne. Upon arrival the physician finds an unresponsive, hypotensive 27-year-old man with shallow respirations and multiple injuries involving his head, chest, abdomen, and lower extremities.

This young man was one of two brothers who had gone to a party on Saturday night. Upon returning home together early Sunday morning, the driver lost control of the vehicle. The car spun off the road, crashing head-on into a telephone pole. The brother, the driver, who was wearing his safety belt, appeared shaken but uninjured. But the brother, a front seat passenger who was not wearing a safety belt, had been hurtled through the windshield of the vehicle, landing face down approximately 25 feet from the crash.

The unbelted brother was seriously injured and required life saving measures (including endotracheal intubation, tube thoracostomy, and IV fluids) at the scene. The belted brother watched in agony as his brother was transported to a tertiary care center where he underwent further emergency surgery. Two weeks later he died.

This senario is true. It is also one witnessed by emergency physicians many times. Too many young, healthy adults lose their lives needlessly in automobile accidents. One glaring similarity in all too many of these deaths: the victims did not wear safety belts.

Physicians had recognized the seriousness of this problem for many years, but it was not until 1984 when the Pennsylvania Chapter of the American College of Emergency Physicians, through the urging of H. Arnold Muller, MD, FACEP, then secretary of health of the Commonwealth of Pennsylvania, took a serious look at the problem. It was that year, when PaACEP at its annual membership meeting passed a resolution that stated . . .

> WHEREAS, automobile accidents are the number one killer of young adults; and WHEREAS, automobile accidents produce more paraplegic and quadriplegic patients each year and are the leading cause of new cases of epilepsy; and WHEREAS, automobile accidents place an enormous financial burden upon all phases of society; and WHEREAS, the most effective way to avoid accidental vehicle deaths, permanent disability, or disfigurement is by using a safety belt, which is currently available in virtually every automobile in the country and which only about 11 percent of the voting population regularly uses; therefore be it RESOLVED, that the Pennsylvania Chapter of the American College of Emergency Physicians supports passage of legislation that would require the use of safety belts by all motor vehicle occupants in the Commonwealth of Pennsylvania.

Soon after that meeting under the direction and support of the Board of Directors of PaACEP, the Keystone Safety Belt Network (KSBN) was formed. In 1985 KSBN, an independent, nonprofit organization began to grow. Initial support came from PaACEP, the Pennsylvania Medical Society, and the coalition of corporations and individuals who had helped the Pennsylvania Chapter of the American Academy of Pediatrics secure passage of Pennsylvania's Child Passenger Safety Act. By 1987, KSBN had developed into a coalition of medical professionals and 733 corporations, associations, and organizations, with more than 8,600 members.

Prior to the formation of the Keystone Safety Belt Network, legislation mandating the use of safety belts in Pennsylvania had been unsuccessful. However, as soon as KSBN was founded, it began working to mandate safety belt use through legislation. The network initially supported Senate Bill 483, approved by the Senate and subsequently referred to the House Consumer Affairs Committee for study. Through education, letter writing, and testimony at public hearings, the staff and members of KSBN made a valiant effort but were unsuccessful in getting SB 483 passed in 1986.

January 1987 introduced a new legis-

Dr. Hughes is chairman of the Keystone Safety Belt Network, president of the Geisinger Health Plan, and past president of the Pennsylvania Chapter of the American College of Emergency Physicians.

lative session to the picture, and safety belt advocates in Pennsylvania regrouped for another try. Again, KSBN staff and membership worked tirelessly to mandate safety belt use through legislation. Finally on November 9, 1987, a group of state representatives, led by Reps. Gordon J. Linton (Philadelphia) and Peter R. Vroon (Chester), amended SB 637 on the House floor to include language mandating the use of safety belts. The bill passed by a 140 to 51 vote. On November 17, the Senate passed the bill by a 39 to 9 vote. Three days before Thanksgiving, November 23, 1987, Governor Robert P. Casey signed SB 637, and the safety belt use law went into effect.

Through determined efforts of many concerned Pennsylvanians, motorists are now protected by a safety belt law. Initial evaluation of the law's effect on safety belt use is encouraging. Surveys indicate the use of safety belts has increased. Citizens and communities are getting into the act by such innovative means as the mayor's seat belt challenge. Within a short time we should start to observe the results we have been working for—the reduction of deaths due to motor vehicle accidents on Pennsylvania's roads and highways. It is only fitting that physicians and organized medicine played a major role in getting legislation passed that should have a major impact on saving the lives of our citizens.

I would like to add my personal thanks to the staff of the Keystone Safety Belt Network, PaACEP, PMS, members of the House and Senate, the Pennsylvania Department of Transportation, the Pennsylvania State Police, and our corporate and individual members whose persistence and hard work have placed the saving of human life in its proper perspective—namely, our first priority. □

Within a short time we should start to observe the results we have been working for—the reduction of deaths due to motor vehicle accidents on Pennsylvania's roads and highways.

KSBN offers programs and services

The Keystone Safety Belt Network, an independent nonprofit coalition, was founded by the Pennsylvania Chapter of the American College of Emergency Physicians in March 1985.

KSBN is involved in education, community, and corporate programs throughout the Commonwealth to heighten awareness of the life saving benefits of safety belt use and to alert Pennsylvanians about the safety belt use law. To find out who and where the closest contact is for your area, call KSBN at 717-238-8150. KSBN's complete list of resources includes a film and video catalogue, a speakers' bureau, and planning agendas and materials for schools, corporations, and other community organizations interested in promoting safety belt use through buckle up programs or distribution of literature and materials.

For child safety information, call the Child Passenger Safety Project at 1-800-CAR-BELT. A toll-free Traffic Safety Hotline for materials is 1-800-548-9310.

Benefits of safety belt use well proven

H. Arnold Muller, MD, FACEP

Requiring the use of safety belts by all front seat passengers in automobiles is an important step in stopping the carnage on our roads. But a look at the statistics shows that it is only a first step. Dr. Muller urges us to continue to support efforts that will prevent unnecessary death and injury from automobile accidents.

Pennsylvania is a large, populous state, remarkable for many things, not the least of which is our highway/road system. Heavily traveled, the system facilitates our commerce and our recreational interests. It's also the proving ground for our driving behavior and skills. And as we all know, it's the site of thousands of injuries and hundreds of deaths annually.

Recently the state legislature enacted, with the support of many of us, a statue mandating seat belt use by drivers and front seat passengers. It's too early to assess efficacy of that law. But there's no reason to think that Pennsylvania's experience will differ significantly from other states where seat belt use is mandated, assuming there are comparable educational and enforcement efforts. After all, seat belts do work. But let's examine that statement a little further. For whom do they work? For those that use them! Nothing ventured, nothing gained.

And how much is gained? Do some stand to gain more than others? Is there a down side to seat belt use? What about air bags? How much is enough? And, what is the physician's role, duty, and responsibility?

You've read and heard the highway crash related injury and death statistics. Each one of us has a one in three chance of being involved during our lifetime in a road accident that results in serious injuries. Indeed, hundreds of thousands of Americans sustain significant injuries and tens of thousands die annually as a result of highway accidents. And we lose billions of dollars, as a consequence. No one's found a method to adequately express the "financial cost" of pain and suffering that sometimes goes on and on.

And we know that certain age groups are at greater risk, specifically those between five and 34 years of age.[1] Not that those between one and four and those over 35 don't suffer. Motor vehicle accidents are the second most frequent cause of death for those one to four and the third most common cause for those between 35 and 44 years of age. While those 45 and over are more often beset with other causes of death, no one gets off scot-free. For example in 1983 we lost 3,430 people between ages 45 and 54; 3,620 between ages 55 and 64; and 5,649 over age 65 as a consequence of motor vehicle accidents. In 1985, 43,800 Americans were killed in traffic crashes and 3.5 million were injured!

Each one of us has a one in three chance of being involved during our lifetime in a road accident that results in serious injuries.

For most of us the motor vehicle accidents in which we sustain injuries and oftentimes die, aren't accidents. Rather than being results of chance or fate, such incidents more often are a reflection of behavior, such as drinking, reckless driving, and not using seat belts. No big surprise that for teenagers who add inexperience to the list of behavioral predispositions, crash fatalities outnumber the next five causes of death combined. Fatality rates for males ages 15 through 24 are about 3 1/2 times those of females. Indeed more than half of all people killed in crashes are under 25 years of age. Is there need for a grand finale? Motor vehicle injuries are responsible for the greatest percentage of years of potential life lost before age 65.

The question is, how best to protect motor vehicle occupants from themselves and others given our collective societal behavior on the road. How? By using occupant restraints, be they of the passive or active type. When one seeks out the efficacy evidence, the degree of protection provided varies from study to study. But a conservative assessment reveals that the proper use of seat belts and shoulder straps results in a 58 percent decrease in the risk of *serious* injury and a 73 percent decrease in the likelihood of a fatal injury to the driver, and a 53 percent decrease in the risk of *serious* injury and a 66 percent decrease in the risk of fatality to the right front seat passenger.[2] Not perfect, but very impressive. Indeed, even if one adjusts for vehicle deformity, and thus forces involved in crashes, the figures are compelling. Who benefits, who gains the most from seat belt usage? Those most at risk. Though anyone us-

Dr. Muller is chief of staff at the Veterans Hospital in Lebanon, clinical professor of medicine in the emergency medical division of the Medical College of the Pennsylvania State University, former Pennsylvania secretary of health, and former president of the American College of Emergency Physicians.

ing occupant restraints stands to gain.

Is there a down side to seat belt use? Yes, but without question the benefits that accrue from use of seat belts far outweigh any down side problems.

Especially in severe crashes, seat belt users may suffer injury secondary to the belt and/or shoulder strap (sash). Most significant seat belt related injuries appear to be secondary to improper wearing of the restraint. It is important that the belt rest against the bony pelvis and the shoulder strap be placed across the chest (not under the arm) and over the clavicle (not against the neck). Dooley notes that there have been isolated reports of cervical spine dislocation, fracture, and carotid artery injury when the shoulder strap is against the neck and that the most common major chest injury attributable to restraint use is a fractured sternum.[3] Serious intra-thoracic injuries are rare. Although intra-abdominal injuries have been reported it appears they too have been associated with incorrect belt use (i.e., too high, not being down on the bony pelvis) or with advanced aged. In any event, failure to use the belt in such cases likely would have been associated with more serious injury or death.

And although some fear entrapment as a consequence of safety belt use, especially if the accident is associated with fire or immersion, there is strong support for seat belt usage because, after all, it reduces the likelihood of severe injury. It's pretty hard to extricate one's self or others if one is seriously injured, and impossible if one is unconscious, whether or not one is wearing a belt! And for the "I'd rather be thrown free of the crash" group, one's chance of survival is 25 times better riding out the crash belted in one's car. And for those that chime, "you can, but I'm not," remind them that one of four serious highway crash related injuries is caused by unbelted passengers being thrown into one another and/or into belted passengers.[4]

Recently the National Transportation Safety Board (NTSB) concluded, based on an analysis of lap belt performance in 26 frontal crashes, that in some cases lap belts can cause deaths or injuries to belted *rear* seat occupants. The Board further concluded that there was no evidence to indicate lap belts in *rear* seats offered any protection.

Motor vehicle injuries are responsible for the greatest percentage of years of potential life lost before age 65.

These conclusions have been strongly disputed by the National Highway Traffic Safety Administration (NHTSA) and others. The NHTSA notes that the NTSB study does not provide a statistically valid index of lap belt performance because it is based on too few crashes. It notes also that the NTSB study looked only at frontal crashes, not side impacts or rollovers where lap belts prevent other injuries including those resulting from the notorious killer, ejection.

B. J. Campbell, director of the University of North Carolina Highway Safety Research Center, subsequently filed a report on a study conducted in North Carolina of 35,000 crashes involving unrestrained rear seat occupants, and 2,590 crashes involving lap belted rear seat occupants.[5] Campbell found that lap belts provided protection to rear seat occupants at all levels of crash severity studied, but less so at the higher levels. He concluded that the NTSB cases were extraordinarily unusual and that the chances of such severe injuries occurring randomly in such severe crashes is one in 10,000. Campbell noted that in accidents so severe one should not expect lap or lap shoulder belts to help very much. However, he noted that the net effectiveness of seat belts is important when the full range of crashes is considered.

Moreover, in another study, General Motors researcher Leonard Evans reported that the overall ability of lap belts to prevent death in the two outboard rear seat positions is about 18 percent.[5]

Finally, Campbell concluded that lap shoulder belts in the rear seat would provide better protection than lap belts alone. Some automobile manufacturers are now installing lap shoulder belts in some or all of their models.

What does all this mean? It means that seat belt and shoulder strap system mechanisms, while at times injurious if not worn correctly, definitely afford all occupants considerable protection, although more so to front than rear seat occupants. Moreover, it is generally accepted that shoulder straps increase the degree of protection for back seat as well as front seat passengers.

Most significant seat belt related injuries appear to be secondary to improper wearing of the restraint.

Obviously, there is still room for further motor vehicle occupant protection and thus for the reduction of death and frequency and severity of injuries. The right front seat occupant remains at greater risk than the driver. The degree of seat belt effectiveness drops off at very severe crash levels, primarily because of intrusion of objects (including the steering wheel and column) and car deformity. Young people remain at high risk given their inexperience and sometimes reckless driving often associated with alcohol and other drug use.

In these cases passive restraints offer particular promise. Although air bags don't protect against lateral forces and therefore ejection, they compliment the use of safety belts. Air bags increase the effectiveness value of seat belt and shoulder strap protection by an additional 5 to 10 percent.[6]

What about the medical profession? To paraphrase Robert Frost, we've miles to go before we sleep. As members of society whose mission is to prevent as well as to treat disease and injury, our work in the traffic safety arena is clear. We must support efforts to decrease, if not eliminate, the incidence and severity of traffic related injuries and deaths. As such, we must continue to set the correct example by our own use and advocacy of protective restraints for vehicle occupants. Our energies are probably best directed at the young, the rear seat passengers, and the rural and night time highway traveler—the groups that are statistically at greatest risk for highway crashes. We certainly need to support the installation of air bags and the necessary concomitant use of seat belts. Based on recent evidence, we also need to promote use of rear seat belts and the installation of rear seat belt shoulder strap units. Who can disregard the saving of 1,500 lives, the prevention of 30,000 moderate to severe injuries, and the saving of about $800 million in direct cost alone, for every 10 percent increase in belt usage?[1]

The issue of medical exemption is an important one to us. Dooley believes that there should be no medical exceptions and that accomodations can be made in belts, straps, and seats. He says the stakes are too great and the losses too high to not require safety belt use for all. And what about the maternal issue? In severe crashes, the maternal death rate of pregnant women not wearing seat belts is double those who do. And fetal loss is four times greater if the mother is ejected. Reports of injuries from belts resulting in fetal death are isolated.

Campbell found that lap belts provided protection to rear seat occupants at all levels of crash severity studied, but less so at the higher levels.

What of the future? Dooley notes that he knows of no deaths of Australian stock car racers when they are wearing pilot harness, helmet, and anti-inflammable clothing, and when they are driving vehicles equipped with roll-over bars. Are some or all of these protective devices worth considering? Whatever your answer, let's help achieve maximum correct use of protective active and passive restraints by Pennsylvanians, while recognizing the need to work for even better protective mechanisms. Physicians shouldn't take a back seat to anyone in their advocacy of vehicle passenger safety. □

Videotape teaches use

How do you buckle up for maximum protection? For one thing, you must be certain your belt fits snugly and has as little slack as possible.

Physicians for Automotive Safety produced a video titled "Buckle Up . . . and Do It Right." It answers the most basic questions about seat belt effectiveness and how to gain maximum protection from the seat belt systems in all vehicles. This 14 minute film also includes how to buckle up children, and the importance of fitting a child in the proper safety seat. For motor vehicle safety restraints to work effectively, you have to make them fit. The video is available on loan from the Keystone Safety Belt Network.

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KEYSTONE SAFETY BELT NETWORK

Seat a child, save a life

John M. Templeton Jr., MD

Since 1984, parents have been required by law to restrain their children in either safety seats or safety belts in the automobile. Hundreds of our children have been saved and thousands have been spared serious injury because of this legislation. Here's a look at the law, what it has done, and how you can help it be more effective.

Several years ago, a small Volkswagen bus transporting children to a nursery school had emblazoned on its side, "This bus carries the most precious cargo in the world—your children and mine!" Yet very few of us in those days thought of protecting our children—our "most precious cargo"—in any type of restraint in the family car. As a result, many of our children were needlessly killed or permanently injured due to being tossed about or thrown from cars during accidents.

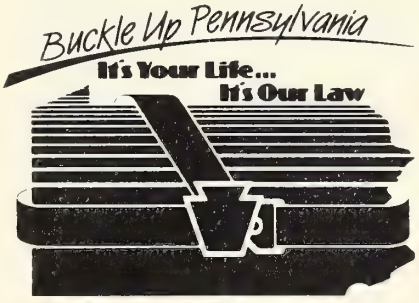
Today every state in the United States has a law requiring small children to use safety seats or lap belts in cars. Safety seats are highly effective, and reduce fatality risks by an estimated 71 percent and serious injury risks by 67 percent if they are used correctly. Misuse, which is prevalant, can partially or completely nullify this effect.

Using child safety seats

Three points must be remembered when using child safety seats. First, the child must be sitting correctly in a safety seat and must be facing the right direction. The design of the safety seat lends itself to hold the child in place and absorb the impact of the crash by spreading the forces over the stronger parts of the child's body. Infant seats should face backward; toddler and booster seats, frontward. Second, the child must be buckled securely and properly in the seat by the harness and/or strap. Otherwise the child can easily be thrown about the car or ejected from it during a crash. Third, the child seat must be properly secured to the car. In past accidents, seats have tipped over, slid sideways, and been thrown from the car because of incorrect anchoring.

Many different sizes and designs of child safety seats are available. In general, however, there are four basic types of safety seats.

- Infant seats are for babies up to 9 months old or about 20 pounds. They are tub shaped and fit most cars.
- Toddler seats are designed for children who can sit up without support. They are suitable for children who are in the 20 to 40 pound weight range.
- Convertible seats can be used for infants or toddlers. Initially their cost is higher, but the same seat can be used from infancy until the child outgrows it around age four or 40 pounds.
- The booster seat provides a safe and inexpensive safety measure for the gap between using the safety seat and the seat belt. Usually booster seats are used when the child weighs between 40 and 60 pounds.



Results of use

The number of deaths has dropped very impressively since the introduction of child safety seats. In 1978, before child safety seats were used, 726 children between the ages of 0 and 4 were killed on our nation's roads. In 1984, after the use of child safety seats became mandatory, 424 children in that same age bracket were killed—302 children were saved. No other medical breakthrough saved 302 lives in 1984.

In 1985, the number of lives saved continued to rise. More than 30,000 children were involved in automobile accidents in Pennsylvania. Of those children aged 0 to 18 years, 29,984 were injured and just 279 were killed. Now we need to do much more to emphasize the importance of using both child safety seats for young children and safety belts for older children if more young lives are to be saved.

What you can do

You, as a physician, are in a unique position to remind parents that Act 53, which became effective January 1, 1984, requires the use of child safety seats. Children under four years of age must be buckled into approved safety seats. The most dangerous place in a car for a child is on the lap or in the arms of an adult. You should use opportunities presented during office, emergency, and outpatient visits to remind parents that trauma is a greater risk to their children than disease.

And because car accidents remain the

Dr. Templeton is co-director of Trauma Service at the Children's Hospital of Philadelphia, and associate professor of Pediatric Surgery at the University of Pennsylvania School of Medicine.

number one killer of all persons aged 1 to 38 years, parents should be reminded also to wear their seat belts. Death or injury to a parent can be devastating to a child. Furthermore, the second major cause of death and injury to young children in cars is being crushed by unrestrained adults.

Act 53 of 1984

The Child Passenger Protection Act may be summarized as follows:

1. All drivers transporting children from birth to age four are responsible for seeing that those children are properly restrained in an appropriate safety seat.
2. Infants from birth to age one must be in an approved child safety seat. This seat may be in any seating position equipped with a seat belt on the vehicle. (However, for maximum protection, the back seat is preferable.)
3. Children from one to four years old may be in a child safety seat anywhere in the vehicle *or* in a seat belt in the back seat only.
4. Violators may be fined up to $25 and court costs. The fine may be waived by showing proof of purchase and possession of a safety seat.
5. Violators may be stopped as a primary offense for noncompliance of the Child Passenger Protection Act.
6. Fines collected will be placed in a fund used to purchase child safety seats for car seat loaner programs.
7. Civil immunity for lenders of car seats has been granted. No person or organization who lends car seats shall be liable for any civil damages resulting from any acts or omission, except for any act or omission intentionally designed to harm or for any grossly negligent act or omission resulting in harm to another.
8. Hospitals are required to notify parents of newborns of seat loan programs in the community.
9. An education program shall be conducted to insure maximum distribution of information about the law.

Many organizations are working to assure useage of child safety seats. More than 200 agencies currently operate loaner programs for child safety seats throughout Pennsylvania. Call 1-800-CAR-BELT for a list of these agencies as well as for technical assistance, materials, and free car seats to help new or existing loan programs. The Pennsylvania Chapter of the American Academy of Pediatrics, located in Ardmore, provides information about child safety seats, car seat loaner programs, the Child Passenger Protection Act, Child Passenger Safety Speakers Network, and school seat belt curriculum. An Auto Safety Resource Manual for Pennsylvania Pediatricians is also available from that organization. The Child Passenger Safety Project (CPSP) of the Pennsylvania Chapter of the American Academy of Pediatrics focuses on safety activities at different ages. Undoubtedly, the CPSP is having a positive impact on Pennsylvania families.

Safety belts on school buses

On another level, many parents are concerned about the absence of seat belts in school buses. Seat belts in school buses are not required in Pennsylvania, however, a study is being conducted near Pittsburgh regarding this issue. There is a concern that efforts to teach children to use safety belts when in the family car will be undermined by the lack of a parallel requirement to wear safety belts in buses.

Studies show that when children are correctly buckled up, they are better behaved, feel more secure, fall asleep sooner, and are less likely to be injured in the car. Likewise, studies show that behavior improves on buses when restraints are used. Currently, five school districts in Pennsylvania use seat belts in their buses. Although the American Academy of Pediatrics has recommended seat belt use on large buses because of the safety factor, bus manufacturers and bus drivers oppose the installation of belts.

Clearly, death and serious injury to children due to motor vehicle accidents can be prevented. Our most precious cargo deserves our protection and assurance that they will arrive safely at their destination. □

THE ONLY BELT FOR THE ROAD

Qualifying for exemption from the seat belt law

Pennsylvania's safety belt law, which requires drivers and front seat passengers to wear safety belts, provides for the possibility of medical exemption from the seat belt law. A patient must possess written verification from a physician that he or she is unable to wear a safety belt.

The Pennsylvania Medical Society and other safety-conscious organizations have produced a brochure explaining the medical exemption provision and listing the common reasons patients may give for wanting an exemption. The organizations do not recommend giving medical exemptions from the seat belt use law because in almost all cases, patient education is the answer, not a medical exemption.

The brochure is intended for physicians and other professionals. For a free copy, write the Keystone Safety Belt Network, 2041 Herr Street, Harrisburg, PA 17103, or call 717-238-8150.

Say yes to seat belts

The science of trauma

Jesse A. Weigel, MD

Trauma kills. However, roadway trauma can be prevented or at least mitigated in many cases. What follows is a look at trauma as it relates to motor vehicle crashes and resultant injuries. Many of the injuries could be prevented if all occupants wore safety belts. This case is made in *Evaluation and Management of Trauma* by Norman E. McSwain Jr., MD, and Morris D. Kerstein, MD.

Trauma can be defined as an injury produced by a transfer of energy from an outside force to the human body. By applying simple physics principles to motor vehicle crashes, physicians can anticipate or suspect injuries that could, if undetected, be life-threatening. The principles follow:

1. A body at rest tends to remain at rest and a body in motion tends to remain in motion in a straight line until acted upon by an outside force.
2. Force is equal to mass times acceleration or deceleration.
3. Energy can neither be created nor destroyed; however, it can change form.[1]

For example, in an accident situation, a car moves along the road until it strikes a telephone pole head-on (Principle 1). If the car weighs 2,000 pounds and hits the pole at 30 mph, the impact force is 60,000 pounds (Principle 2). The energy of the forward motion of the car must be absorbed before it can come to rest. The energy is absorbed as the metal crumples, and even when the front of the car has stopped, the rear continues to move until all of the energy is absorbed (Principle 3).

With a thorough understanding of these basic principles and realizing that energy can be transferred to three places in a motor vehicle crash—the vehicle, the occupant, and the organs within the occupant, we can anticipate possible injuries.

The types of automobile collisions that occur are: 1. head-on; 2. rear impact; 3. side impact; 4. rotational impact; and 5. roll over. They can produce distinct injury patterns. Because the occupant of the vehicle is going in the same direction and speed as the car before impact, the occupant will have the same type of injuries and in the same location as the vehicle. Therefore, it is crucial for the pre-hospital paraprofessional to understand the distribution of forces that occur in the various types of collisions to initially evaluate the patient, but more importantly, to be able to relay this information to the trauma

Dr. Weigel practices emergency medicine at Harrisburg Hospital, Harrisburg.

Figure 1. Dislocation of the knees, fracture of the femur, and posterior fracture-dislocation of the acetabulum are often the results of a down and under pathway.

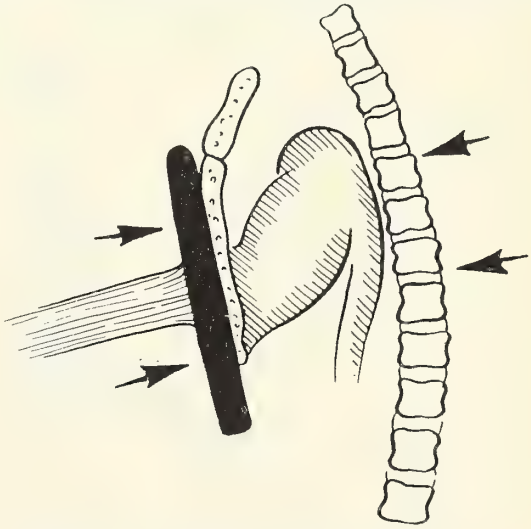


Figure 2. Compression of the heart between the moving vertebral column and the stopped sternum.

All figures reprinted with permission.

team so that it can apply the basic principles of physics to the patient's overall care.

For example, in a head-on collision, the occupant, if not restrained by safety devices, will usually follow one of two pathways—down and under, or up and over. In the down and under pathway, the lead points of the occupant's motion are the knees, which usually hit the dashboard and stop. Then the torso and chest hit the steering wheel or dashboard, and finally, the head strikes the windshield. After the initial impact of the knees, chest, and head, the force is transmitted to the soft tissue and organ structures, resulting in further injury.

In the up and over pathway, the initial point of impact is the head. Just as with the knees in the first pathway, the head strikes and stops, followed by the impact of the trunk and consequent transmittal of the energy down the vertebral column, resulting in injury.

In a rear impact collision, a slower moving or stopped vehicle is rapidly accelerated by the momentum of another car hitting it from behind. This phenomenon is similar to the cue ball hitting a pool ball. The force created by the forward motion is transferred to all parts of the occupant that come into contact with the vehicle. When safety belts are worn, the occupant is not flung around the vehicle, and injuries can be prevented.

Likewise, in a side impact collision injuries can occur wherever the passenger hits the vehicle. But when safety belts are worn, the restrained occupant will move to the side *with* the vehicle and *away from* the impacting vehicle, and usually away from possible injury.

Figure 3. Forward motion of the torso and the stopped motion of the skull force the spine to absorb all of the remaining energy when an accident victim follows an up and over pathway after a frontal crash.

Wearing safety belts produces the same benefits in rotational impacts and roll-overs. Unless occupants are restrained they are flung around the vehicle and injury can occur wherever the body strikes something inside the vehicle.

Injuries to body organs follow two basic patterns—the deceleration pattern and the compression pattern—both of which can result in potentially life-threatening injuries. The deceleration pattern applies the first physics principle mentioned. The organ will continue to move forward until held in check by its attachment to the body. When that motion is stopped, the force created causes a tearing of the attachment, which results in hemorrhage and other catastrophic injuries.

The compression pattern results in compression injuries to external structures (the head, sternum, or ribs) or internal organs (the heart, lungs, liver, and spleen). The effects of compression injuries are similar to the effects one gets when one blows up a paper bag, holds the end shut, and hits the bag. Your body organs get squeezed and burst just as the bag bursts.

Of the three types of trauma that occur in a crash—injury to the vehicle, the occupant, and the occupant's internal organs—our concern has been for detecting the last two. Prevention of trauma with the use of the restraint systems now available, namely, safety belts and air bags, is preferable to treating the injury.

Simple physics principles clearly show that keeping the occupant from being thrown around inside the vehicle reduces the possibility of injury by allowing the strong parts of the body—the bony pelvis and shoulder—that are in contact with the belt to absorb the energy rather than the sensitive parts like the head or chest. Safety devices protect drivers and passengers from serious injuries when they are used consistently and worn properly. □

References

1. McSwain NE: *Evaluation and Management of Trauma.* Appleton-Century Crofts, 1988, p. 1.

Figure 4. The forward acceleration of the car when hit from behind is transmitted to all parts of the body in solid contact with the car.

Figure 5. When the head restraint is pushed out of its proper position, the body is accelerated out from under the head, producing strains on the anterior ligamentus structure.

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Indications and Usage: Axid is indicated for up to eight weeks for the treatment of active duodenal ulcer. In most patients, the ulcer will heal within four weeks

Axid is indicated for maintenance therapy for duodenal ulcer patients, at a reduced dosage of 150 mg h.s. after healing of an active duodenal ulcer The consequences of continuous therapy with Axid for longer than one year are not known

Contraindication: Axid is contraindicated in patients with known hypersensitivity to the drug and should be used with caution in patients with hypersensitivity to other H_2-receptor antagonists.

Precautions: *General*—1. Symptomatic response to nizatidine therapy does not preclude the presence of gastric malignancy.

2. Because nizatidine is excreted primarily by the kidney, dosage should be reduced in patients with moderate to severe renal insufficiency

3. Pharmacokinetic studies in patients with hepatorenal syndrome have not been done. Part of the dose of nizatidine is metabolized in the liver. In patients with normal renal function and uncomplicated hepatic dysfunction, the disposition of nizatidine is similar to that in normal subjects

Laboratory Tests—False-positive tests for urobilinogen with Multistix® may occur during therapy with nizatidine

Drug Interactions—No interactions have been observed between Axid and theophylline, chlordiazepoxide, lorazepam, lidocaine, phenytoin, and warfarin Axid does not inhibit the cytochrome P-450-linked drug-metabolizing enzyme system; therefore, drug interactions mediated by inhibition of hepatic metabolism are not expected to occur. In patients given very high doses (3,900 mg) of aspirin daily, increases in serum salicylate levels were seen when nizatidine, 150 mg b.i.d., was administered concurrently

Carcinogenesis, Mutagenesis, Impairment of Fertility—A two-year oral carcinogenicity study in rats with doses as high as 500 mg/kg/day (about 80 times the recommended daily therapeutic dose) showed no evidence of a carcinogenic effect. There was a dose related increase in the density of enterochromaffin-like (ECL) cells in the gastric oxyntic mucosa. In a two-year study in mice, there was no evidence of a carcinogenic effect in male mice; although hyperplastic nodules of the liver were increased in the high dose males compared to placebo. Female mice given the high dose of Axid (2,000 mg/kg/day, about 330 times the human dose) showed marginally statistically significant increases in hepatic carcinoma and hepatic nodular hyperplasia with no numerical increase seen in any of the other dose groups. The rate of hepatic carcinoma in the high dose animals was within the historical control limits seen for the strain of mice used. The female mice were given a dose larger than the maximum tolerated dose, as indicated by excessive (30%) weight decrement compared to concurrent controls, and evidence of mild liver injury (transaminase elevations). The occurrence of a marginal finding at high dose only in animals given an excessive, and somewhat hepatotoxic dose, with no evidence of a carcinogenic effect in rats, male mice, and female mice (given up to 360 mg/kg/day, about 60 times the human dose), and a negative mutagenicity battery is not considered evidence of a carcinogenic potential for Axid

Axid was not mutagenic in a battery of tests performed to evaluate its potential genetic toxicity, including bacterial mutation tests, unscheduled DNA synthesis, sister chromatid exchange, and the mouse lymphoma assay

In a two-generation, perinatal and postnatal, fertility study in rats, doses of nizatidine up to 650 mg/kg/day produced no adverse effects on the reproductive performance of parental animals or their progeny

Pregnancy—Teratogenic Effects—Pregnancy Category C—Oral reproduction studies in rats at doses up to 300 times the human dose, and in Dutch Belted rabbits at doses up to 55 times the human dose, revealed no evidence of impaired fertility or teratogenic effect; but, at a dose equivalent to 300 times the human dose, treated rabbits had abortions, decreased number of live fetuses, and depressed fetal weights. On intravenous administration to pregnant New Zealand White rabbits, nizatidine at 20 mg/kg produced cardiac enlargement, coarctation of the aortic arch, and cutaneous edema in one fetus and at 50 mg/kg it produced ventricular anomaly, distended abdomen, spina bifida, hydrocephaly, and enlarged heart in one fetus. There are, however, no adequate and well-controlled studies in pregnant women. It is also not known whether nizatidine can cause fetal harm when administered to a pregnant woman or can affect reproduction capacity. Nizatidine should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus

Nursing Mothers—Nizatidine is secreted and concentrated in the milk of lactating rats. Pups reared by treated lactating rats had depressed growth rates Although no studies have been conducted in lactating women, nizatidine is assumed to be secreted in human milk, and caution should be exercised when nizatidine is administered to nursing mothers.

Pediatric Use—Safety and effectiveness in children have not been established

Use in Elderly Patients—Ulcer healing rates in elderly patients are similar to those in younger age groups. The incidence rates of adverse events and laboratory test abnormalities are also similar to those seen in other age groups Age alone may not be an important factor in the disposition of nizatidine. Elderly patients may have reduced renal function

Adverse Reactions: Clinical trials of nizatidine included almost 5,000 patients given nizatidine in studies of varying durations. Domestic placebo-controlled trials included over 1,900 patients given nizatidine and over 1,300 given placebo Among the more common adverse events in the domestic placebo-controlled trials, sweating (1% vs 0.2%), urticaria (0.5% vs <0.01%), and somnolence (2.4% vs 1.3%) were significantly more common in the nizatidine group. A variety of less common events was also reported; it was not possible to determine whether these were caused by nizatidine

Hepatic—Hepatocellular injury, evidenced by elevated liver enzyme tests (SGOT [AST], SGPT [ALT], or alkaline phosphatase), occurred in some patients possibly or probably related to nizatidine. In some cases, there was marked elevation of SGOT, SGPT enzymes (greater than 500 IU/L), and in a single instance, SGPT was greater than 2,000 IU/L. The overall rate of occurrences of elevated liver enzymes and elevations to three times the upper limit of normal, however, did not significantly differ from the rate of liver enzyme abnormalities in placebo-treated patients. All abnormalities were reversible after discontinuation of Axid

Cardiovascular—In clinical pharmacology studies, short episodes of asymptomatic ventricular tachycardia occurred in two individuals administered Axid and in three untreated subjects

Endocrine—Clinical pharmacology studies and controlled clinical trials showed no evidence of antiandrogenic activity due to Axid. Impotence and decreased libido were reported with equal frequency by patients who received Axid and by those given placebo. Rare reports of gynecomastia occurred

Hematologic—Fatal thrombocytopenia was reported in a patient who was treated with Axid and another H_2-receptor antagonist. On previous occasions, this patient had experienced thrombocytopenia while taking other drugs

Integumental—Sweating and urticaria were reported significantly more frequently in nizatidine than in placebo patients Rash and exfoliative dermatitis were also reported

Other—Hyperuricemia unassociated with gout or nephrolithiasis was reported.

Overdosage: There is little clinical experience with overdosage of Axid in humans. If overdosage occurs, use of activated charcoal, emesis, or lavage should be considered along with clinical monitoring and supportive therapy Renal dialysis for four to six hours increased plasma clearance by approximately 84%

Test animals that received large doses of nizatidine have exhibited cholinergic-type effects, including lacrimation, salivation, emesis, miosis, and diarrhea Single oral doses of 800 mg/kg in dogs and of 1,200 mg/kg in monkeys were not lethal. Intravenous LD_{50} values in the rat and mouse were 301 mg/kg and 232 mg/kg respectively. PV 2091 AMP [041288]

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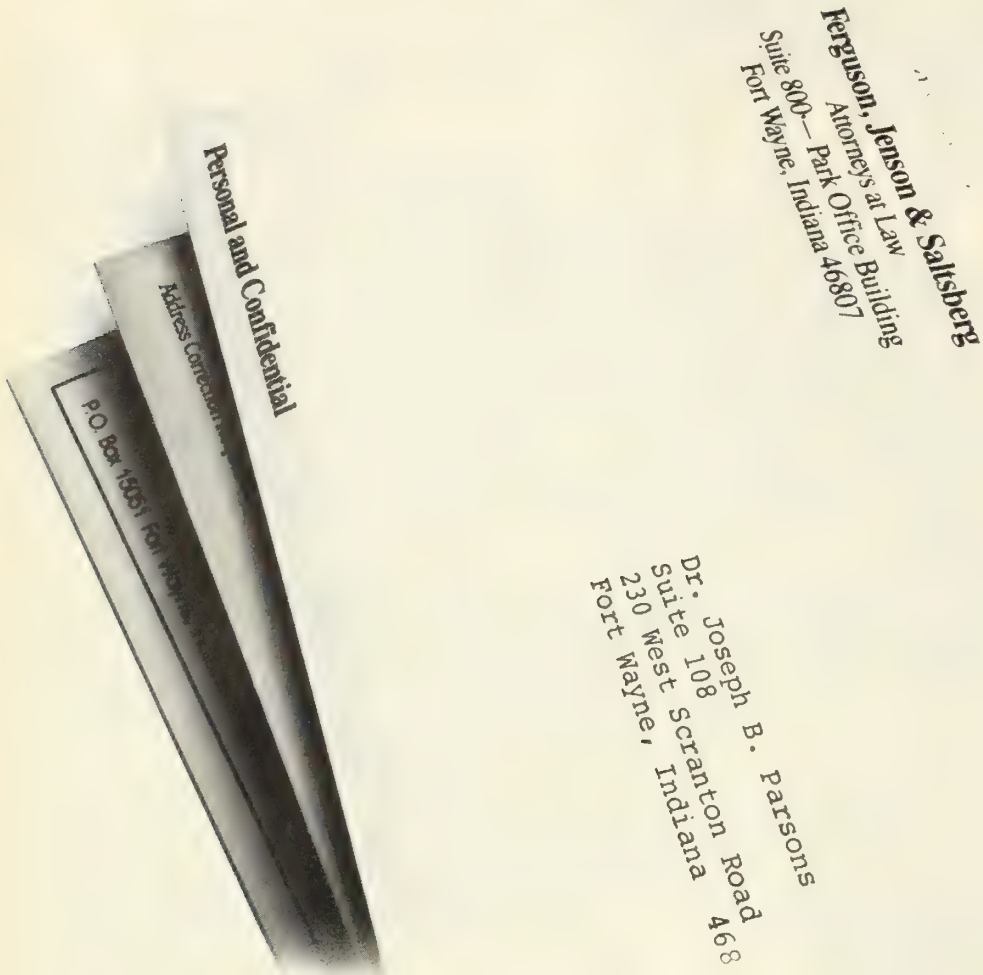
Crisis in black and white.



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in my opinion

A few straightforward forms

John R. Leyendecker

A cloud of gloom hung over my head as I entered my cluttered room to find my desk beneath random stacks of manila envelopes, mailing labels, and mutated versions of what would soon be known as my personal statement. "Why should I feel this way?" I asked myself. "After all, what could be so difficult about filling in a few blank spaces on a few straightforward forms?" I will never ask myself this question again.

I reached for the first residency application, a seemingly innocuous white form with questions and blanks on both sides, and slipped it effortlessly into my typewriter. I came to the first question as I reflected on how unfounded my fears of that moment had been. Little did I suspect at the time that, while my residency application requests were yet

The author is a member of the Medical School Section of the Pennsylvania Medical Society. He is a student at the University of Pennsylvania School of Medicine.

The Hahnemannian still going strong

Kenneth A. Pober, MD

I send a rather belated thanks for Suzanne M. Shultz's fine article "Sectarian medical periodicals of Pennsylvania," (September and October 1987). The only correction I would make to an otherwise faultless piece concerns the statement in part two, page 62, where Ms. Shultz comments on a periodical entitled *The Hahnemannian.* She writes, "*The Hahnemannian* was the official journal of The Homeopathic Society of the State of Pennsylvania." Her article contends that the journal folded in 1949.

To paraphrase Mark Twain's immortal 1897 cable, I am happy to report that rumors of this periodical's death have been greatly exaggerated. In fact, *The Hahnemannian* is alive and well as a quarterly of the Homeopathic Medical Society of the State of Pennsylvania. Incidentally, the journal celebrated its 32nd birthday the year that Twain telegraphed his ironic disclaimer.

Author responds

Suzanne M. Shultz

Thanks for the copy of your letter of May 13, 1988, to Pennsylvania Medicine. *I've been puzzling over the problem of the still extant* Hahnemannian *since you wrote. I am not usually so slipshod in my research.*

Having reviewed my notes and the early drafts of "Sectarian medical periodicals" I believe that I have tracked down the solution. The Hahnemannian Monthly *was published in Philadelphia (where it was founded) from 1865 until 1949 (volume 84, number 1) under that title. In 1949 (volume 84, number 2) both the title and the editorial office changed:* The Hahnemannian *and Neffsville, PA. I indicated that the journal closed in 1949 when, in fact, it should have been a simple title change.*

Charles Nicolle wrote in the introduction to Biologie de l'Invention, *"All method is imperfect. Error is all around it, and at the least opportunity invades it... But what can we do? There is no other way."*

Please accept my apology for the error.

Dr. Pober is an immunologist in Murrysville, PA, and editor of The Hahnemannian. *Ms. Shultz is the medical librarian at Polyclinic Medical Center, Harrisburg.*

County societies end custom

Richard E. Deitrick, MD

Arthur D. Froelich, MD

Milton A. Wohl, MD

For the past several years it has been customary for the medical society of the county in which the Annual Meeting of the Pennsylvania Medical Society is held to host an evening of entertainment with appropriate refreshments.

As you might expect, however, the cost of such affairs continues to escalate. We began to question the wisdom of these expenditures for the benefit of relatively few physicians but paid from the dues of many others. After considerable deliberation the Boards of Directors of the Allegheny, Dauphin, and Philadelphia County Medical Societies have decided to discontinue this custom. We believe we can better serve our members by channeling our resources into some other effort. We trust you will understand our position and share the spirit in which we make this decision.

We assure you, however, of our continued enthusiasm for welcoming you to our counties. We encourage you to take the opportunity to visit our many places of interest and to share the culture, entertainment, and comradery that we have to offer. To facilitate this, we plan to mail to each delegate, in advance of the Annual Meeting, some information on the area restaurants, museums, sporting events, churches, synagogues, etc. This may enable you to plan in advance and thus better use your time.

We thank you for your understanding. We pledge our continued support for the Society and in particular for the proceedings of the Annual Meeting.

Dr. Deitrick is the president of the Allegheny County Medical Society. Dr. Froelich is the president of the Dauphin County Medical Society. Dr. Wohl is the president of the Philadelphia County Medical Society.

in the mail, brilliant men and women were spending sleepless nights at the Institute for Residency Application Technology and Engineering (IRATE) designing application forms that even a junior AOA would find impossible to complete.

What, you've never heard of IRATE? Neither had I until recently. You see, it's a crack team of the nations top bureaucrats gleaned from government institutions around the country that specializes in passive aggressiveness. Before you reach for the Thorazine, let me explain how I came to the conclusion that this organization must exist.

Take, for example, the spaces provided for your responses to questions on the forms. The space provided for your name and social security number is generally enough in which to park a small motor home. However, a question like, "Please discuss your career goals, pertinent research experience, and the meaning of life," is sure to be followed by insufficient space for a claustrophobic flea. IRATE's victory was only temporary, though, as students quickly learned to type, "Please see Curriculum Vitae."

Not to be outdone by a bunch of juniors who didn't even make AOA, the Institute adopted a new policy—mailing different applications to different students based on their credentials. For example, the biggest space on all of my applications is the one that says "Publications," a space rivaled only by the blankness that fills my mind in response to that question. For some of you, the "Awards/Honors" space might serve better as wallpapering for the kitchen, unless of course, you actually have something to fill the space with. If you belong to the latter group, you have doubtless been provided with forms consisting mostly of questions about your extracurricular activities which, if you studied enough to get honors, you can't possibly answer. This policy soon became known as the bureaucrat's law of application relativity, proving once and for all that application forms in the universe are not a constant.

Need more convincing? Just as ambitious medical students learned new and creative ways to fill blank spaces without actually saying anything, IRATE had another breakthrough—colored application forms! This ingenious practice prevented applicants from making inconspicuous corrections of typing errors. All mistakes were blatantly visible as white blotches against a background of green or yellow and could easily be counted by program directors.

About the time that yellow and green typewriter correction fluid became popular, a promising young bureaucrat discovered a shade of fluorescent orange that disintegrates if combined with typewriter correction fluid. (I actually have received such a form from one well-known program.) Medical students, being survivalists by nature, learned to circumvent this problem, however, simply by not making mistakes—a feat that came naturally to the junior AOA's but that, with a great deal of patience, could be taught to the rest of us.

The Institute, so it seemed, had met its match. That is, until they learned that they could give rise to mistakes by taking a normal application form on which all of the lines are aligned square on the page and xeroxing it onto a second piece of paper aligned at a certain critical angle, theta, with respect to the original. Theta is simply that angle between the lines on a page and the edge of the page itself beyond which a sheet of paper cannot be inserted into a typewriter in such a way as to align the lines exactly horizontally. Still, we refused to surrender, discovering that this problem could be overcome by xeroxing the application onto a third piece of paper aligned at an angle equal to theta. (On a historical note, the original geometry of theta was worked out by the same individual who figured out how to design road maps so that they could not possibly be folded into their original configuration once opened.)

These are only a few examples of why I suspect that the Institute for Residency Application Technology and Engineering must exist. If you are a physician in charge of a residency program reading this, help us put an end to this ridiculous organization, and save a few thousand trees in the process. We are currently seeking leaders in the medical community to aid us in our battle against bureaucracy in medicine. If you are interested in joining us, please send your curriculum vitae, personal statement, three letters of reference, a copy of your national board scores, a copy of your brother's national board scores, dean's letter, and the enclosed colored application form in duplicate to. . .

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There's more to selling your practice than just finding a buyer. You must be prepared to take some time doing research and getting to know your buyer. Read on for more advice.

When you finally decide to sell your practice you expect some return. To receive full value, however, you need careful planning and preparation. Realistically, you wouldn't expect to buy a new home without getting the facts; likewise, you can't expect someone to buy your practice without knowing all the important details. Much the same as in selling a house, selling a practice takes time. Expect to spend at least six months to a year searching for the appropriate buyer, negotiating the terms, and finalizing the deal. Remember the most crucial step of a practice transfer is the transition period in which the buyer and seller work together and cement their relationship. This period can easily extend to three or four months.

Planning is essential, and our general advice is to begin at least two years before you want to leave your practice. Your first big question is—do you have something to sell? Take a good, hard look at your practice. Is the gross revenue healthy? Hopefully, your income hasn't dropped and your work levels in the past years are consistent. How is the location? Why would someone want to spend most of his time where you are currently practicing? If the demographics of the neighborhood are different from when you first hung out your shingle, incorporate that into your thinking.

Another important consideration—how is the competition? Moderate competition is a good thing; no competition usually means there is no reason to buy. Why? Either the area is considered less than desirable and is underserved, or the population cannot support another practitioner. In the first scenario, a candidate could set up down the street and have a healthy income without buying. In the second, the candidate would wait until you're gone, and then set up shop. Why would he buy when your area needs only one physician and you're going?

Keep your plans to yourself and your advisors. The biggest mistake you can make is to let your best friend (who's also your best referral) know that you are moving to Florida as soon as you sell the practice or by January 1, whichever comes first. The word *does* get out and all of your potential buyers will either vanish until December 15 or try and push the price down. When you are interviewing prospective candidates, be honest about anything they'll need to know, but they don't need to know how eager you are about starting your retirement.

Planning is essential, and our general advice is to begin at least two years before you want to leave your practice.

You also need to decide how much to sell your practice for. If you want an objective view of what your practice is worth, have it appraised. Besides analyzing your location, competition, and your revenue and expenses, a good appraisal will give you an idea of what the market can handle. Unfortunately there is no magic formula you can apply to come up with the "right" selling price. In fact, there are many valuation techniques, and depending on what journal you're reading or which accountant you're talking to, there are a dozen "standard" methods to value a medical practice. No single method has proven to be correct or accepted in all cases. The "real" value will be determined when the deal is signed. However, the dollar figure given by an appraiser is a good starting point. Be sure that whoever puts a value on your practice has previous experience with medical practice sales; don't rely on the accountant or attorney who is taking this on as a new project.

The principal authors of this article are Anne McSorley and Dorothy R. Sweeney of the practice brokerage division of Health Care Personnel Consulting, an affiliate of The Health Care Group, Plymouth Meeting.

Gross revenue multiplier

Of all the valuation methods that currently are being used, the gross revenue multiplier is the most widely quoted. The multiplier is the ratio of practice value to annual revenues multiplied by 100 percent. In other words, a practice with a price tag of $100,000 and a gross revenue of $200,000 is selling at 50 percent of gross revenue. While the multiplier is helpful in establishing a benchmark in which to start negotiations, every practice has different characteristics that will affect its value. Just because Dr. Smith's practice across town with the same specialty as yours sold for 60 percent of his average gross doesn't mean that this is your magic number too. When a practice comes to market, each buyer and seller will rely on the multiplier as a starting point. However, because the multiplier represents an average of practices evaluated, it should not be quoted as the ultimate authority.

One year's gross—"the big myth"

Many sellers (regardless of specialty, years in existence, location, or profitability) tell us they expect to receive one year's gross income for the sale of their practice. It just isn't so! Rarely do we hear of a practice selling for a number that high. Primary care practices who can offer the benefits of referrals to

their neighborhood hospitals will sometimes approach that number, but more times than not, a price that high is suggested by an advisor who isn't aware of what the market will bear for medical practice sales.

Sellers who insist on starting their negotiations at such a high level could scare potential buyers away. The best way to justify your selling price is to find evidence of a similar sale. But remember, each practice is unique and requires individual analysis for determination of fair market value. Know the market before you envision a sizable sum; each person in a buy-sell transaction often feels a little dissatisfied when the deal is finished, but such a deal is certainly better than no deal at all.

The details

Be prepared before you meet with the buyer. If you've opted for an appraisal, have the report in hand along with the tools the appraiser used in justifying the value. The most frequently requested items are: one year's financial statements; three to five years' tax returns; patient data reports (i.e., new patients, numbers seen daily, socioeconomic profile, referral sources); insurance profile (a breakdown by percentage of patients seen by each carrier); assets (including date acquired); fee schedules; practice promotional items; employee information; samples of the appointment book and day sheets; any contracts and leases; and, finally, a brief history of the practice and an overview of the community.

You need to be open to a serious inquiry. This is no time to paint a picture either too rosy or too unflattering. Plan to discuss frankly hospital politics, coverage, how the competition affects your practice, and the number of hours you spend working in it each year. Hold the meeting in your office, let your serious candidate see that you have nothing to hide; allow him to observe the office systems.

We do advise that your employees not be told of a possible sale until an agreement is signed. While it is important for a buyer to see your operation, negotiations must be done discreetly. Neither your employees nor your patients should know of the transfer until you are certain you are ready. Even then, patients must be handled in such a manner that there is little evidence of change. Try to insure the "sameness" of service they're accustomed to and be positive and upbeat about the change.

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Reassure your employees that they are one of the most important assets of a practice transfer and that the new owner will rely on them to help in every phase of the transition. Be enthusiastic about the new doctor so that your staff will want to stay. Do not complain that things will be different, for your staff won't stay around to find out.

When you are at a point where most of the details concerning the purchase price are ironed out, work closely with your advisors as they prepare the necessary documents for a practice transfer. The asset purchase agreement should include a discussion about the transition, responsibilities of both parties, and explanation of how the money is to be paid out. At this stage, it is important to let no surprises ruin the deal. Make sure your buyer is qualified financially long before copies of the agreement are sent to each party.

Conclusion

With careful preparation and an objective outlook of the market, your practice can be a valuable asset to be sold. It is never too early to get an idea of the value of your practice and you may find a valuation to be a help in your financial planning. □

physicians in the news

Luther W. Brady, MD, professor and chairman, Department of Radiation Oncology and Nuclear Medicine, Hahnemann University, received the honorary degree of Doctor of Fine Arts from Colgate University during commencement ceremonies held last month. Dr. Brady was honored for his lifelong patronage of the arts and, in particular, for the current exhibit at Colgate's Picker Art Gallery, "The Luther W. Brady Collection of Deferred Gifts: 20th Century Works on Paper." Dr. Brady has donated all of the works on display to the university.

Stuart Heydt, MD, president and chief executive officer of the Geisinger-Wyoming Valley Medical Center in Wilkes-Barre, has been elected to the Board of Directors of the American Academy of Medical Directors.

Doris G. Bartuska, MD, Philadelphia, received an "excellence in science lecture" citation from the women's committees of the Federation of American Societies for Experimental Biology for her lecture, "Endocrinology of Aging with Special Emphasis on Osteoporosis." The award was presented at the FASEB annual meeting.

A symposium on psychologic implications of nuclear weaponry featured two Pennsylvania physicians. **Paul J. Fink, MD,** president of the American Psychiatric Association and chairman of the Department of Psychiatry at Albert Einstein Medical Center and medical director of the Philadelphia Psychiatric Center, and **Joseph M. Strayhorn, MD,** a child psychiatrist from Pittsburgh, spoke. The symposium was presented by the Pittsburgh Chapter of Physicians for Social Responsibility.

John G. Haddad, MD, chief of endocrinology in the Department of Medicine at the Hospital of the University of Pennsylvania, has been elected president of the American Society for Bone and Mineral Research.

The following were elected as officers of the Advisory Group of the five Pennsylvania Chapters of the American College of Surgeons: chairman—**Harry G. Light, MD, FACS,** Bethlehem; secretary—**Larry Hanson, MD, FACS,** Erie; treasurer—**Thomas V. Ballantine, MD, FACS,** Hershey; chairman of the medical liability committee—**Paul Nemir, MD, FACS,** Philadelphia.

Robert Brent, MD, Huntingdon Valley, chairman of the Department of Pediatrics at Jefferson Medical College of Thomas Jefferson University, received an honorary Doctor of Science degree from the University of Rochester at its commencement.

William B. Abrams, MD, FACP, has been appointed director of the Office of Professional Development and Assistance in the Food and Drug Administration's Center for Drug Evaluation and Research. Dr. Abrams will continue his work as executive director for Scientific Development at Merck Sharp & Dohme Research Laboratories.

Angelo M. DiGeorge, MD, chief of the endocrine and metabolic disease section at St. Christopher's Hospital for Children, was inducted into South Philadelphia High School's "Cultural Hall of Fame." Dr. DiGeorge is noted for discovering the role of the thymus in immunity.

An estimated 12 million visitors to the Franklin Institute in Philadelphia have seen the giant-size paper mache heart on display. The idea for the exhibit, which opened in 1954, came from **Mildred C.J. Pfeiffer, MD,** who is now retired from the Pennsylvania Department of Health after many years of service.

Gary C. Brown, MD, Flourtown, has been promoted to associate surgeon on the Retina Service at Wills Eye Hospital and to professor at Jefferson Medical College, Thomas Jefferson University.

The Department of Family and Community Medicine of the Milton S. Hershey Medical Center of the Pennsylvania State University recently announced the appointment of **George R. Simms, MD,** as chairman of the department.

John J. Murphy, MD, has been named senior consultant in the Urology Department at Mercy Catholic Medical Center. Dr. Murphy was instrumental in developing the field of urology into a surgical specialty during the 1950s.

Bennett Lorber, MD, professor of medicine and chief of the section of infectious diseases at the Temple University School of Medicine, is the first recipient of the Thomas M. Durant Chair in Medicine. He also was honored by the 1988 graduating class of Temple's School of Medicine; the students dedicated their class yearbook to him.

May 1988 was proclaimed Better Hearing and Speech Month by Governor Robert P. Casey. The proclamation was sponsored by the Pennsylvania Academy of Ophthalmology and Otolaryngology and the Pennsylvania Speech-Language-Hearing Association. Leaders from both groups (above) were on hand to witness the signing.

new members

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Jan C. Seski, MD, Oncology, 4660 Twin Oaks Ln., Murrysville 15668
Daljit Singh, MD, Internal Med., 4401 Penn Ave., Pittsburgh 15224
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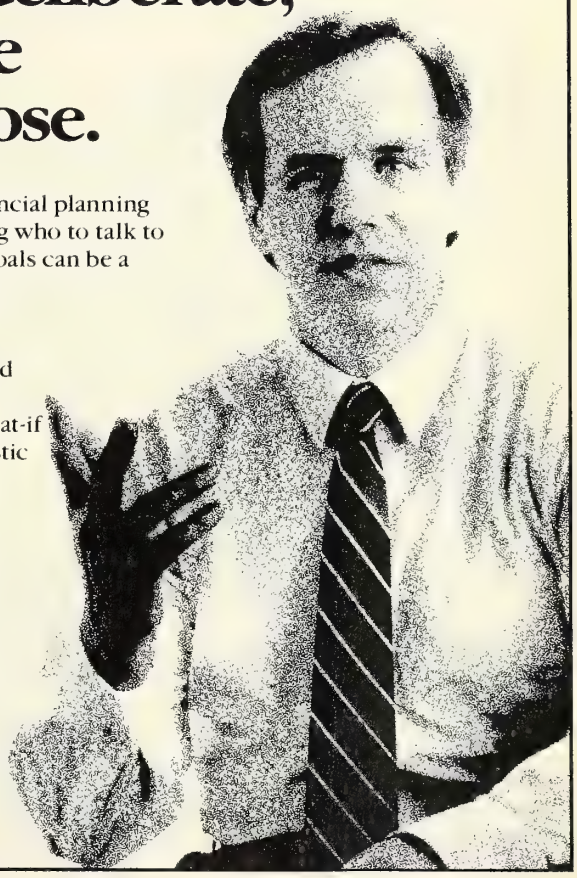
Quietly deliberate; moderate on purpose.



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Stephen L. Cash, MD, Hand Surg., 901 Walnut St., Philadelphia 19107
Jeffrey B. Cohn, MD, Oncology, 1335 W. Tabor Rd , Suite 309, Philadelphia 19141
Eric V. Finkenstadt, MD, Pulmonary Diseases, 623 Righters Mill Rd., Narberth 19072
Susan A. Friedman, MD, Pediatrics, Childrens Hosp.-Dept Ped., 34th St. and Civic Center, Philadelphia 19104
Frank J. Gilday, MD, Allergy and Immunology, 532 Hemlock Dr., Hockessin DE 19707
Michael F. Iademarco, MD, Internal Med., 723 Cinnaminson St., Philadelphia 19128
Leslie J. Katz, MD, Ophthalmology, Wills Eye Hosp., Ninth and Walnut Sts., Philadelphia 19107
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D. Troy Levitt, MD, Emergency Med., 3422 Bowman St., Philadelphia 19129
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Roger A. Marinchak, MD, Cardiovascular Diseases, Med. Coll. of PA, 3300 Henry Ave., Philadelphia 19129
Thomas A. Mickler, MD, Anesthesiology, 518 Glen Arbor Dr., Wynnewood 19096
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Russell J. Rentler, MD, Internal Med., 126 W. Godfrey Ave., Philadelphia 19120
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Tariq Siddiqi, MD, Neurological Surg., 1000 White Horse Rd., Suite 516, Voorhees NJ 08043
Scott M. Silverstein, MD, Internal Med., 111 Alburger Ave., Philadelphia 19115
Rhonda L. Soricelli, MD, Nephrology, 102 Mulberry Ln., Media 19063
Sushama Srivastava, MD, Internal Med., 2601 Pennsylvania Ave., Apt. 550, Philadelphia 19130
Kristin Stueber, MD, Plastic Surg., Temple Univ. Hosp., Broad and Ontario Sts., Philadelphia 19140
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YORK COUNTY

Douglas J. Masucci, MD, Pediatrics, 10 Forestdale Ave., Monroe NJ 10950
Sharon Palushock, MD, Internal Med., 1927 Queenswood Dr., Apt. I-103, York 17403

STUDENTS

Neal M. Davis, 118 Sumner Ave., Clarks Summit 18411
Francis L. Defabo, 6-A Apel Ave., Oreland 19075
Dan I. Giurgiu, Med. Coll. of PA, 3300 Henry Ave., Box 586, Philadelphia 19129
Paul H. Kim, 436 Hickory Rd., Huntingdon Valley 19006
Joseph R. Koveleskie, 2020 Walnut St., Apt. 27-J, Philadelphia 19103
G. Luke Larkin, Hershey Med. Ctr., Box 1673, Univ. Hosp., Hershey 17033
Randy G. Litman, 864 Garfield Ave., Lansdale 19446
Alexander Rodriguez, 4323 Pine St., First Floor, Philadelphia 19104
Gail F. Schwartz, 2400 Chestnut St., Apt. 406, Philadelphia 19103
Mary C. Seifert, 1915 Wynnefield Terrace, Apt. 50, Philadelphia 19131
Elizabeth W. Solomon, 1123 Dickinson St., Philadelphia 19147
Neil V. Waravdekar, 2215 Arch St., Apt. 212, Philadelphia 19103
Jonathan M. Wilson, 785 Providence Rd., Apt. G101, Lansdowne 19050

obituaries

Charles Stanley Amidon, Pottstown; New York University School of Medicine, 1952; age 63, died April 16, 1988. Dr. Amidon was a general surgeon. •

Mervin Boksenbaum, Pittsburgh; University of Pittsburgh School of Medicine, 1955; age 59, died May 2, 1988. Dr. Boksenbaum was a dermatologist. •

Ellsworth W. Henderson, Corry; University of Pittsburgh School of Medicine, 1943; age 71, died May 1, 1988. Dr. Henderson practiced family medicine. •

William B. Huber, Pittsburgh; University of Pittsburgh School of Medicine, 1927; age 83, died May 7, 1988. •

John G. Manley, Wilmington, DE; Jefferson Medical College, 1926; age 86, died April 23, 1988. Dr. Manley was a general practitioner. •

John J. McLaughlin, Margate, NJ; Temple University School of Medicine, 1932; age 82, died April 21, 1988. Dr. McLaughlin was an otolaryngologist and allergist. •

Charles C. Murphy, Litchfield Park, AZ; University of Pittsburgh School of Medicine, 1937; age 73, died April 16, 1988. Dr. Murphy was a urologist. •

Bernard J. Ronis, Philadelphia; Temple University School of Medicine, 1934; age 80, died May 13, 1988. Dr. Ronis was an ear specialist. •

The Educational and Scientific Trust of the Pennsylvania Medical Society provides you with a way to make a significant statement honoring the memory of and paying tribute to your colleagues who are deceased. Send your tax-deductible memorial gift to the PMS Educational and Scientific Trust, 20 Erford Road, Lemoyne, PA 17043. All gifts will be acknowledged to the donor as well as to the family of the deceased.

Maxwell Scarf, Philadelphia; Temple University School of Medicine, 1926; age 87, died April 20, 1988. Dr. Scarf specialized in internal medicine. •

Anselmo V. Spano, Drexel Hill; Hahnemann University School of Medicine, 1938; age 79, died May 17, 1988. Dr. Spano was a general practitioner. •

Mary Knott Bazemore, Wayne; University of Pennsylvania School of Medicine, 1923; age 90, died March 24, 1988. Dr. Bazemore was a pediatrician.

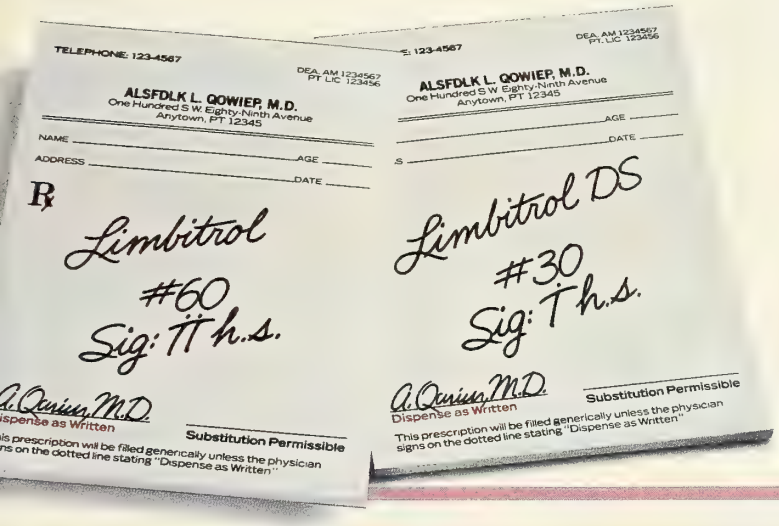
James P. Conley, Pittsburgh; Georgetown University School of Medicine, 1944; age 68, died March 30, 1988. Dr. Conley was a retired ear, nose and throat surgeon.

Theodore E. Patrick, Hop Bottom; Jefferson Medical College, 1948; age 63, died April 24, 1988. Dr. Patrick was a family practitioner.

• *Denotes PMS membership.*

In moderate depression and anxiety

- 74% of patients experienced improved sleep after the first *h.s.* dose[1]
- First-week improvement in somatic symptoms[1]
- 50% greater improvement with Limbitrol in the first week than with amitriptyline alone[2]



Protect Your Prescribing Decision: Specify "Do not substitute."

Limbitrol®

Each tablet contains 5 mg chlordiazepoxide and 12.5 mg amitriptyline (as the hydrochloride salt) Ⓘⓥ

Limbitrol® DS

Each tablet contains 10 mg chlordiazepoxide and 25 mg amitriptyline (as the hydrochloride salt) Ⓘⓥ

References: 1. Data on file, Hoffmann-La Roche Inc., Nutley, NJ. **2.** Feighner VP, *et al: Psychopharmacology 61:*217-225, Mar 22, 1979.

Limbitrol® Ⓘⓥ
Tranquilizer—Antidepressant
Before prescribing, please consult complete product information, a summary of which follows:

Contraindications: Known hypersensitivity to benzodiazepines or tricyclic antidepressants; concomitant use with MAOIs or within 14 days of monoamine oxidase inhibitors (then initiate cautiously, gradually increasing dosage until optimal response is achieved); during acute recovery phase following myocardial infarction.

Warnings: Use with caution in patients with history of urinary retention or angle-closure glaucoma. Severe constipation may occur when used with anticholinergics. Closely supervise cardiovascular patients. Arrhythmias, sinus tachycardia, prolongation of conduction time, myocardial infarction and stroke reported with tricyclic antidepressants, especially in high doses. Caution patients about possible combined effects with alcohol and other CNS depressants and against hazardous occupations requiring complete mental alertness (*e.g.,* operating machinery, driving).

Usage in Pregnancy: **Use of minor tranquilizers during the first trimester should almost always be avoided because of increased risk of congenital malformations. Consider possibility of pregnancy when instituting therapy.**

Withdrawal symptoms of the barbiturate type have occurred after discontinuation of benzodiazepines (see Drug Abuse and Dependence).

Precautions: Use cautiously in patients with a history of seizures, in hyperthyroid patients, those on thyroid medication, patients with impaired renal or hepatic function. Because of suicidal ideation in depressed patients, do not permit easy access to large quantities of drug. Periodic liver function tests and blood counts recommended during prolonged treatment. Amitriptyline may block action of guanethidine or similar antihypertensives. When tricyclic antidepressants are used concomitantly with cimetidine (Tagamet), clinically significant effects have been reported involving delayed elimination and increasing steady-state concentrations of the tricyclic drugs. Use of Limbitrol with other psychotropic drugs has not been evaluated; sedative effects may be additive. Discontinue several days before surgery. Limit concomitant administration of ECT to essential treatment. See Warnings for precautions about pregnancy. Should not be taken during the nursing period or by children under 12. In elderly and debilitated, limit to smallest effective dosage to preclude ataxia, oversedation, confusion or anticholinergic effects. Inform patients to consult physician before increasing dose or abruptly discontinuing this drug.

Adverse Reactions: Most frequent: drowsiness, dry mouth, constipation, blurred vision, dizziness, bloating. Less frequent: vivid dreams, impotence, tremor, confusion, nasal congestion. Rare: granulocytopenia, jaundice, hepatic dysfunction. Others: many symptoms associated with depression including anorexia, fatigue, weakness, restlessness, lethargy.

Adverse reactions not reported with Limbitrol but reported with one or both components or closely related drugs: *Cardiovascular:* Hypotension, hypertension, tachycardia, palpitations, myocardial infarction, arrhythmias, heart block, stroke. *Psychiatric:* Euphoria, apprehension, poor concentration, delusions, hallucinations, hypomania, increased or decreased libido. *Neurologic:* Incoordination, ataxia, numbness, tingling and paresthesias of the extremities, extrapyramidal symptoms, syncope, changes in EEG patterns. *Anticholinergic:* Disturbance of accommodation, paralytic ileus, urinary retention, dilatation of urinary tract. *Allergic:* Skin rash, urticaria, photosensitization, edema of face and tongue, pruritus. *Hematologic:* Bone marrow depression including agranulocytosis, eosinophilia, purpura, thrombocytopenia. *Gastrointestinal:* Nausea, epigastric distress, vomiting, anorexia, stomatitis, peculiar taste, diarrhea, black tongue. *Endocrine:* Testicular swelling, gynecomastia in the male, breast enlargement, galactorrhea and minor menstrual irregularities in the female, elevation and lowering of blood sugar levels, and syndrome of inappropriate ADH (antidiuretic hormone) secretion. *Other:* Headache, weight gain or loss, increased perspiration, urinary frequency, mydriasis, jaundice, alopecia, parotid swelling.

Drug Abuse and Dependence: Withdrawal symptoms similar to those noted with barbiturates and alcohol have occurred following abrupt discontinuance of chlordiazepoxide; more severe seen after excessive doses over extended periods; milder after taking continuously at therapeutic levels for several months. Withdrawal symptoms also reported with abrupt amitriptyline discontinuation. Therefore, after extended therapy, avoid abrupt discontinuation and taper dosage. Carefully supervise addiction-prone individuals because of predisposition to habituation and dependence.

Overdosage: Immediately hospitalize patient. Treat symptomatically and supportively. I.V. administration of 1 to 3 mg physostigmine salicylate may reverse symptoms of amitriptyline poisoning. See complete product information for manifestation and treatment.

How Supplied: *Double strength (DS) Tablets,* white, film-coated, each containing 10 mg chlordiazepoxide and 25 mg amitriptyline (as the hydrochloride salt), and *Tablets,* blue, film-coated, each containing 5 mg chlordiazepoxide and 12.5 mg amitriptyline (as the hydrochloride salt)—bottles of 100 and 500; Tel-E-Dose® packages of 100; Prescription Paks of 50.

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In the depressed and anxious patient

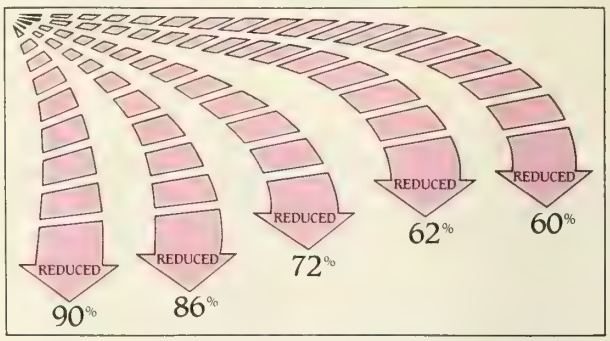
See Improvement In The First Week[1]...

And The Weeks That Follow

- 74% of patients experienced improved sleep after the first *h.s.* dose[1]
- First-week reduction in somatic symptoms[1]

Caution patients about the combined effects of Limbitrol with alcohol or other CNS depressants and about activities requiring complete mental alertness, such as operating machinery or driving a car. In general, limit dosage to the lowest effective amount in elderly patients.

Percentage of Reduction in Individual Somatic Symptoms During First Week of Limbitrol Therapy*



*Patients often presented with more than one somatic symptom.

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Pennsylvania Medicine

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Also in this issue: Official Call to Annual Meeting—page 8

Volume 91, No. 8 AUGUST 1988

1988–89 MEMBERSHIP DIRECTORY

from satisfying sleep
ROCHE
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...comes a fresh awakening

The great majority of patients–97% of 2542 in one study[1]–get a complete night's sleep[2-9] and awake rested and refreshed.[1]
As always, caution patients about driving, drinking alcohol or operating hazardous machinery.

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brand of
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Please see references and summary of product information on following page

References: **1.** Greenblatt DJ, Allen MD, Shader RI: *Clin Pharmacol Ther 31*:355-361, Mar 1977. **2.** Kales JD, *et al: Clin Pharmacol Ther 12*:691-697, Jul-Aug 1971. **3.** Kales A, *et al: Clin Pharmacol Ther 18*:356-363, Sep 1975. **4.** Kales A, *et al: Clin Pharmacol Ther 19*:576-583, May 1976. **5.** Kales A, *et al: Clin Pharmacol Ther 32*:781-788, Dec 1982. **6.** Frost JD Jr, DeLucchi MR: *J Am Geriatr Soc 27*:541-546, Dec 1979. **7.** Dement WC, *et al: Behav Med 5*:25-31, Oct 1978. **8.** Kales A, Kales JD: *J Clin Psychopharmacol 3*:140-150, Apr 1983. **9.** Tennant FS, *et al:* Symposium in the treatment of sleep disorders; teleconference, Oct 16, 1984.

DALMANE® (flurazepam HCl/Roche)®

Before prescribing, please consult complete product information, a summary of which follows:

Indications: Effective in all types of insomnia characterized by difficulty in falling asleep, frequent nocturnal awakenings and/or early morning awakening; in patients with recurring insomnia or poor sleeping habits; in acute or chronic medical situations requiring restful sleep. Objective sleep laboratory data have shown effectiveness for at least 28 consecutive nights of administration. Since insomnia is often transient and intermittent, prolonged administration is generally not necessary or recommended. Repeated therapy should only be undertaken with appropriate patient evaluation.

Contraindications: Known hypersensitivity to flurazepam HCl; pregnancy. Benzodiazepines may cause fetal damage when administered during pregnancy. Several studies suggest an increased risk of congenital malformations associated with benzodiazepine use during the first trimester. Warn patients of the potential risks to the fetus should the possibility of becoming pregnant exist while receiving flurazepam. Instruct patients to discontinue drug prior to becoming pregnant. Consider the possibility of pregnancy prior to instituting therapy.

Warnings: Caution patients about possible combined effects with alcohol and other CNS depressants. An additive effect may occur if alcohol is consumed the day following use for nighttime sedation. This potential may exist for several days following discontinuation. Caution against hazardous occupations requiring complete mental alertness (*e.g.*, operating machinery, driving). Potential impairment of performance of such activities may occur the day following ingestion. Not recommended for use in persons under 15 years of age. Withdrawal symptoms of the barbiturate type have occurred after discontinuation of benzodiazepines (see Drug Abuse and Dependence).

Precaution: In elderly and debilitated patients, it is recommended that the dosage be limited to 15 mg to reduce risk of oversedation, dizziness, confusion and/or ataxia. Consider potential additive effects with other hypnotics or CNS depressants. Employ usual precautions in severely depressed patients, or in those with latent depression or suicidal tendencies, or in those with impaired renal or hepatic function. Inform patients to consult physician before increasing dose or abruptly discontinuing flurazepam HCl.

Adverse Reactions: Dizziness, drowsiness, lightheadedness, staggering, ataxia and falling have occurred, particularly in elderly or debilitated patients. Severe sedation, lethargy, disorientation and coma, probably indicative of drug intolerance or overdosage, have been reported. Also reported: headache, heartburn, upset stomach, nausea, vomiting, diarrhea, constipation, GI pain, nervousness, talkativeness, apprehension, irritability, weakness, palpitations, chest pains, body and joint pains and GU complaints. There have also been rare occurrences of leukopenia, granulocytopenia, sweating, flushes, difficulty in focusing, blurred vision, burning eyes, faintness, hypotension, shortness of breath, pruritus, skin rash, dry mouth, bitter taste, excessive salivation, anorexia, euphoria, depression, slurred speech, confusion, restlessness, hallucinations, and elevated SGOT, SGPT, total and direct bilirubins, and alkaline phosphatase; paradoxical reactions, *e.g.*, excitement, stimulation and hyperactivity.

Drug Abuse and Dependence: Withdrawal symptoms similar to those noted with barbiturates and alcohol have occurred following abrupt discontinuance of benzodiazepines; more severe seen after excessive doses over extended periods; milder after taking continuously at therapeutic levels for several months. After extended therapy, avoid abrupt discontinuation and taper dosage. Carefully supervise addiction-prone individuals because of predisposition to habituation and dependence.

Dosage: Individualize for a maximum beneficial effect. *Adults:* 30 mg usual dosage; 15 mg may suffice in some patients. *Elderly or debilitated patients:* 15 mg recommended initially until response is determined.

Supplied: Capsules containing 15 mg or 30 mg flurazepam HCl

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September 7, 1988
AIDS AND AIDS RELATED INFECTIONS
Martin S. Hirsch, M.D.
Professor of Medicine, Infectious Disease Unit, Harvard Medical School Massachusetts General Hospital Boston, MA

Louis M. Van de Beek, M.D.
Director, AIDS Activities Coordinating Office, Philadelphia Health Dept., Philadelphia, PA

September 14, 1988
DEPARTMENT OF MEDICINE FACULTY RESEARCH PRESENTATIONS
Faculty, Department of Medicine Hahnemann University Philadelphia, PA

September 21, 1988
NO GRAND ROUNDS — YOM KIPPUR

September 28, 1988
OSTEOMYELITIS
Layne O. Gentry, M.D.
Chief, Infectious Disease Division St. Lukes Hospital; Houston, TX

OCTOBER, 1988

October 5, 1988
OSTEOPOROSIS
Louis V. Avioli, M.D.
Professor of Medicine, Division of Bone and Mineral Diseases, Washington Univ. at Jewish Hospital; Dir. of Endocrinology; Jewish Hospital; St. Louis, MO

October 12, 1988
PULMONARY VASCULITIS
Gary W. Hunninghake, M.D.
Director, Pulmonary Diseases, Dept. of Medicine, Univ. of Iowa; Iowa City, IA

October 19, 1988
THROMBOLYSIS AND P.T.C.A. IN ACUTE MYOCARDIAL INFARCTION
David O. Williams, M.D.
Professor of Medicine, Brown Univ.; Director, Cardiac Catheterization, Rhode Island Hospital; Providence, RI

October 26, 1988
COAGULATION DISORDERS
Isadore Brodsky, M.D.
Professor and Chairman, Dept. of Neoplastic Diseases, Hahnemann Univ. Philadelphia, PA

James F. Conroy, D.O.
Professor of Medicine, Dept. of Neoplastic Diseases, Hahnemann Univ. Philadelphia, PA

Gerald Soslau, Ph.D.
Assoc. Professor, Dept. of Biochemistry Hahnemann Univ.; Philadelphia, PA

NOVEMBER, 1988

November 2, 1988
VASODILATORS IN MEDICINE: CALCIUM CHANNEL BLOCKERS vs. ACE INHIBITORS
Martin B. Leon, M.D.
Sr. Investigator and Co-Director, Cardiac Catheterization Laboratory National Institutes of Health Bethesda, MD

Barry F. Uretsky, M.D.
Assoc. Professor of Medicine, Division of Cardiology, Univ. of Pittsburgh Pittsburgh, PA

November 9, 1988
PHARMACOKINETICS OF CARDIO-ACTIVE DRUGS
Roger W. Jelliffe, M.D.
Professor of Medicine and Director, Applied Pharmacokinetics, Univ. of Southern California; Los Angeles, CA

November 16, 1988
DIABETIC NEPHROPATHY AND HYPERTENSION
Leopoldo Raij, M.D.
Professor of Medicine and Director, Div. of Nephrology and Hypertension Veterans Administration Hospital Minneapolis, MN

November 23, 1988
ACUTE LEUKEMIA
Robert L. Capizzi, M.D.
Section Chief, Hematology and Oncology, Bowman-Gray Medical School; Winston-Salem, NC

November 30, 1988
MANAGEMENT OF HYPERLIPIDEMIA
Basil M. Rifkin, M.D.
Chief, Lipid Metabolism Atherogenesis Branch; Div. of Heart and Vascular Disease; National Heart, Lung & Blood Institute; Bethesda, MD

DECEMBER, 1988

December 7, 1988
NEW CONCEPTS IN ISCHEMIC HEART DISEASE
James F. Spann, M.D.
Professor of Medicine and Chief of Cardiology; Univ. of South Carolina School of Medicine; Charleston, SC

December 14, 1988
PITUITARY TUMORS
Lawrence G. Gray, M.D.
Clinical Asst. Professor, Dept. of Neurology; Chief, Neuro-Eye Service Philadelphia Eye Institute Philadelphia, PA

Eric D. Hoover, M.D.
Asst. Professor, Section of Neuroradiology; Dept. of Diagnostic Radiology; Hahnemann University Philadelphia, PA

Leslie I. Rose, M.D.
Professor of Medicine and Director, Division of Endocrinology Hahnemann Univ.; Philadelphia, PA

Jeffrey S. Yablon, M.D.
Sr. Instructor, Dept. of Neurosurgery Hahnemann Univ., Philadelphia, PA

December 21, 1988
CPC
Howard A. Miller, M.D.
Professor of Medicine Hahnemann Univ.; Philadelphia, PA

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Sept. 7: AIDS and AIDS Related Infections
Oct. 4: Osteoporosis
Oct. 19: Dept. of Medicine Resident Alumni Research Seminar
Oct. 26: Anti-Coagulation Therapy & Disorders of Coagulation
Nov. 2: Treatment of Hypertension
Nov. 30: Management of Hyperlipidemia
Dec. 7: Valvular Heart Disease

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Pennsylvania Medicine®

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Volume 91, Number 8

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Modern Management of Cardiovascular Emergencies
Wednesday, September 21, 1988

Closed Head Injury
Friday, September 23, 1988

A.C.L.S. Recertification Course
Saturday, September 24, 1988

5th Annual Timely Topics in Clinical Medicine
Wednesday, October 5, 1988

Diabetes Update
Friday, October 7, 1988
Sheraton Inn, Danville

A.C.L.S. Instructor Course
Friday & Saturday, October 7 & 8, 1988

The Pediatric Patient with Joint Problems
Wednesday, October 12, 1988

Contemporary Issues in Internal Medicine
Wednesday, October 19, 1988
Sheraton Inn, Danville

A.C.L.S. Provider Course
Saturday & Sunday, October 22 & 23, 1988

Psychological Trauma
Wednesday, October 26, 1988

3rd Annual Horizons in Cardiac Rehabilitation
Friday & Saturday, October 28 & 29, 1988

Evaluation in Neurological Disorders
Wednesday, November 2, 1988

Pediatric Update
Thursday, November 17, 1988

Advanced Trauma Life Support Provider Course
Friday & Saturday, November 18 & 19, 1988

Clinical Roundup '88: A Family Practice Symposium
Friday & Saturday, December 2 & 3, 1988

Advanced Trauma Life Support Instructor Course
Friday, Saturday & Sunday, December 9–11, 1988

Advanced Trauma Life Support Provider Course
Friday & Saturday, January 13 & 14, 1989

A.C.L.S. Instructor Course
Friday & Saturday, January 27 & 28, 1989

14th Annual Concepts in Clinical Medicine
Saturday & Sunday, February 11 & 12, 1989
Sheraton Inn, Danville

A.C.L.S. Recertification Course
Saturday, February 18, 1989

A.C.L.S. Provider Course
Saturday & Sunday, March 4 & 5, 1989

Advanced Trauma Life Support
Friday & Saturday, March 10 & 11, 1989

A.C.L.S. Provider Course
Saturday & Sunday, April 8 & 9, 1989

Current Concepts in Peripheral Vascular Disease
Wednesday, April 12, 1989

Advances in Dermatology
Wednesday, April 19, 1989

Clinical Update in Pulmonary Disease
Wednesday, April 26, 1989

A.C.L.S. Recertification Course
Saturday, April 29, 1989

4th Annual Eye Loss Support Group Meeting
Wednesday, May 3, 1989

4th Annual Emergency Medicine Conference
Thursday & Friday, May 11 & 12, 1989
Sheraton Inn, Lancaster

Third Annual Symposium in Clinical Medicine
Tuesday–Friday, June 20–23, 1989
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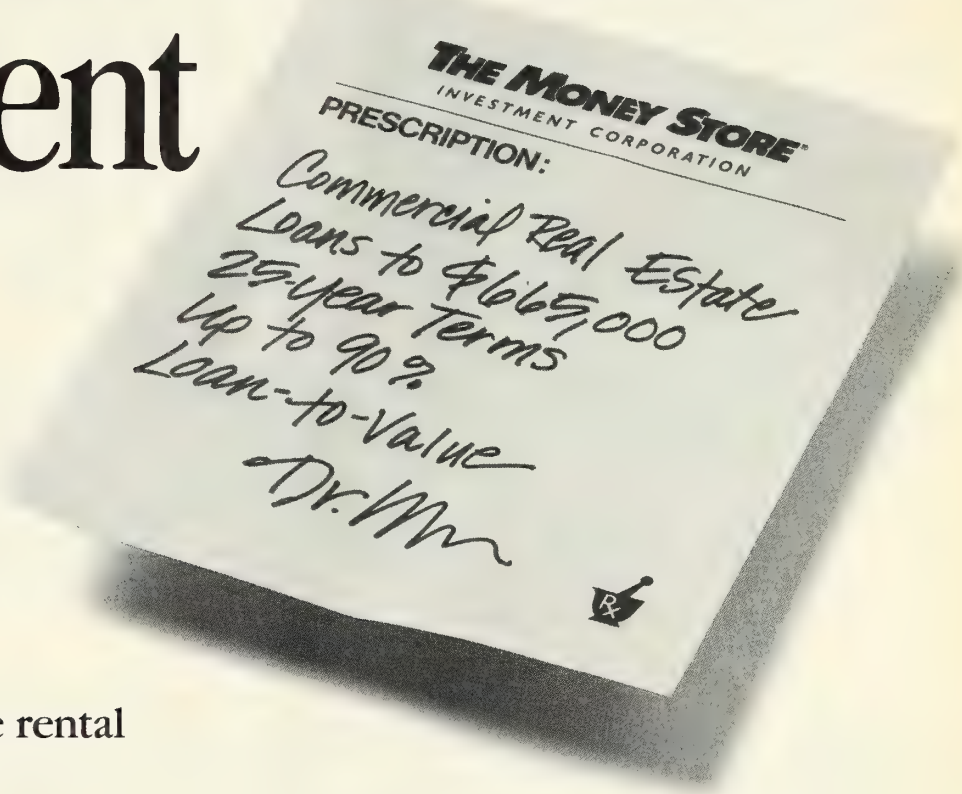

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Official Call to 1988 Meeting PMS House of Delegates

The 1988 annual meeting of the House of Delegates of the Pennsylvania Medical Society will be called to order at the Adam's Mark Hotel, Philadelphia, Pennsylvania, on Friday, October 21, 1988 at 10:00 a.m. The second session of the House of Delegates is scheduled for Saturday, October 22, 1988 at 1:00 p.m. The third and concluding session of the House of Delegates will be held Sunday, October 23, 1988 at 9:30 a.m.

Elections

In accordance with Chapter XIII, Section 1 of the Bylaws of the Pennsylvania Medical Society, the following nominations and/or elections will be in order at the second session, Saturday afternoon, October 22, 1988.

General officers to be elected are a vice president, a speaker of the House of Delegates, and a vice speaker of the House of Delegates.

In accordance with Chapter XV, Section 5 of the Bylaws, elections will be in order for a trustee for the Sixth District to succeed Betty L. Cottle, MD, Blair County, who is eligible for reelection; a trustee for the Seventh District to succeed Irving Williams, III, MD, Union County, who is eligible for reelection; a trustee for the Tenth District to succeed Walter M. Greissinger, MD, Allegheny County, who is eligible for reelection; a trustee for the Twelfth District to succeed Victor F. Greco, MD, Luzerne County, who is eligible for reelection; a trustee for the specialty societies to succeed Martin A. Murcek, MD, who is eligible for reelection; and a trustee for the medical students to succeed Bernie F. Kennetz, Jr., who is eligible for reelection.

In accordance with Chapter XI, Section 1 of the Bylaws, elections for delegates and alternate delegates to the American Medical Association are in order. In accordance with Standing Rule Number 10 (adopted October 22, 1982), elections for delegates will be held on Saturday afternoon, October 22, 1988, and elections for alternate delegates will be held on Sunday morning, October 23, 1988. Delegates whose terms expire December 31, 1988 are:

1. R. William Alexander, MD (Berks County)
2. Doris G. Bartuska, MD (Philadelphia County)
3. Betty L. Cottle, MD (Blair County)
4. James B. Donaldson, MD (Philadelphia County)
5. Raymond C. Grandon, MD (Dauphin County)
6. Charles A. Heisterkamp, III, MD (Lancaster County)
7. Robert L. Lasher, MD (Erie County)
8. Donald E. Parlee, MD (Bucks County)
9. Irving Williams, III, MD (Union County)

The Committee to Nominate Delegates and Alternates to the AMA makes the following nominations for nine (9) delegates for two (2) year terms commencing January 1, 1989, and one (1) delegate for a partial term commencing October 23, 1988 and expiring December 31, 1989:

Jefferson Medical College of Thomas Jefferson University
The Department of Medicine, Division of Internal Medicine
and The Office of Continuing Medical Education presents

UPDATE IN PREOPERATIVE EVALUATION AND POSTOPERATIVE CARE

The Surgical Patient with Medical Problems
Current Concepts in Medical and Anesthesia Management

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7:30 a.m.–5:00 p.m.
September 28–October 1, 1988
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Philadelphia, Pennsylvania

Under the direction of **Howard H. Weitz, MD,** and **Geno J. Merli, MD**

The objective of this course is to provide physicians involved in medical care of the surgical patient a review of disease processes which affect the morbidity and mortality of patients undergoing surgery and a rational approach to management of these problems. Through the use of State of the Art Reviews, Therapeutic Updates, Special Problems and Core Consultative Seminars, a distinguished faculty will discuss the multisystem approach to assessment of operative risk and maximization of perioperative care. Case oriented workshops will provide an informal environment for faculty/participant interaction and discussion.
This course is designed for internists, family practitioners, surgeons, anesthesiologists, nurse anesthetists, and other primary care physicians who desire practical information on perioperative assessment and patient care.

FEE SCHEDULE: $390.00 for physicians; $260.00 for nurse anesthetists, residents, and fellows with a letter of authorization from department chairman.
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September 22–24, 1988
Lasers in Gynecology

October 19–December 7, 1988
32nd Annual Recent Advances in Medicine
(Eight consecutive Wednesdays)

November 4–5, 1988
8th Annual Pediatric Novemberfest at Mt. Airy Resort in the Poconos

November 19–20, 1988
Recent Advances in Medicine for the Anesthesiologist

December 1–3, 1988
Lasers in Gynecology

December 3, 1988
The 14th Annual Weiss English Symposium: The Psychosocial-Political Aspects of AIDS

December 14–15, 1988
Advanced Cardiac Life Support

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3. Joseph B. Blood, Jr., MD (Bradford County)
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5. James B. Donaldson, MD (Philadelphia County)
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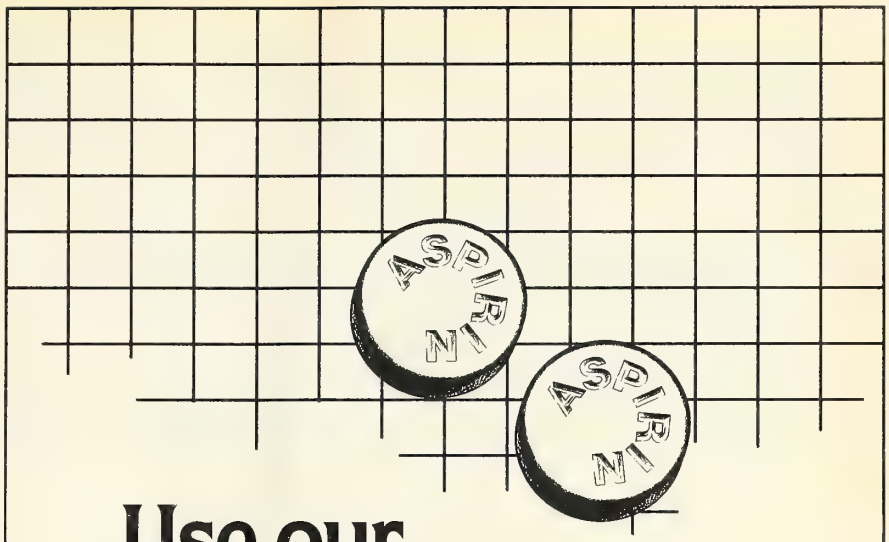
8. Robert L. Lasher, MD (Erie County)
9. John S. Parker, MD (Westmoreland County)
10. Donald E. Parlee, MD (Bucks County)
11. Howard A. Richter, MD (Delaware County)
12. Donald H. Smith, MD (Northampton County)
13. Irving Williams, III, MD (Union County)

Alternate delegates whose terms expire December 31, 1988 are:

1. Richard D. Baltz, MD (Dauphin County)
2. Susan H. Bray, MD (Philadelphia County)
3. James B. Couch, MD (Philadelphia County)
4. Donald G. Ferguson, MD (Allegheny County)
5. Victor F. Greco, MD (Luzerne County)
6. John S. Parker, MD (Westmoreland County)
7. Howard A. Richter, MD (Delaware County)

The Committee to Nominate Delegates and Alternates to the AMA makes the following nominations for nine (9) alternate delegates for two (2) year terms commencing January 1, 1989, and three (3) alternate delegates for partial terms commencing October 23, 1988 and expiring December 31, 1989:

1. Richard D. Baltz, MD (Dauphin County)
2. George F. Buerger Jr., MD (Allegheny County)
3. James B. Couch, MD (Philadelphia County)
4. Donald G. Ferguson, MD (Allegheny County)
5. Jay L. Funkhouser, MD (Beaver County)
6. Victor F. Greco, MD (Luzerne County)
7. Thomas J. Kardish, MD (Bucks County)
8. Lewis T. Patterson, MD (Dauphin)



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9. Roberta L. Schneider, MD (Montgomery County)
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(Note: The Committee to Nominate Delegates and Alternates to the AMA has nominated additional candidates for the delegate positions than the number of positions available. The Committee will place in nomination on Saturday afternoon, October 22, 1988 for alternate delegate positions the names of those alternate delegates who are not elected for delegate positions.)

Also to be elected will be three members to serve on the Committee to Nominate Delegates and Alternates to the AMA. The term of Richard P. Kennedy, MD, Monroe County, expires; he is eligible for reelection. The term of Brooke Roberts, MD, Philadelphia County, expires; he is eligible for reelection. The term of Matthew Marshall, Jr., MD, Allegheny County, expires; he is eligible for reelection.

In accordance with Chapter XVIII, Section 2 of the Bylaws, the Board of Trustees nominates the following members for two vacancies on the Judicial Council. For the office now held by Joseph M. Stowell, MD, Blair County, who is eligible for reelection, the Board nominates Ernest L. Abernathy, MD, Washington County; Leroy A. Gehris, MD, Berks County; and Joseph M Stowell, MD, Blair County. For the office now held by Michael P. Levis, MD, Allegheny County, who is eligible for reelection, the Board nominates Henry H. Fetterman, MD, Lehigh County; Raymond C. Grandon, MD, Dauphin County; and Michael P. Levis, MD, Allegheny County.

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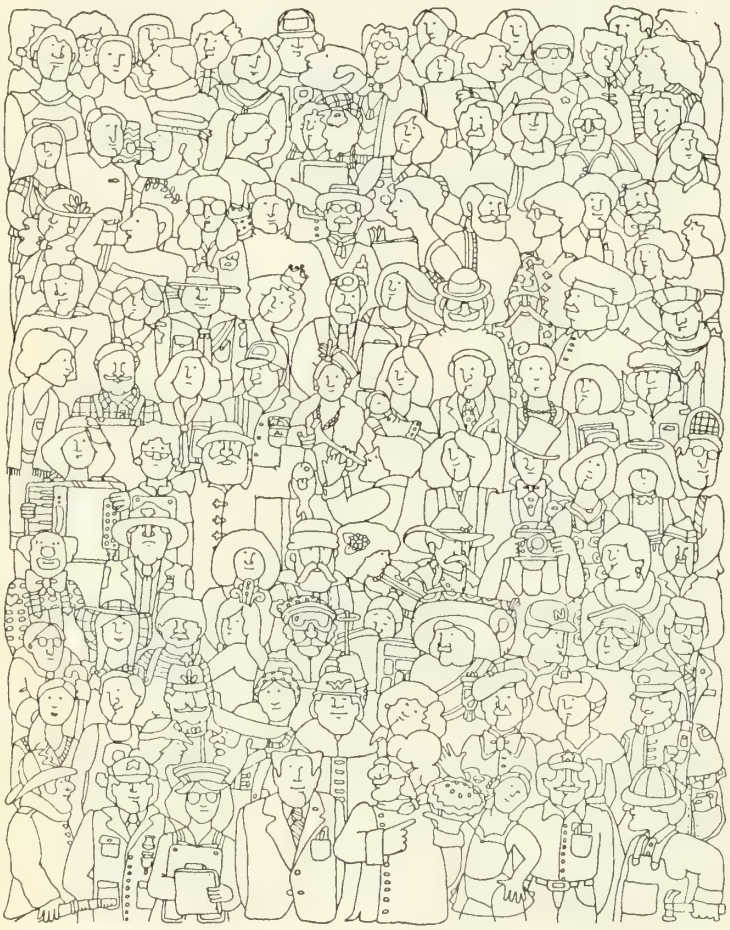

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Proposed Bylaws Amendments

Set forth below is the text of the proposed Bylaws amendments. Deletions from existing Bylaws are indicated by brackets; additions are italicized.

SUBJECT ONE

1. Revision in Free Membership for Residents, developed to implement substitute Resolution 87-50, adopted by the 1987 House of Delegates.

Chapter III—Assessments
Section 2. Annual Assessment.

The annual assessment is to be fixed each year by the House of Delegates at the annual meeting after opportunity has been given to the Board of Trustees to recommend the amount. County medical societies may set their own annual assessments in accordance with their bylaws; county medical society assessment categories and the percentages of the full annual assessments to be paid by each category must be in accord with the State Society's categories and percentages.

The State Society will reimburse to the county medical society 10 percent of the county's full annual assessment for each active [member who is a postgraduate year I resident in a program accredited by the liaison committee on residency programs and who pays no annual assessment] *resident member who pays no annual assessment to the State Society.*

The full annual assessment is to be paid by all members of this Society. Except that: . . .

c. Residents who are active members of the State Society shall pay 10 percent of the full annual assessment [except that postgraduate year I residents in their first full calendar year of residency in programs accredited by the liaison committee on residency programs and the five months of residency prior to the first full calendar year shall pay no annual assessment.] *for the calendar years subsequent to their first full calendar year as resident member and otherwise shall pay no assessment . . .*

Chapter II—Component Societies
Section 4. Autonomy of Component Societies.

Each component society shall have control of its own affairs and of the admission to membership therein, except that the State Society may admit to county medical society and State Society membership any physician newly licensed in Pennsylvania and any [postgraduate year I] resident in their first year of [training] *membership* in Pennsylvania in a program accredited by the liaison committee on residency programs . . .

SUBJECT TWO

2. The Immediate Past President and Chairman of the Board Become Ex Officio Members (With the Right to Vote) of the Committee to Nominate Delegates and Alternates to the AMA, as called for in Recommendation 12 of the President Elect and referred to the Board of Trustees by the 1987 House of Delegates.

Chapter XIII—Officers
Section 7. Duties of Officers . . .

d. the immediate past president shall:
1. be an ex officio member of the Board of Trustees with the right to vote;
2. be an ex officio member of the House of Delegates without the right to vote; [and]
3. *be an ex officio member of the Committee to Nominate Delegates and Alternates to the American Medical Association with the right to vote; and*
4. perform such duties as may be delegated by the president; . . .

Chapter XV—The Board of Trustees
Section 10. Board Officers . . .

The chairman of the Board of Trustees shall preside at meetings of the Board, coordinate the work of the Board, [and] appoint the committees of the Board, *and serve as an ex officio member of the Committee to Nominate Delegates and Alternates to the American Medical Association with the right to vote . . .*

Chapter XVI—Committees, Administrative Councils and Commissions
Section 2. Standing Committees . . .

e. Committee to Nominate Delegates and Alternates to the American Medical Association—The Committee to Nominate Delegates and Alternates to the House of Delegates of the American Medical Association shall consist of five members elected by the House of Delegates to serve a term of three years. *The immediate past president and the chairman of the Board of Trustees shall serve as ex officio*

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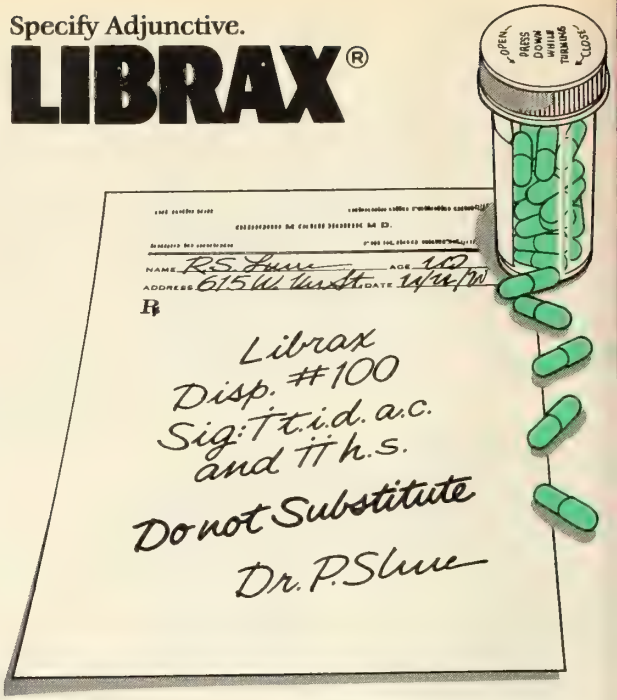

Each capsule contains 5 mg chlordiazepoxide HCl and 2.5 mg clidinium bromide.

Please consult complete prescribing information, a summary of which follows:

* **Indications:** Based on a review of this drug by the National Academy of Sciences—National Research Council and/or other information, FDA has classified the indications as follows:
"Possibly" effective: as adjunctive therapy in the treatment of peptic ulcer and in the treatment of the irritable bowel syndrome (irritable colon, spastic colon, mucous colitis) and acute enterocolitis.
Final classification of the less-than-effective indications requires further investigation.

Contraindications: Glaucoma; prostatic hypertrophy, benign bladder neck obstruction; hypersensitivity to chlordiazepoxide HCl and/or clidinium Br.
Warnings: Caution patients about possible combined effects with alcohol and other CNS depressants, and against hazardous occupations requiring complete mental alertness (*e.g.*, operating machinery, driving)

Usage in Pregnancy: **Use of minor tranquilizers during first trimester should almost always be avoided because of increased risk of congenital malformations as suggested in several studies. Consider possibility of pregnancy when instituting therapy. Advise patients to discuss therapy if they intend to or do become pregnant.**

As with all anticholinergics, inhibition of lactation may occur.
Withdrawal symptoms of the barbiturate type have occurred after discontinuation of benzodiazepines (see Drug Abuse and Dependence).
Precautions: In elderly and debilitated, limit dosage to smallest effective amount to preclude ataxia, oversedation, confusion (no more than 2 capsules/day initially; increase gradually as needed and tolerated). Though generally not recommended, if combination therapy with other psychotropics seems indicated, carefully consider pharmacology of agents, particularly potentiating drugs such as MAO inhibitors, phenothiazines. Observe usual precautions in presence of impaired renal or hepatic function. Paradoxical reactions reported in psychiatric patients. Employ usual precautions in treating anxiety states with evidence of impending depression; suicidal tendencies may be present and protective measures necessary. Variable effects on blood coagulation reported very rarely in patients receiving the drug and oral anticoagulants; causal relationship not established. Inform patients to consult physician before increasing dose or abruptly discontinuing this drug.
Adverse Reactions: No side effects or manifestations not seen with either compound alone reported with Librax. When chlordiazepoxide HCl is used alone, drowsiness, ataxia, confusion may occur, especially in elderly and debilitated; avoidable in most cases by proper dosage adjustment, but also occasionally observed at lower dosage ranges. Syncope reported in a few instances. Also encountered: isolated instances of skin eruptions, edema, minor menstrual irregularities, nausea and constipation, extrapyramidal symptoms, increased and decreased libido—all infrequent, generally controlled with dosage reduction; changes in EEG patterns may appear during and after treatment; blood dyscrasias (including agranulocytosis), jaundice, hepatic dysfunction reported occasionally with chlordiazepoxide HCl, making periodic blood counts and liver function tests advisable during protracted therapy. Adverse effects reported with Librax typical of anticholinergic agents, *i.e.*, dryness of mouth, blurring of vision, urinary hesitancy, constipation. Constipation has occurred most often when Librax therapy is combined with other spasmolytics and/or low residue diets.
Drug Abuse and Dependence: Withdrawal symptoms similar to those noted with barbiturates and alcohol have occurred following abrupt discontinuance of chlordiazepoxide; more severe seen after excessive doses over extended periods; milder after taking continuously at therapeutic levels for several months. After extended therapy, avoid abrupt discontinuation and taper dosage. Carefully supervise addiction-prone individuals because of predisposition to habituation and dependence.

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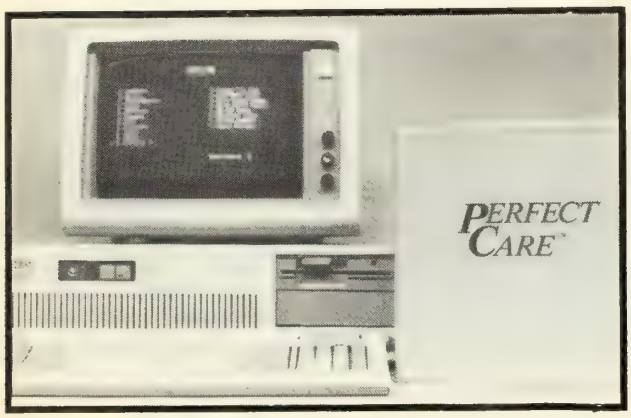

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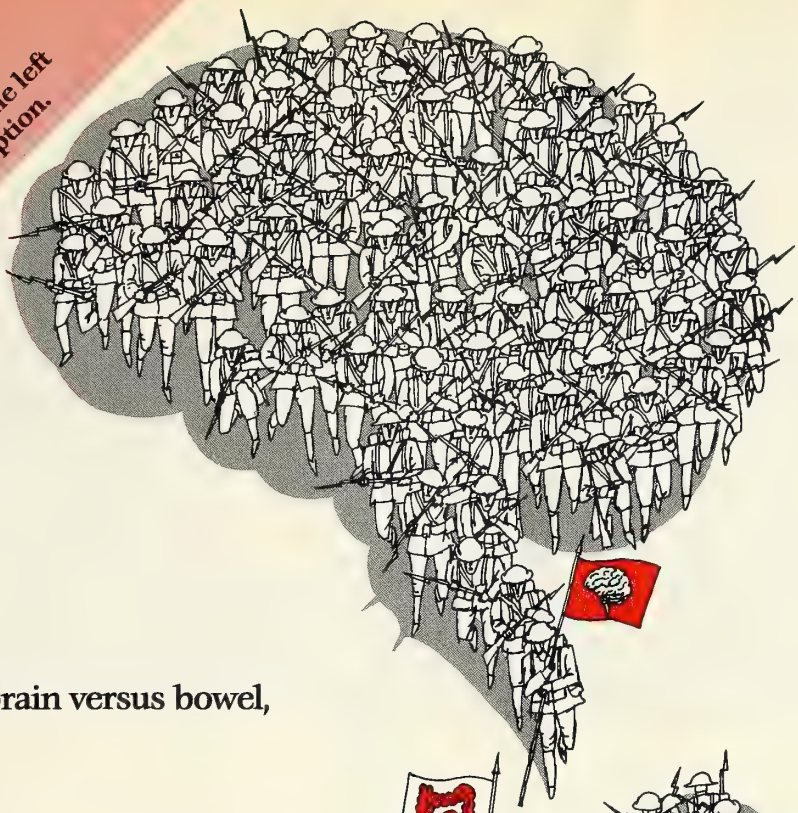
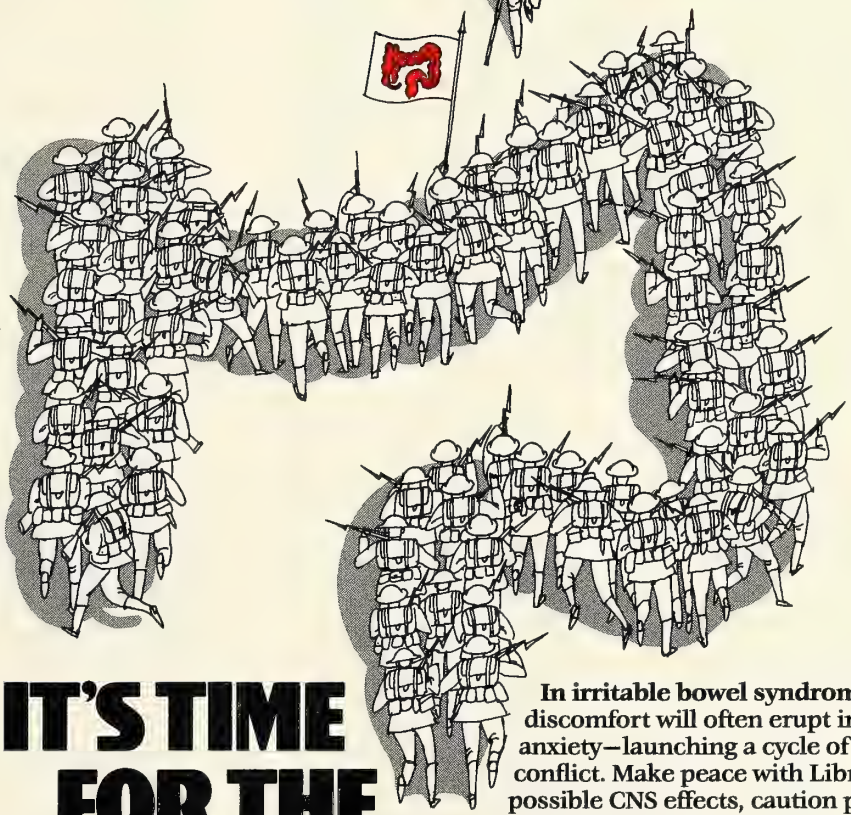


When it's brain versus bowel,



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Please see summary of prescribing information on adjacent page.

members of the committee with the right to vote . . .

SUBJECT THREE
3. Discontinuation of Board Representatives to PMS Councils, as recommend by the PMS Executive Committee and the Board of Trustees.

Chapter XVI — Committees, Administrative Councils and Commissions

Section 4. Administrative Councils . . .
a. Composition.—The Board of Trustees shall determine the number of members of each administrative council. Such members shall be appointed by the president elect and shall be qualified in accordance with these bylaws. [A trustee appointed by the Chairman of the Board of Trustees shall be a member of each administrative council, ex officio without the right to vote.] . . .

SUBJECT FOUR
4. Eligibility of Hospital Medical Staff Trustee for election as Board Officer, as recommended by the PMS Hospital Medical Staff Section Governing Council and the Board of Trustees.

Chapter XV—The Board of Trustee
Section 10. Board Officers.
At the first meeting of the Board of Trustees after the annual meeting of the House of Delegates, it shall elect, from among the [district] *voting* trustees, [and the specialty society trustee,] a chairman, a vice chairman, and a secretary to serve until the next such meeting of the Board and until their successors are elected . . .

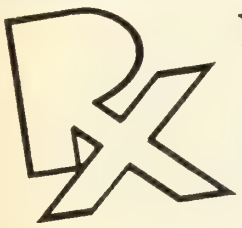
SUBJECT FIVE
5. Inclusion of Word "Osteopathic" in PMS Bylaws, as recommended by the Committee on Bylaws.

Chapter XV—The Board of Trustees
Section 3. Composition.
The Board of Trustees shall consist of . . . and one trustee to represent hospital medical staffs who is an active or associate member in good standing of this Society and who, at the time of election, is a member of an allopathic/*osteopathic* hospital medical staff in Pennsylvania.

Chapter XX—Special Sections
Section 4. Medical Staff Section.
Membership in this section shall consist of representatives of allopathic/*osteopathic* hospital medical staffs in Pennsylvania. Every allopathic/*osteopathic* hospital medical staff shall be entitled to one representative to this section provided that the representative establishes, to the satisfaction of the credentials committee, that he was elected by the majority of the active physician voting members of the medical staff represented or, if prior to October 1, 1985, was selected by the president of the medical staff, that he is a member of the Society, and that he has clinical privileges granted by the medical staff represented . . .

SUBJECT SIX
6. Educational Fund Revisions, as recommended by the Committee on Bylaws.

Chapter IV—Funds
Section 4. Educational Fund.
Each year the Board of Trustees, with the approval of the House of Delegates, may appropriate a sum not to exceed 15 percent of the annual assessment for all active members to be allocated to the Educational and Scientific Trust of the Pennsylvania Medical Society. The trustees of the said Trust shall set the sum aside in a special fund to be known as the Educational Fund.



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BRIEF SUMMARY

CONTRAINDICATIONS
There are no known contraindications to the use of sucralfate

PRECAUTIONS
Duodenal ulcer is a chronic, recurrent disease. While short-term treatment with sucralfate can result in complete healing of the ulcer, a successful course of treatment with sucralfate should not be expected to alter the post-healing frequency or severity of duodenal ulceration.

Drug Interactions: Animal studies have shown that simultaneous administration of CARAFATE (sucralfate) with tetracycline, phenytoin, digoxin, or cimetidine will result in a statistically significant reduction in the bioavailability of these agents. The bioavailability of these agents may be restored simply by separating the administration of these agents from that of CARAFATE by two hours. This interaction appears to be nonsystemic in origin, presumably resulting from these agents being bound by CARAFATE in the gastrointestinal tract. The clinical significance of these animal studies is yet to be defined. However, because of the potential of CARAFATE to alter the absorption of some drugs from the gastrointestinal tract, the separate administration of CARAFATE from that of other agents should be considered when alterations in bioavailability are felt to be critical for concomitantly administered drugs.

Carcinogenesis, Mutagenesis, Impairment of Fertility: Chronic oral toxicity studies of 24 months' duration were conducted in mice and rats at doses up to 1 gm/kg (12 times the human dose). There was no evidence of drug-related tumorigenicity. A reproduction study in rats at doses up to 38 times the human dose did not reveal any indication of fertility impairment. Mutagenicity studies were not conducted.

Pregnancy: Teratogenic effects. Pregnancy Category B. Teratogenicity studies have been performed in mice, rats, and rabbits at doses up to 50 times the human dose and have revealed no evidence of harm to the fetus due to sucralfate. There are, however, no adequate and well-controlled studies in pregnant women. Because animal reproduction studies are not always predictive of human response, this drug should be used during pregnancy only if clearly needed.

Nursing Mothers: It is not known whether this drug is excreted in human milk. Because many drugs are excreted in human milk, caution should be exercised when sucralfate is administered to a nursing woman.

Pediatric Use: Safety and effectiveness in children have not been established.

ADVERSE REACTIONS
Adverse reactions to sucralfate in clinical trials were minor and only rarely led to discontinuation of the drug. In studies involving over 2,500 patients treated with sucralfate, adverse effects were reported in 121 (4.7%).

Constipation was the most frequent complaint (2.2%). Other adverse effects, reported in no more than one of every 350 patients, were diarrhea, nausea, gastric discomfort, indigestion, dry mouth, rash, pruritus, back pain, dizziness, sleepiness, and vertigo.

OVERDOSAGE
There is no experience in humans with overdosage. Acute oral toxicity studies in animals, however, using doses up to 12 gm/kg body weight, could not find a lethal dose. Risks associated with overdosage should, therefore, be minimal.

DOSAGE AND ADMINISTRATION
The recommended adult oral dosage for duodenal ulcer is 1 gm four times a day on an empty stomach.

Antacids may be prescribed as needed for relief of pain but should not be taken within one-half hour before or after sucralfate.

While healing with sucralfate may occur during the first week or two, treatment should be continued for 4 to 8 weeks unless healing has been demonstrated by x-ray or endoscopic examination.

HOW SUPPLIED
CARAFATE (sucralfate) 1-gm tablets are supplied in bottles of 100 (NDC 0088-1712-47) and in Unit Dose Identification Paks of 100 (NDC 0088-1712-49). Light pink scored oblong tablets are embossed with CARAFATE on one side and 1712 bracketed by C's on the other.

Issued 1/87

Reference:
1. Eliakim R, Ophir M, Rachmilewitz D: *J Clin Gastroenterol* 1987, 9(4) 395-399

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[The Educational Fund shall be used only to assist, by grants or loans, with or without interest, in paying the education expenses of children of living or deceased Society members. Such children must be (a) in high school, college or graduate school, and in financial need; (b) in medical school, in financial need, and not qualified under clause (a) of this section, but who are residents of Pennsylvania and who are in financial need; or (c) in medical school and residents of Pennsylvania who, by their superior scholastic achievements, have shown unusual promise.] The Committee on Aid to Education shall approve block grant allocation of funds to the medical schools for distribution to students based on criteria established by The Educational and Scientific Trust. No such grants may be made without the approval of a majority of the Committee on Aid to Education.

The Board of Trustees may establish further terms and conditions of the Educational Fund, within the general terms and for the purposes herein established, as it shall deem necessary and desirable . . .

SUBJECT SEVEN
7. Deletion of Section on Legal Counsel From PMS Bylaws, as recommended by the Committee on Bylaws.

[Chapter V—Legal Counsel
Section 1. Appointment.

The Board of Trustees shall select a member of the Bar of Pennsylvania or a law firm practicing in Pennsylvania to act as legal counsel of this Society and shall determine the appropriate compensation.

Section 2. Duties.
Legal counsel of this Society shall advise the House of Delegates, the Board of Trustees, the Judicial Council, the committees, administrative councils, and commissions, and the staff on legal matters. All referrals of matters to legal counsel by committees, administrative councils, commissions, and staff shall first have the approval of the executive vice president in accordance with such discretionary authority as may be granted from time to time by the Board of Trustees.]

SUBJECT EIGHT
8. Deletion of Section on Publication of Actions from PMS Bylaws, as recommended by the Committee on Bylaws.

Chapter XV—The Board of Trustees
[Section 15 — Publication of Actions

The principal actions taken by the Board of Trustees, as determined by the Chairman of the Board, and notice that the minutes of the meetings of the Board are available to any member on request, shall be published in the first possible issue of the journal following the meetings thereof.]

SUBJECT NINE
9. Clarification in PMS Bylaws that Members of PMS Judicial Council May Not Concurrently Serve on PMS Board of Trustees, as recommended by the Committee on Bylaws.

Chapter VI. — Separation of Powers
Section 4. Maintaining Separation of Powers . . .
c. A member of the Judicial Council may not at the same time serve as a voting member of the House of Delegates *or the Board of Trustees except as provided in Chapter XVIII, Section 2*, or as president, immediate past president, president elect, vice president, treasurer or secretary of this Society, or as speaker or vice speaker of the House of Delegates, or as a district censor, or as a member of any council, commission or administrative committee . . .

SUBJECT TEN
10. Clarification in Section of PMS Bylaws Regarding Voting Delegates to PMS House of Delegates, as recommended by the Committee on Bylaws.

Chapter IX—House of Delegates
Section 3. Composition and Apportionment . . .
a. Voting delegates shall be: . . .
4. Eight delegates from the allopathic/*osteopathic* medical student [and osteopathic medical student] section, ten delegates from the resident physician section, and one delegate each from the medical school section, the *hospital* medical staff section, and the young physicians section . . .

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Hospital Medical Staff Section*—Lee H. McCormick, MD,** 2708 Brownsville Rd., Pittsburgh 15227 - (412) 885-6330. Term expires 1989.
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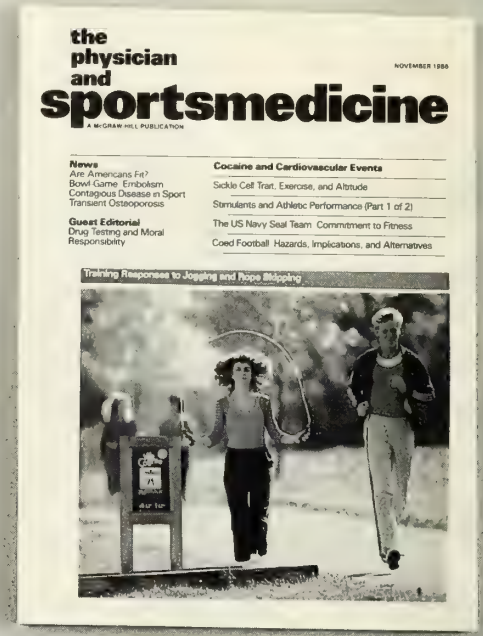

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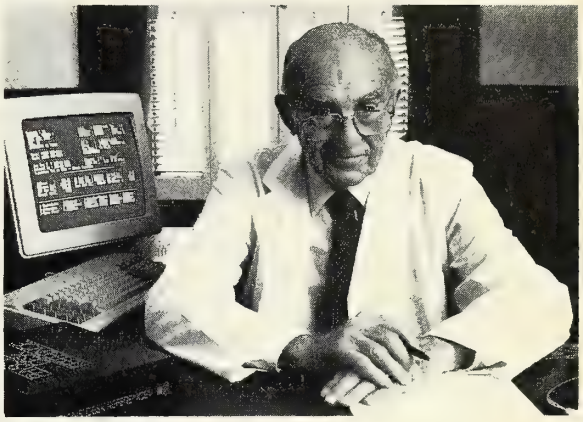

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HYDROCODONE		X			X
CODEINE	X	X	X	X	X
OXYCODONE	XX	XX	XX	XX	XX

Blank space indicates that no such activity has been reported.

Table adapted from Facts and Comparisons (Nov.) 1984 and Catalano RB. The medical approach to management of pain caused by cancer. "Semin Oncol" 1975; 2; 379-92 and Reuler JB, et. al. The chronic pain syndrome: misconceptions and management. "Ann Intern Med" 1980; 93; 588-96.

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1. Hopkinson JH III: *Curr Ther Res* 24: 503-516, 1978
2. Beaver, WT *Arch Intern Med*, 141:293-300, 1981.

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Allergic-Type Reaction: VICODIN contains sodium metabisulfite, a sulfite that may cause allergic-type reactions including anaphylactic symptoms and life-threatening or less severe asthmatic episodes in certain susceptible people. The overall prevalence of sulfite sensitivity in the general population is unknown and probably low. Sulfite sensitivity is seen more frequently in asthmatic than non-asthmatic people.
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Head Injury and Increased Intracranial Pressure: The respiratory depressant effects of narcotics and their capacity to elevate cerebrospinal fluid pressure may be markedly exaggerated in the presence of head injury, other intracranial lesions or a preexisting increase in intracranial pressure. Furthermore, narcotics produce adverse reactions which may obscure the clinical course of patients with head injuries.
Acute Abdominal Conditions: The administration of narcotics may obscure the diagnosis or clinical course of patients with acute abdominal conditions.
PRECAUTIONS:
Special Risk Patients: As with any narcotic analgesic agent, VICODIN should be used with caution in elderly or debilitated patients and those with severe impairment of hepatic or renal function, hypothyroidism, Addison's disease, prostatic hypertrophy or urethral stricture. The usual precautions should be observed and the possibility of respiratory depression should be kept in mind.
Information for Patients: VICODIN, like all narcotics, may impair the mental and/or physical abilities required for the performance of potentially hazardous tasks such as driving a car or operating machinery, patients should be cautioned accordingly.
Cough Reflex: Hydrocodone suppresses the cough reflex; as with all narcotics, caution should be exercised when VICODIN is used postoperatively and in patients with pulmonary disease.
Drug Interactions: Patients receiving other narcotic analgesics, antipsychotics, antianxiety agents, or other CNS depressants (including alcohol) concomitantly with VICODIN may exhibit an additive CNS depression. When combined therapy is contemplated, the dose of one or both agents should be reduced. The use of MAO inhibitors or tricyclic antidepressants with hydrocodone preparations may increase the effect of either the antidepressant or hydrocodone. The concurrent use of anticholinergics with hydrocodone may produce paralytic ileus.
Usage in Pregnancy: Pregnancy Category C. Hydrocodone has been shown to be teratogenic in hamsters when given in doses 700 times the human dose. There are no adequate and well-controlled studies in pregnant women. VICODIN should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus.
Nonteratogenic effects: Babies born to mothers who have been taking opioids regularly prior to delivery will be physically dependent. The withdrawal signs include irritability and excessive crying, tremors, hyperactive reflexes, increased respiratory rate, increased stools, sneezing, yawning, vomiting, and fever. The intensity of the syndrome does not always correlate with the duration of material opioid use or dose. There is no consensus on the best method of managing withdrawal. Chlorpromazine 0.7 to 1.0 mg/kg q6h, and paregoric 2 to 4 drops/kg q4h, have been used to treat withdrawal symptoms in infants. The duration of therapy is 4 to 28 days, with the dosage decreased as tolerated.
Labor and Delivery: As with all narcotics, administration of VICODIN to the mother shortly before delivery may result in some degree of respiratory depression in the newborn, especially if higher doses are used.
Nursing Mothers: It is not known whether this drug is excreted in human milk. Because many drugs are excreted in human milk and because of the potential for serious adverse reactions in nursing infants from VICODIN, a decision should be made whether to discontinue nursing or to discontinue the drug, taking into account the importance of the drug to the mother.
Pediatric Use: Safety and effectiveness in children have not been established.
ADVERSE REACTIONS:
Central Nervous System: Sedation, drowsiness, mental clouding, lethargy, impairment of mental and physical performance, anxiety, fear, dysphoria, dizziness, psychic dependence, mood changes.
Gastrointestinal System: Nausea and vomiting may occur; they are more frequent in ambulatory than in recumbent patients. The antiemetic phenothiazines are useful in suppressing these effects; however, some phenothiazine derivatives seem to be antianalgesic and to increase the amount of narcotic required to produce pain relief, while other phenothiazines reduce the amount of narcotic required to produce a given level of analgesia. Prolonged administration of VICODIN may produce constipation.
Genitourinary System: Ureteral spasm, spasm of vesical sphincters and urinary retention have been reported.
Respiratory Depression: (See WARNINGS.)
DOSAGE AND ADMINISTRATION: Dosage should be adjusted according to the severity of the pain and the response of the patient. However, tolerance to hydrocodone can develop with continued use and the incidence of untoward effects is dose related.
The usual adult dosage is one or two tablets every four to six hours as needed for pain. The total 24 hour dose should not exceed 8 tablets.

Revised June, 1987 5803

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MR UPDATE

MRI Advances the Detection of AVM's

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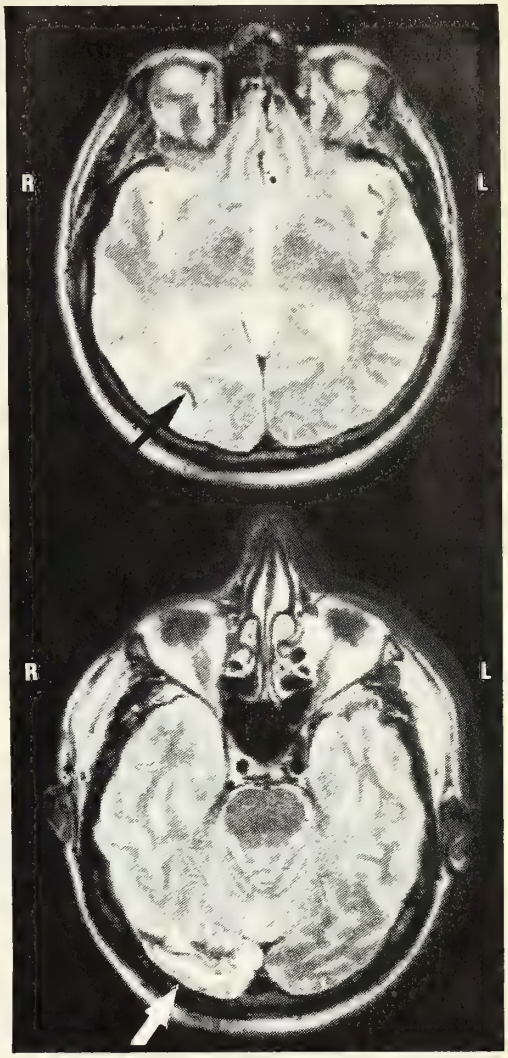
SCAN: Several dark curvilinear structures, evidence of the flow void phenomenon, indicate abnormal vasculature in the right occipital lobe. Associated high signal intensity of adjacent white matter is compatible with edema, hemorrhage, or gliosis. Together these findings are consistent with occult arteriovenous malformation (AVM).

MRI HIGHLIGHTS: MRI is highly sensitive for AVM's which are otherwise occult by arteriography or CT scanning. These may be found in patients with spontaneous hemorrhage, seizure disorder, or other clinical presentations. In addition, the sensitivity of MRI for intracranial hemorrhage is being increased through the use of new partial flip imaging techniques. Refinements in signal processing, surface coils, and other techniques continue to expand the clinical indications of MRI. Because of its sensitivity, safety, and patient comfort, MRI is the screening technique of choice for most CNS abnormalities.



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Capsule or tablet slow-release potassium chloride preparations should be reserved for patients who cannot tolerate, refuse to take, or have compliance problems with liquid or effervescent potassium preparations because of reports of intestinal and gastric ulceration and bleeding with slow-release KCl preparations.

Before prescribing, please consult Brief Prescribing Information on next page.

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For good reasons

- ☐ **It works**—a 12-year record of efficacy[1]
- ☐ **It's safe**—unsurpassed by any other KCl tablet or capsule[2]*
- ☐ **It's acceptable vs liquids**—greater palatability, fewer GI complaints, lower incidence of nausea[2]
- ☐ **It's comparable to 10 mEq**—in low-dosage supplementation[3]†
- ☐ **It's economical**—less expensive than all other leading KCl slow-release supplements on a per tablet cost to the patient[1]

Slow-K®
potassium chloride
slow-release tablets 8 mEq (600 mg)

For patients who can't or won't tolerate liquid KCl.

*The most common adverse reactions to potassium salts are gastrointestinal side effects.

†Pooled mean serum potassium following oral administration of 30 mEq K-Tab compared to 24 mEq Slow-K in diuretic-treated hypertensives (n = 20) over 8 weeks.

C I B A

References: 1. Data on file, CIBA Pharmaceutical Company. **2.** Skoutakis VA, Acchiardo SR, Wojciechowski NJ, et al: Liquid and solid potassium chloride: Bioavailability and safety. *Pharmacotherapy* 1980;4(6):392-397. **3.** Skoutakis VA, Carter CA, Acchiardo SR: Therapeutic assessment of Slow-K and K-Tab potassium chloride formulations in hypertensive patients treated with thiazide diuretics. *Drug Intell Clin Pharm* 1987;21:436-440.

Slow-K*
potassium chloride USP
Slow-Release Tablets
8 mEq (600 mg)

BRIEF SUMMARY (FOR FULL PRESCRIBING INFORMATION SEE PACKAGE INSERT)

INDICATIONS AND USAGE
BECAUSE OF REPORTS OF INTESTINAL AND GASTRIC ULCERATION AND BLEEDING WITH SLOW-RELEASE POTASSIUM CHLORIDE PREPARATIONS, THESE DRUGS SHOULD BE RESERVED FOR THOSE PATIENTS WHO CANNOT TOLERATE OR REFUSE TO TAKE LIQUID OR EFFERVESCENT POTASSIUM PREPARATIONS OR FOR PATIENTS IN WHOM THERE IS A PROBLEM OF COMPLIANCE WITH THESE PREPARATIONS.
1. For therapeutic use in patients with hypokalemia with or without metabolic alkalosis; in digitalis intoxication and in patients with hypokalemic familial periodic paralysis
2. For prevention of potassium depletion when the dietary intake of potassium is inadequate in the following conditions: patients receiving digitalis and diuretics for congestive heart failure; hepatic cirrhosis with ascites, states of aldosterone excess with normal renal function; potassium-losing nephropathy; and certain diarrheal states.
3. The use of potassium salts in patients receiving diuretics for uncomplicated essential hypertension is often unnecessary when such patients have a normal dietary pattern. Serum potassium should be checked periodically, however, and if hypokalemia occurs, dietary supplementation with potassium-containing foods may be adequate to control milder cases. In more severe cases supplementation with potassium salts may be indicated

CONTRAINDICATIONS
Potassium supplements are contraindicated in patients with hyperkalemia, since a further increase in serum potassium concentration in such patients can produce cardiac arrest. Hyperkalemia may complicate any of the following conditions: chronic renal failure, systemic acidosis such as diabetic acidosis, acute dehydration, extensive tissue breakdown as in severe burns, adrenal insufficiency, or the administration of a potassium-sparing diuretic (e.g., spironolactone, triamterene) (see OVERDOSAGE)

All solid dosage forms of potassium supplements are contraindicated in any patient in whom there is cause for arrest or delay in tablet passage through the gastrointestinal tract. In these instances, potassium supplementation should be with a liquid preparation. Wax-matrix potassium chloride preparations have produced esophageal ulceration in certain cardiac patients with esophageal compression due to an enlarged left atrium

WARNINGS
Hyperkalemia (See OVERDOSAGE)
In patients with impaired mechanisms for excreting potassium, the administration of potassium salts can produce hyperkalemia and cardiac arrest. This occurs most commonly in patients given potassium by the intravenous route but may also occur in patients given potassium orally. Potentially fatal hyperkalemia can develop rapidly and be asymptomatic.

The use of potassium salts in patients with chronic renal disease, or any other condition which impairs potassium excretion, requires particularly careful monitoring of the serum potassium concentration and appropriate dosage adjustment.

Interaction With Potassium-Sparing Diuretics
Hypokalemia should not be treated by the concomitant administration of potassium salts and a potassium-sparing diuretic (e.g., spironolactone or triamterene), since the simultaneous administration of these agents can produce severe hyperkalemia.

Gastrointestinal Lesions
Potassium chloride tablets have produced stenotic and/or ulcerative lesions of the small bowel and deaths. These lesions are caused by a high localized concentration of potassium ion in the region of a rapidly dissolving tablet, which injures the bowel wall and thereby produces obstruction, hemorrhage, or perforation. Slow-K is a wax-matrix tablet formulated to provide a controlled rate of release of potassium chloride and thus to minimize the possibility of a high local concentration of potassium ion near the bowel wall. While the reported frequency of small-bowel lesions is much less with wax-matrix tablets (less than one per 100,000 patient-years) than with enteric-coated potassium chloride tablets (40-50 per 100,000 patient-years) cases associated with wax-matrix tablets have been reported both in foreign countries and in the United States. In addition, perhaps because the wax-matrix preparations are not enteric-coated and release potassium in the stomach, there have been reports of upper gastrointestinal bleeding associated with these products. The total number of gastrointestinal lesions remains approximately one per 100,000 patient-years. Slow-K should be discontinued immediately and the possibility of bowel obstruction or perforation considered if severe vomiting, abdominal pain, distention, or gastrointestinal bleeding occurs.

Metabolic Acidosis
Hypokalemia in patients with metabolic *acidosis* should be treated with an alkalinizing potassium salt such as potassium bicarbonate, potassium citrate, or potassium acetate

PRECAUTIONS
General:
The diagnosis of potassium depletion is ordinarily made by demonstrating hypokalemia in a patient with a clinical history suggesting some cause for potassium depletion. In interpreting the serum potassium level, the physician should bear in mind that acute alkalosis *per se* can produce hypokalemia in the absence of a deficit in total body potassium, while acute acidosis *per se* can increase the serum potassium concentration into the normal range even in the presence of a reduced total body potassium.

Information for Patients
Physicians should consider reminding the patient of the following:
To take each dose without crushing, chewing, or sucking the tablets
To take this medicine only as directed. This is especially important if the patient is also taking both diuretics and digitalis preparations
To check with the physician if there is trouble swallowing tablets or if the tablets seem to stick in the throat.
To check with the doctor at once if tarry stools or other evidence of gastrointestinal bleeding is noticed

Laboratory Tests
Regular serum potassium determinations are recommended. In addition, during the treatment of potassium depletion, careful attention should be paid to acid-base balance, other serum electrolyte levels, the electrocardiogram, and the clinical status of the patient, particularly in the presence of cardiac disease, renal disease, or acidosis

Drug Interactions
Potassium-sparing diuretics: see WARNINGS

Carcinogenesis, Mutagenesis, Impairment of Fertility
Long-term carcinogenicity studies in animals have not been performed

Pregnancy Category C
Animal reproduction studies have not been conducted with Slow-K. It is also not known whether Slow-K can cause fetal harm when administered to a pregnant woman or can affect reproduction capacity. Slow-K should be given to a pregnant woman only if clearly needed

Nursing Mothers
The normal potassium ion content of human milk is about 13 mEq/L. It is not known if Slow-K has an effect on this content. Caution should be exercised when Slow-K is administered to a nursing woman

Pediatric Use
Safety and effectiveness in children have not been established

ADVERSE REACTIONS
One of the most severe adverse effects is hyperkalemia (see CONTRAINDICATIONS, WARNINGS, and OVERDOSAGE). There also have been reports of upper and lower gastrointestinal conditions including obstruction, bleeding, ulceration, and perforation (see CONTRAINDICATIONS and WARNINGS), other factors known to be associated with such conditions were present in many of these patients.

The most common adverse reactions to oral potassium salts are nausea, vomiting, abdominal discomfort, and diarrhea. These symptoms are due to irritation of the gastrointestinal tract and are best managed by taking the dose with meals or reducing the dose.

Skin rash has been reported rarely

OVERDOSAGE
The administration of oral potassium salts to persons with normal excretory mechanisms for potassium rarely causes serious hyperkalemia. However, if excretory mechanisms are impaired or if potassium is administered too rapidly intravenously, potentially fatal hyperkalemia can result (see CONTRAINDICATIONS and WARNINGS). It is important to recognize that hyperkalemia is usually asymptomatic and may be manifested only by an increased serum potassium concentration (6.5-8.0 mEq/L) and characteristic electrocardiographic changes (peaking of T waves, loss of P wave, depression of S-T segment, and prolongation of the Q-T interval). Late manifestations include muscle paralysis and cardiovascular collapse from cardiac arrest (9-12 mEq/L)

Treatment measures for hyperkalemia include the following: (1) elimination of foods and medications containing potassium and of potassium-sparing diuretics; (2) intravenous administration of 300-500 ml/hr of 10% dextrose solution containing 10-20 units of insulin per 1,000 ml; (3) correction of acidosis, if present, with intravenous sodium bicarbonate; (4) use of exchange resins, hemodialysis, or peritoneal dialysis

In treating hyperkalemia in patients who have been stabilized on digitalis, too rapid a lowering of the serum potassium concentration can produce digitalis toxicity

DOSAGE AND ADMINISTRATION
The usual dietary intake of potassium by the average adult is 40-80 mEq per day. Potassium depletion sufficient to cause hypokalemia usually requires the loss of 200 or more mEq of potassium from the total body store. Dosage must be adjusted to the individual needs of each patient but is typically in the range of 20 mEq per day for the prevention of hypokalemia to 40-100 mEq or more per day for the treatment of potassium depletion. Large numbers of tablets should be given in divided doses

Note: Slow-K slow-release tablets must be swallowed whole and never crushed, chewed, or sucked

HOW SUPPLIED
Tablets—600 mg of potassium chloride (equivalent to 8 mEq) round, buff colored, sugar-coated (imprinted Slow-K)

Bottles of 100	NDC 0083-0165-30
Bottles of 1000	NDC 0083-0165-40
Consumer Pack—One Unit	
12 Bottles—100 tablets each	NDC 0083-0165-65
Accu-Pak® Unit Dose (Blister pack)	
Box of 100 (strips of 10)	NDC 0083-0165-32

Do not store above 86°F (30°C). Protect from moisture. Protect from light

Dispense in tight, light-resistant container (USP).

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C87-31 (Rev 8/87)

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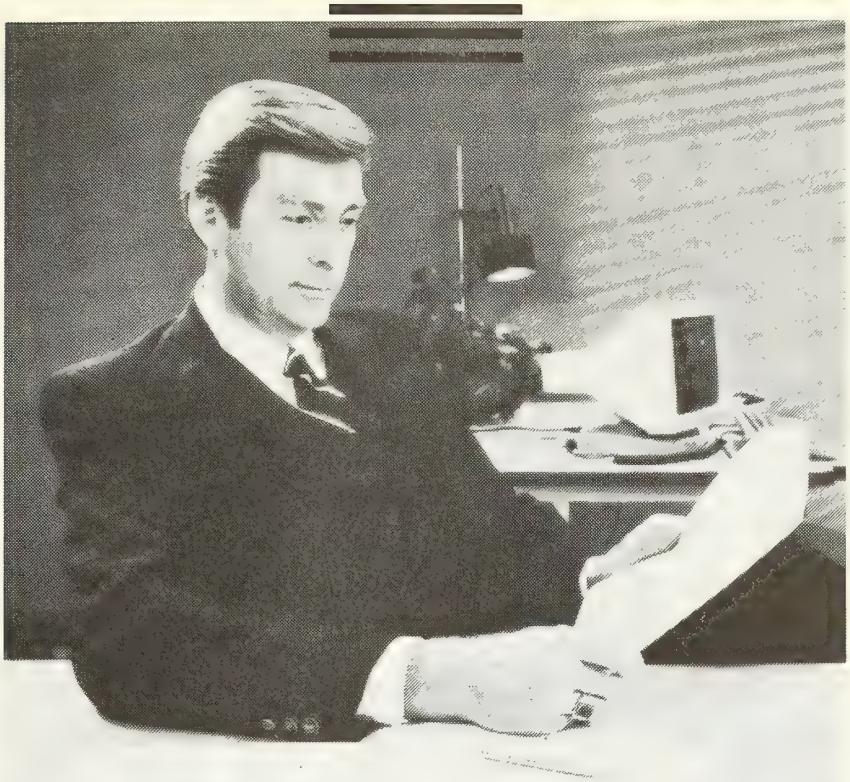

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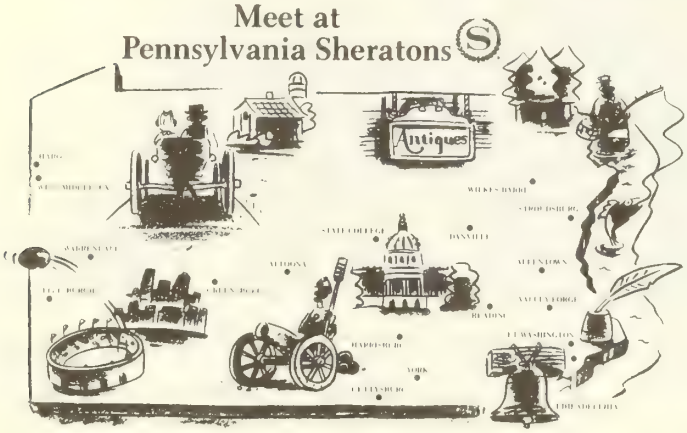

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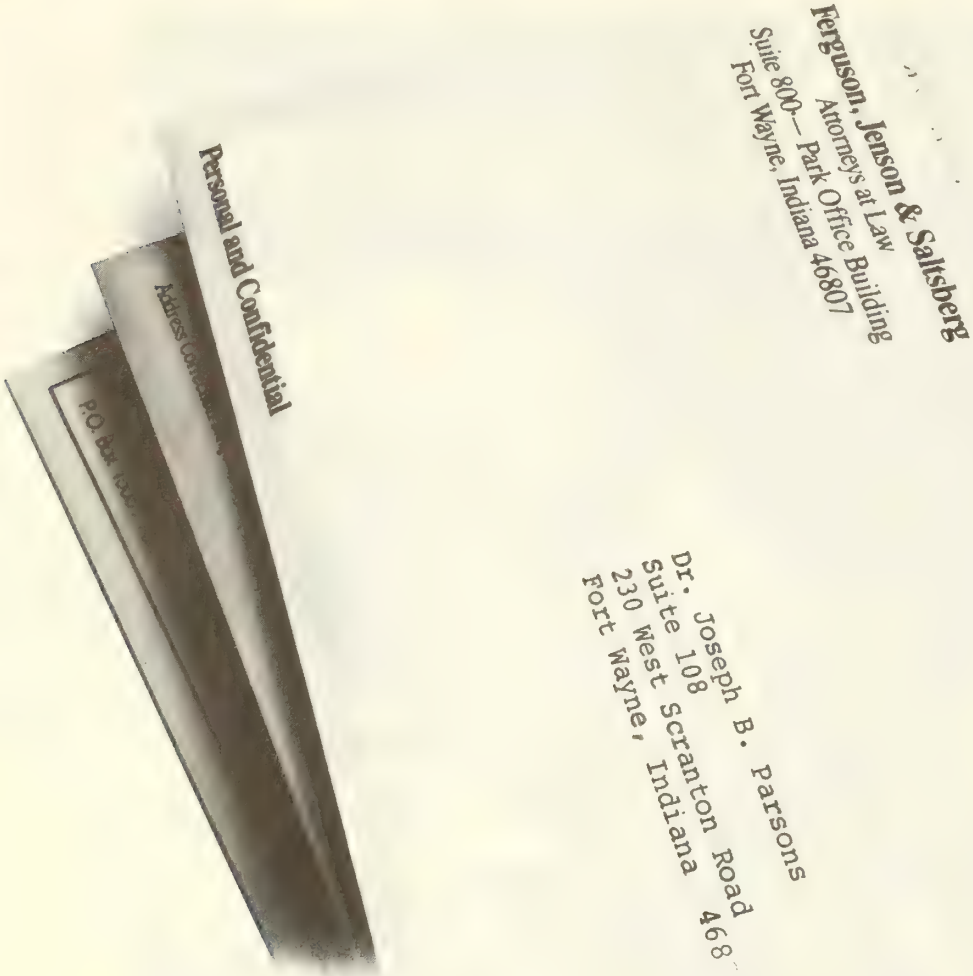

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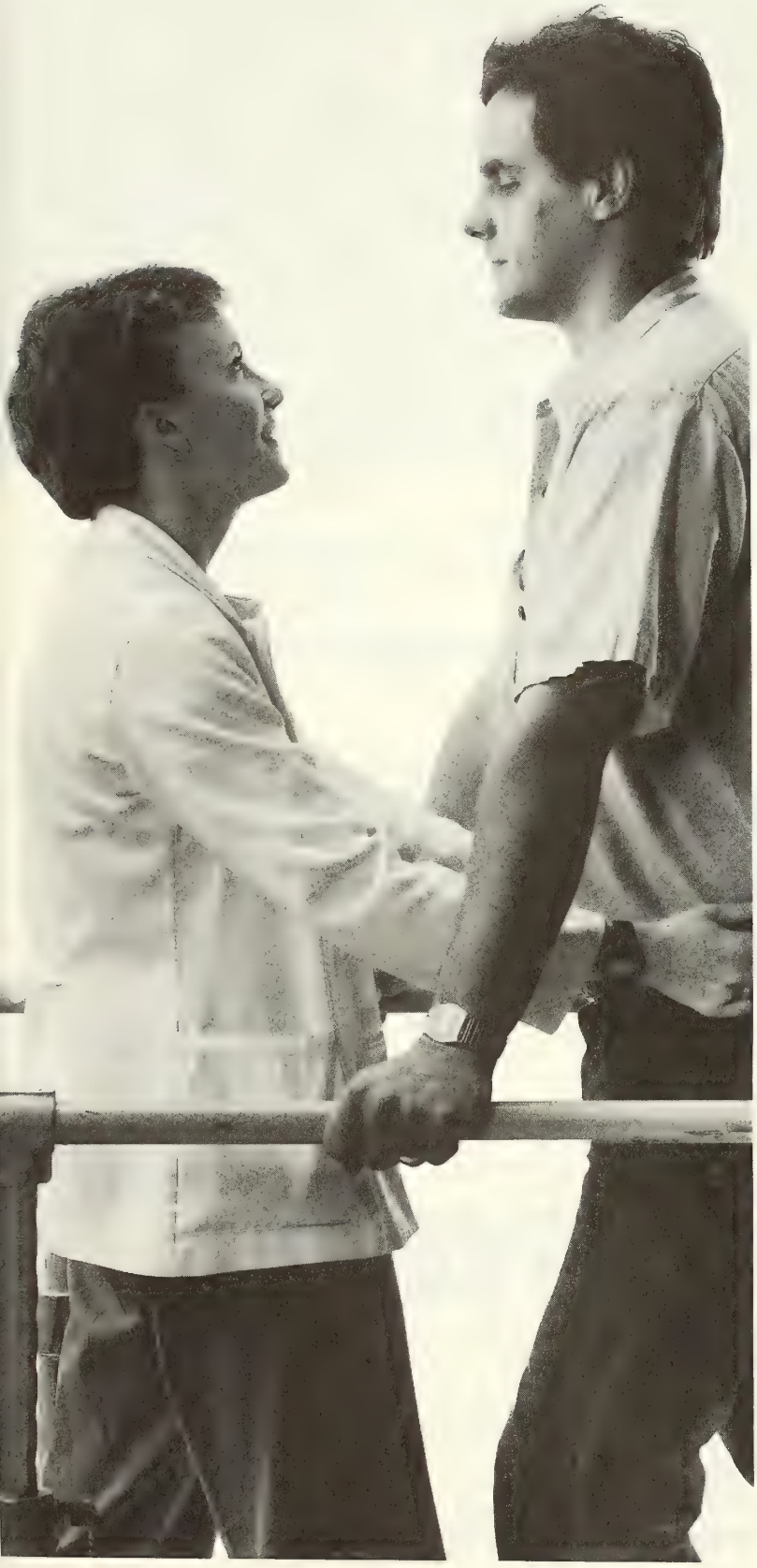

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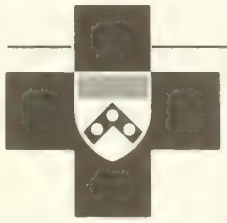

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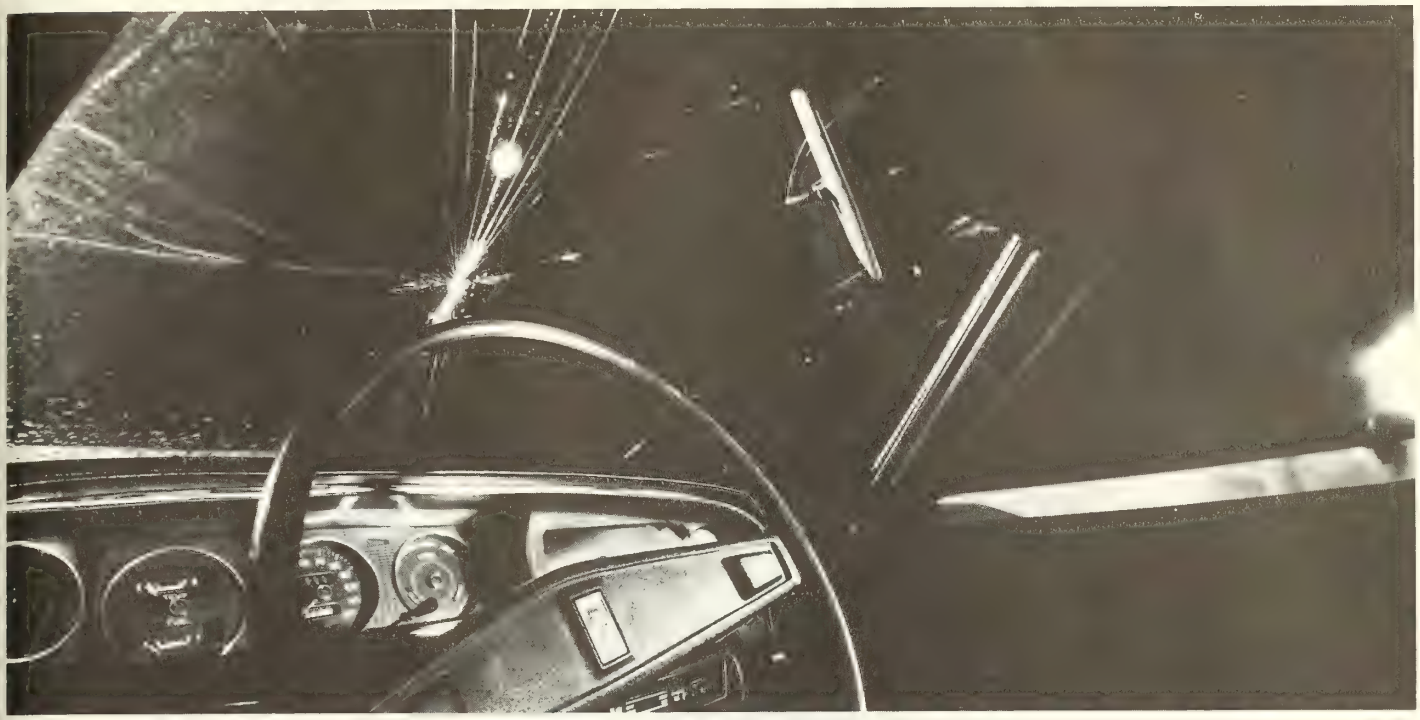

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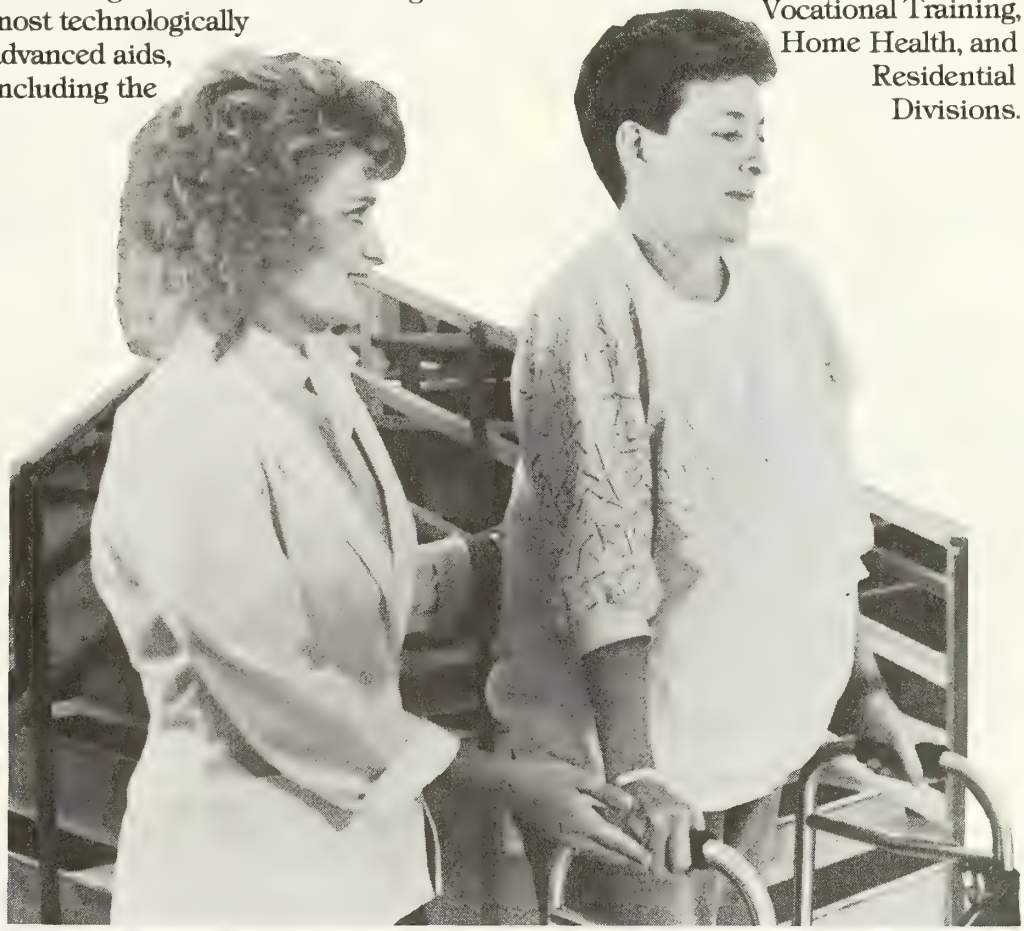

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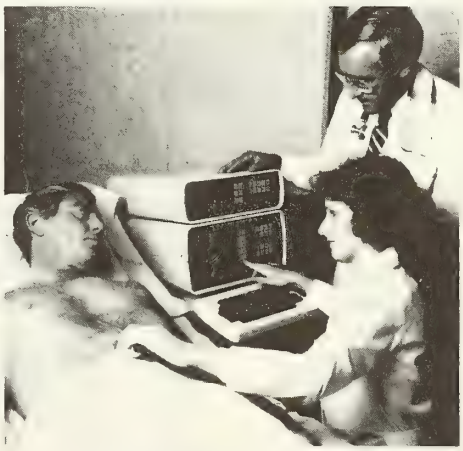

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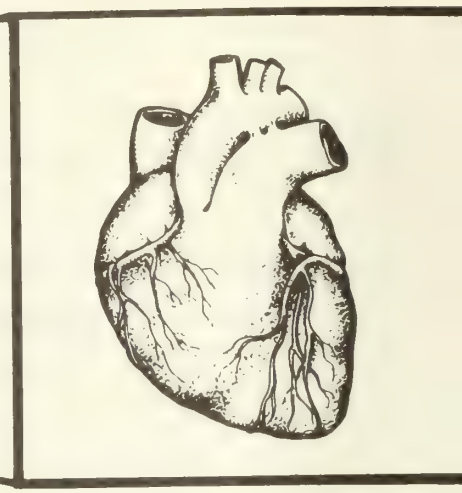

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Thanks to hundreds of contributors . . . *the Trust has addressed issues like AIDS, Alzheimer's disease, drug abuse, malpractice, and physician leadership. Medical and allied health students benefit from our extensive loan program. With each new project and loan, we continue to build new relationships in and among medical schools, physicians, and state governmental agencies. We are able to maintain a fresh perspective on issues influencing the health care environment. Our initiative, openness, and flexibility enable us to address medical concerns in a timely manner.*

AIDS

The Task Force on AIDS of the Pennsylvania Medical Society engaged the Trust to develop and produce ***AIDS: Information for Physicians*** and coordinate a Speaker's Bureau and Referral Network to support Pennsylvania physicians when treating AIDS patients.

Situation Analysis of State Coroner System

The Trust evaluated the Pennsylvania Coroner System to determine its efficiency and effectiveness. Recommendations were made to strengthen educational support for coroners, to establish communication channels among themselves, and to improve their image to the public.

Medical Specialties: Personal Insights

The Trust supported students at the University of Pittsburgh to produce and publish ***Medical Specialties: Personal Insights.*** The book is designed to give students career insights on the demands and expectations of various specialties.

Feasibility Study: PMS Sponsored Congress on Drug Abuse

The Trust conducted a study for the Pennsylvania Medical Society to determine the feasibility of sponsoring a Congress on Drug Abuse. The Trust determined that a Congress on Drug Abuse would not be an effective way to address the problem. The study resulted in the creation of the Task Force on Drug Abuse.

Physician Leadership

The Trust began a study in October to determine if there is a need for formalized leadership training for physicians. Forty physicians statewide were personally interviewed to obtain their attitudes and perceptions of leadership, and to determine if leadership skills might influence the major issues facing medicine today. This study is still in progress.

Alzheimer's Disease

The Trust supervised final preparations for printing material on Alzheimer's disease for the Pennsylvania Department of Aging. In 1986 we developed and produced ***Alzheimer's Disease: Teaching Series for Health Care Providers,*** a series of lesson plans designed for long-term care facilities. For the physician, the Trust developed the **Physician Information Packet** which contains practical material for diagnosing and treating the Alzheimer's disease patient and includes a ***Resource Support Directory.***

Physician Malpractice

The Trust continues to seek funding to conduct a study which would document nonnegligent causes for malpractice claims specifically focusing on physician/patient communication. Based on the identified causes, corrective actions could be taken by the profession which might result in the reduction of malpractice claims.

The experience we gain from doing these projects helps us keep our finger on the pulse of medicine. Accept our invitation to let us know your concerns and feelings on issues facing medicine. We're here to serve you, and we would appreciate your input.

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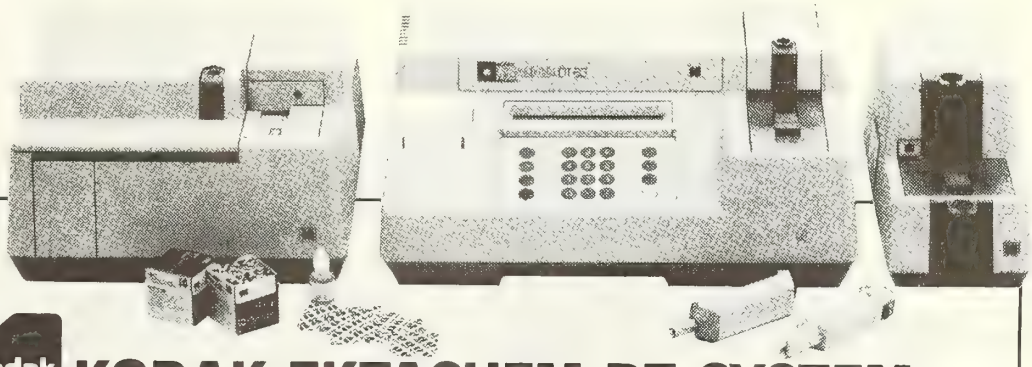

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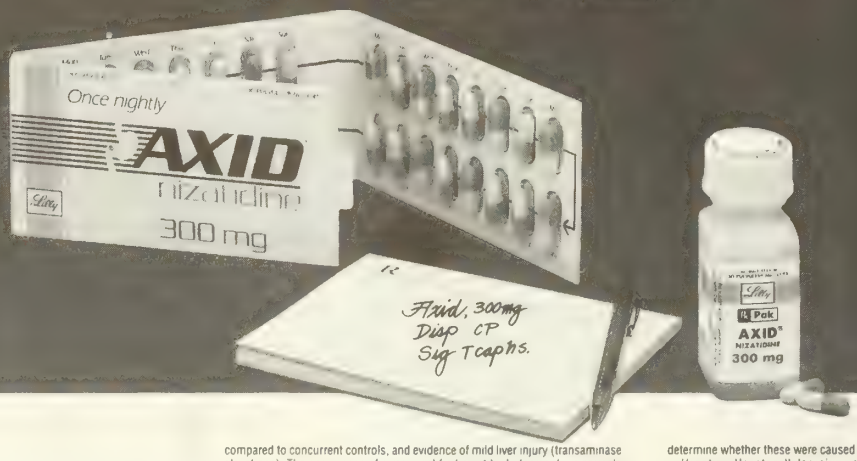

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Carcinogenesis, Mutagenesis, Impairment of Fertility—A two-year oral carcinogenicity study in rats with doses as high as 500 mg/kg/day (about 80 times the recommended daily therapeutic dose) showed no evidence of a carcinogenic effect. There was a dose related increase in the density of enterochromaffin-like (ECL) cells in the gastric oxyntic mucosa. In a two-year study in mice, there was no evidence of a carcinogenic effect in male mice, although hyperplastic nodules of the liver were increased in the high dose males compared to placebo. Female mice given the high dose of Axid (2,000 mg/kg/day, about 330 times the human dose) showed marginally statistically significant increases in hepatic carcinoma and hepatic nodular hyperplasia with no numerical increase seen in any of the other dose groups. The rate of hepatic carcinoma in the high dose animals was within the historical control limits seen for the strain of mice used. The female mice were given a dose larger than the maximum tolerated dose, as indicated by excessive (30%) weight decrement compared to concurrent controls, and evidence of mild liver injury (transaminase elevations). The occurrence of a marginal finding at high dose only in animals given an excessive, and somewhat hepatotoxic dose, with no evidence of a carcinogenic effect in rats, male mice, and female mice (given up to 360 mg/kg/day, about 60 times the human dose), and a negative mutagenicity battery is not considered evidence of a carcinogenic potential for Axid.

Axid was not mutagenic in a battery of tests performed to evaluate its potential genetic toxicity, including bacterial mutation tests, unscheduled DNA synthesis, sister chromatid exchange, and the mouse lymphoma assay.

In a two-generation, perinatal and postnatal, fertility study in rats, doses of nizatidine up to 650 mg/kg/day produced no adverse effects on the reproductive performance of parental animals or their progeny.

Pregnancy—Teratogenic Effects—Pregnancy Category C—Oral reproduction studies in rats at doses up to 300 times the human dose, and in Dutch Belted rabbits at doses up to 55 times the human dose, revealed no evidence of impaired fertility or teratogenic effect, but, at a dose equivalent to 300 times the human dose, treated rabbits had abortions, decreased number of live fetuses, and depressed fetal weights. On intravenous administration to pregnant New Zealand White rabbits, nizatidine at 20 mg/kg produced cardiac enlargement, coarctation of the aortic arch, and cutaneous edema in one fetus and at 50 mg/kg it produced ventricular anomaly, distended abdomen, spina bifida, hydrocephaly, and enlarged heart in one fetus. There are, however, no adequate and well-controlled studies in pregnant women. It is also not known whether nizatidine can cause fetal harm when administered to a pregnant woman or can affect reproduction capacity. Nizatidine should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus.

Nursing Mothers—Nizatidine is secreted and concentrated in the milk of lactating rats. Pups reared by treated lactating rats had depressed growth rates. Although no studies have been conducted in lactating women, nizatidine is assumed to be secreted in human milk, and caution should be exercised when nizatidine is administered to nursing mothers.

Pediatric Use—Safety and effectiveness in children have not been established.

Use in Elderly Patients—Ulcer healing rates in elderly patients are similar to those in younger age groups. The incidence rates of adverse events and laboratory test abnormalities are also similar to those seen in other age groups. Age alone may not be an important factor in the disposition of nizatidine. Elderly patients may have reduced renal function.

Adverse Reactions: Clinical trials of nizatidine included almost 5,000 patients given nizatidine in studies of varying durations. Domestic placebo-controlled trials included over 1,900 patients given nizatidine and over 1,300 given placebo. Among the more common adverse events in the domestic placebo-controlled trials, sweating (1% vs 0.2%), urticaria (0.5% vs <0.01%), and somnolence (2.4% vs 1.3%) were significantly more common in the nizatidine group. A variety of less common events was also reported; it was not possible to determine whether these were caused by nizatidine.

Hepatic—Hepatocellular injury, evidenced by elevated liver enzyme tests (SGOT [AST], SGPT [ALT], or alkaline phosphatase), occurred in some patients possibly or probably related to nizatidine. In some cases, there was marked elevation of SGOT, SGPT enzymes (greater than 500 IU/L), and in a single instance, SGPT was greater than 2,000 IU/L. The overall rate of occurrences of elevated liver enzymes and elevations to three times the upper limit of normal, however, did not significantly differ from the rate of liver enzyme abnormalities in placebo-treated patients. All abnormalities were reversible after discontinuation of Axid.

Cardiovascular—In clinical pharmacology studies, short episodes of asymptomatic ventricular tachycardia occurred in two individuals administered Axid and in three untreated subjects.

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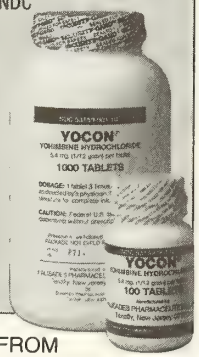

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3. Weekly Urological Clinical letter, 27:2, July 4, 1983.
4. A. Morales et al., The Journal of Urology 128: 45-47, 1982.

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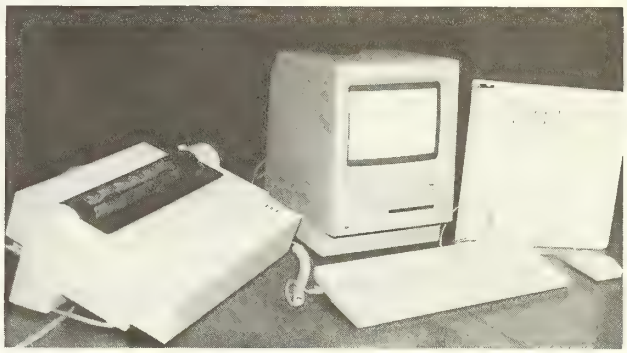

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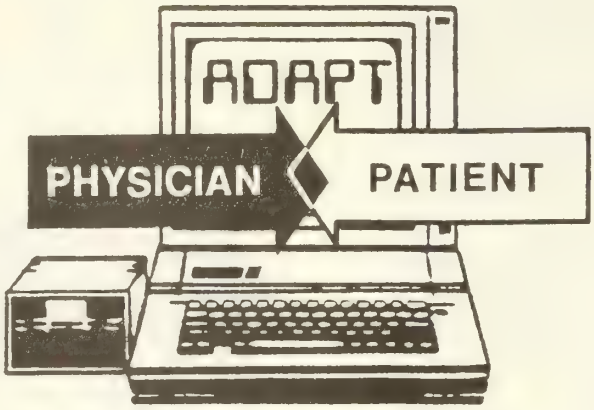

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Medical Specialty Information

The roster is coded with specialty information in the county society section. The abbreviation that appears to the right of the physician's name is the specialty code. *This specialty information was supplied from AMA records or by the physician personally and does not necessarily imply Board certification in the specialty.* These codes and the specialties that they represent, along with the approximate number in each specialty, are as follows:

ADL	Adolescent Medicine	3
AI	Allergy and Immunology	45
AM	Aerospace Medicine	3
A	Allergy	60
AN	Anesthesiology	741
ATP	Anatomic Pathology	1
BE	Broncho-Esophagology	2
CCM	Critical Care Medicine	2
CD	Cardiovascular Diseases	610
D	Dermatology	255
DMP	Dermatopathology	3
DIA	Diabetes	25
EM	Emergency Medicine	369
END	Endocrinology	73
FP	Family Practice	1,754
GE	Gastroenterology	235
GO	Gynecological Oncology	3
GP	General Practice	1,221
GPM	General Preventive Medicine	14
GER	Geriatrics	33
GYN	Gynecology	64
HEM	Hematology	75
IG	Immunology	2
ID	Infectious Diseases	54
IM	Internal Medicine	2,359
LAR	Laryngology	1
LM	Legal Medicine	5
MFS	Maxillofacial Surgery	1
ND	Neoplastic Diseases	11
NEP	Nephrology	98
N	Neurology	217
NPM	Neonatal-Perinatal Medicine	25
CHN	Neurology, Child	5
NA	Neuropathology	3
NM	Nuclear Medicine	52
NR	Nuclear Radiology	2
NTR	Nutrition	2
OBS	Obstetrics	4
OBG	Obstetrics/Gynecology	1,059
OM	Occupational Medicine	101
ON	Oncology	134
OPH	Ophthalmology	665
OT	Otology	5
OTO	Otolaryngology	310
PTH	Pathology	367
CLP	Pathology, Clinical	34
FOP	Pathology, Forensic	3
PD	Pediatrics	863
PDA	Pediatrics, Allergy	21
PDC	Pediatrics, Cardiology	11
PDE	Pediatric Endocrinology	2
PHO	Pediatric Hematology-Oncology	2
PNP	Pediatric Nephrology	2
PA	Pharmacology, Clinical	23
PM	Physical Medicine/Rehabilitation	219
P	Psychiatry	645
CHP	Psychiatry, Child	68
PYA	Psychoanalysis	26
PYM	Psychosomatic Medicine	3
PH	Public Health	22
PUD	Pulmonary Diseases	189
R	Radiology	505
DR	Radiology, Diagnostic	439
PDR	Radiology, Pediatric	11
TR	Radiology, Therapeutic	76
REN	Reproductive Endocrinology	1
RHU	Rheumatology	103
ABS	Surgery, Abdominal	9
CDS	Surgery, Cardiovascular	100
CRS	Surgery, Colon and Rectal	61
GS	Surgery, General	1,152
HS	Surgery, Hand	15
HNS	Surgery, Head and Neck	4
NS	Surgery, Neurological	165
ORS	Surgery, Orthopedic	629
PDS	Surgery, Pediatric	21
PS	Surgery, Plastic	153
TS	Surgery, Thoracic	132
TRS	Surgery, Traumatic	8
U	Surgery, Urological	387
VS	Surgery, Vascular	13
OS	Other, i.e., physician designated a specialty other than those appearing above	333
ST	Student	890
US	Unspecified	160
Total Membership		18,573

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(717) 763-7151

ADAMS

ALCARO, MD, Joseph A — A
455 South Washington Street
Gettysburg PA 17325

ALCARO, MD, Joseph F — OTO
455 South Washington Street
Gettysburg PA 17325

ALLISON, MD, James H — FP
912A Sunset Avenue
Gettysburg PA 17325

ARUMUGARAJAH, MD, — FP
Kanagasabapathy
12 West King Street
Littlestown PA 17340

BARANSKI, MD, Edward J — GS
445 South Washington Street
Gettysburg PA 17325

BAST, MD, William R — U
R D 2 Box 277-A
Littlestown PA 17340

BECKMAN, MD, William R — FP
442 Waynesboro Pike
Fairfield PA 17320

BEVILACQUA, MD, Daniel F — OPH
455 South Washington Street
Gettysburg PA 17325

BIKLE, MD, H Dwight — AN
445 Pumping Station Road
Gettysburg PA 17325

CARLSON, MD, Ardyce R — FP
117 Lincoln Way East
New Oxford PA 17350

CRISPEN, MD, John W — PTH
26 Lakeview Drive
Gettysburg PA 17325

DOO, MD, Gerald K — ABS
560 Hillcrest Place
Gettysburg PA 17325

DUFENDACH, MD, John H — FP
101 West Middle Street
Gettysburg PA 17325

DURKIN, MD, Maureen L — IM
149 West Hanover Street
Biglerville PA 17307

GRASMICK, MD, Albert L — FP
110 Berlin Avenue
New Oxford PA 17350

HALE JR, MD, Raymond M — GP
P O Box 345
Arendtsville PA 17303

HAMMETT, MD, James H — FP
R D 1
Fairfield PA 17320

HAMMETT, DO, James N — US
R D 1
Fairfield PA 17320

HARBACH, MD, Harrison F — FP
525 West Middle Street
Gettysburg PA 17325

HOCH, MD, Bradley R — PD
147 North Washington Street
Gettysburg PA 17325

JONES, MD, Joseph C — DR
Box 481
Gettysburg PA 17325

KAGUYUTAN, MD, Alfredo G — OBG
450 South Washington Street
Gettysburg PA 17325

KAGUYUTAN, MD, Ofelia D — PD
450 South Washington Street
Gettysburg PA 17325

KALLOZ, MD, John R — IM
455 South Washington Street
Gettysburg PA 17325

KAMSLER, MD, David F — IM
455 South Washington Street
Gettysburg PA 17325

KAUFFMAN, MD, Dwight A — FP
10 West King Street
Littlestown PA 17340

KRABLIN, MD, Ronald — IM
455 South Washington St #22
Gettysburg PA 17325

LANDFRIED, DO, Robert M — AN
2760 Beaver Trail
Cortland OH 04410

LEFEVER, MD, Robert S — IM
60 York Street
Gettysburg PA 17325

LORENZO, MD, Frederick V — GS
455 South Washington Street
Gettysburg PA 17325

MAITLAND, MD, Leah A — EM
50 Maple Avenue
Littlestown PA 17340

MARTIN, MD, Horace F — FP
56 High Street Box 113
Arendtsville PA 17303

MCARDLE, MD, Gilbert C — GS
445 South Washington Street
Gettysburg PA 17325

MCARDLE, MD, M Jacquelyn — P
R D 6
Gettysburg PA 17325

MCBETH JR, MD, Orville G — FP
3375 Carlisle Road
Gardners PA 17324

MCCLENATHAN, MD, James E — TS
39 Winter Trail South West
Fairfield PA 17320

MCGLAUGHLIN, MD, Michael J — FP
508 South Washington Street
Gettysburg PA 17325

MICHAEL, MD, Dwight I — FP
508 South Washington Street
Gettsyburg PA 17325

MONDEJAR, MD, Magdalena D — PTH
45 Ridgewood Lane
Gettysburg PA 17325

MONSOUR, MD, Roy E — EM
610 Weikert Road
Gettysburg PA 17325

OHL, MD, Bettina M G — OBG
455 South Washington Street
Gettysburg PA 17325

PISULA JR, MD, Vincent P — GS
5084 Hanover Road
Hanover PA 17331

POSNER, DO, Michael H — OBG
455 South Washington Street
Gettysburg PA 17325

PRIN, MD, William A — OBG
120 Penn Street
Hanover PA 17331

RADSMA, MD, Douwe L — FP
571 West Middle Street
Gettysburg PA 17325

RESTAK, MD, Lewis J — OBG
228 Frederick Street
Hanover PA 17331

ROOS, MD, Leon — FP
211 Stock Street
Hanover PA 17331

SAUERS, MD, Patricia L — FP
1501 Old Us 15
York Springs PA 17372

SHEELY, MD, Raymond F — IM
127 West Lincoln Avenue
Gettysburg PA 17325

SIVENDRAN, MD, — OPH
Tharmalingam
455 South Washington Street
Gettysburg PA 17325

SOLOMON, MD, Solomon D — OBG
142 Eldorado Drive
Winter Haven FL 33880

SZOKE, MD, Edward E — PD
147 North Washington Street
Gettysburg PA 17325

TRIPI, MD, Joseph E — ORS
453 South Washington Street
Gettysburg PA 17325

TULISZEWSKI, MD, Robert M — U
131 Carlisle Street
Gettysburg PA 17325

VANHOUTEN, MD, Robert J — AN
390 Upper Temple Road
Biglerville PA 17307

VISWANATHAN, MD, Byravan — IM
571 West Middle Street
Gettysburg PA 17325

WOOD, MD, Elizabeth T — FP
20 East High Street
Gettysburg PA 17325

WOODS, MD, Lon D — ORS
455 South Washington Street
Gettysburg PA 17325

ALLEGHENY

AARONS, MD, Jerome H — DIA
Magee Hospital
Pittsburgh PA 15213

ABLA, MD, Adnan Adib — NS
12 Sandridge Drive
Pittsburgh PA 15220

ABOSCH, AVIVA — ST
5504 Kentucky Street
Pittsburgh PA 15232

ABURANO, MD, Akio — PTH
Mercy Hospital
Pittsburgh PA 15219

ACETO, MD, Joseph N — DR
940 East Maiden Street
Washington PA 15301

ADAMS, WILLIAM H — ST
1147 Mellon Street
Pittsburgh PA 15206

ADATEPE, MD, Mustafa H — NM
2490 Hitching Post Drive
Allison Park PA 15101

ADKINS, MD, John C — PDS
Medical Arts Building
Pittsburgh PA 15213

ADLER, MD, Lawrence N — CD
Forest Hills Plaza
Pittsburgh PA 15221

AGARWAL, MD, Amrit — RHU
Park Building Suite 800
Pittsburgh PA 15222

AGRAWAL, MD, Radeshyam M — GE
490 East North Avenue
Pittsburgh PA 15212

AGSTER, MD, Bruce E — CDS
213 Lynn Haven Drive
Pittsburgh PA 15228

AGUSTIN, MD, Amelia V — PD
5363 Route 8
Gibsonia PA 15044

AHMAD, MD, Usman — END
Painter Building Ste Seven
Mckeesport PA 15132

AHMED, MD, Adiba S — IM
1000 Bower Hill Road
Pittsburgh PA 15243

AHMED, MD, Quzi M — OPH
3700 Fifth Avenue
Pittsburgh PA 15213

AIKEN, MD, Lucille B — IM
500 South Aiken Avenue
Pittsburgh PA 15232

AKHTAR, NADIA D — ST
3309 Ward Street
Pittsburgh PA 15213

AL-SHAKIR, MD, — PTH
Abdulrezzak M
7137 Osage Lane
Pittsburgh PA 15208

ALBAUM, MICHAEL N — ST
325 Melwood Avenue
Pittsburgh PA 15213

ALBO, MD, Vincent C — PD
3520 Fifth Avenue
Pittsburgh PA 15213

ALBRIGHT, MD, A Leland — NS
One Childrens Place
Pittsburgh PA 15213

ALCOFF, MD, Joel M — FP
4215 Murray Avenue
Pittsburgh PA 15217

ALDISERT, MD, Caesar O — OBG
4101 Brownsville Road #108
Pittsburgh PA 15227

ALEXANDER, MD, Gilbert H — R
P O Box 612
Grantham NH 03753

ALHASHIMI, MD, Maher B — IM
147 Glenwood Drive
Monroeville PA 15146

ALJANDALI, MD, Majed — GS
102B Glen Inverness Drive
Glenshaw PA 15116

ALLEN, MD, Barbara A — IM
Allegheny General Hospital
Pittsburgh PA 15212

ALLEN, MD, Chris M — IM
241-251 Freeport Road
Pittsburgh PA 15215

ALLEN, MD, Thomas E — OBG
3433 Bates Street
Pittsburgh PA 15213

ALONZO, MD, James J — OBG
6200 Steubenville Pike
Robinson Township PA 15136

ALPERN, MD, A Nathan — IM
5048 Fifth Avenue #303
Pittsburgh PA 15232

ALPERS, JAMES D — ST
301 South Negley Avenue
Pittsburgh PA 15232

ALPERT, MD, Barry L — CD
4815 Liberty Avenue
Pittsburgh PA 15224

ALSABTI, MD, Elias — EM
221 Orchard Lane
Sewickley PA 15143

ALSTON, LUCILLE L — ST
120 Ruskin Avenue
Pittsburgh PA 15213

ALTMAN, MD, Louis — P
7520 Northwest 96 Terrace
Tamarac FL 33321

ALTMAN, ROBERT J — ST
323 Semple Street
Pittsburgh PA 15213

ALTMAN, MD, Wanda — GP
5873 Darlington Road
Pittsburgh PA 15217

AMAYO, MD, Jose G — PM
Harmarville Rehab Center
Pittsburgh PA 15238

AMBRAD, MD, Antonio J — TR
63 Mount Lebanon Blvd
Mt Lebanon PA 15228

AMBROSE, MD, Julius W — R
Allegheny General Hospital
Pittsburgh PA 15212

AMMER, MD, John L — OBG
4815 Liberty Avenue
Pittsburgh PA 15224

AMMON, MD, John R — AN
Mercy Hospital-Dept Of Anes
Pittsburgh PA 15219

AMRHEIN, MD, James A — PD
2570 Haymaker Road
Monroeville PA 15146

AMSHEL, MD, Albert L — CRS
3500 Fifth Avenue
Pittsburgh PA 15213

ANANIA, FRANK A — ST
4614 Sherwood Drive
Pittsburgh PA 15236

ANANTHA-RAMAN, MD, — PUD
Ambale S
408 45Th Street
Pittsburgh PA 15201

ANDERSON, MD, Carolyn H — RHU
100 Delafield Road #303
Pittsburgh PA 15215

ANDERSON, MD, Herbert H — PTH
9100 Babcock Blvd
Pittsburgh PA 15237

ANDERSON, MD, Joseph B — U
Route 7 Box 57
Lexington VA 24450

ANDERSON, MD, Richard E — IM
Three New Brighton Road
Pittsburgh PA 15202

ANDREW-JAJA, MD, Carey D — OBG
2401 Antrim Court
Pittsburgh PA 15237

ANEJA, MD, Surinder K — PUD
433 Oaklawn Drive
Pittsburgh PA 15241

ANGIULLI, MARCIA — ST
6551 Dalzell Place
Pittsburgh PA 15217

ANNAN, KINGSLEY — ST
120 Ruskin Avenue
Pittsburgh PA 15213

ANSARI, MD, Amir H — END
510 South Aiken Avenue
Pittsburgh PA 15232

ANTALIK, MD, Paul E — OTO
201 Penn Center Blvd
Pittsburgh PA 15235

ANTI, MD, Alvise G — IM
1117 South Negley Avenue
Pittsburgh PA 15217

ANTONCIC, MD, Rudolph A — IM
1318 Fifth Avenue
Mckeesport PA 15132

ANTOS, MD, Thomas J — IM
Suite 100
Pittsburgh PA 15219

ANTYPAS, MD, Philip G — PS
3406 Fifth Avenue
Pittsburgh PA 15213

APTON, MD, Jeffrey H — EM
Box 434 R D 1
Claysville PA 15323

ARAVENA, MD, Ernesto B — GS
1660 Lincoln Way Suite One
White Oak PA 15131

ARAYA, MD, Cleto U — AN
Braddock General Hospital
Braddock PA 15104

ARCH JR, MD, Francis J — OBG
340 Goldsmith Road
Pittsburgh PA 15237

ARD, MD, Robert S — GP
707 Rosslyn Avenue
Springdale PA 15144

ARENA, MD, Sebastian — OTO
1350 Locust Street
Pittsburgh PA 15219

ARFFA, MD, Robert C — OPH
203 Lothrop Street
Pittsburgh PA 15213

ARGENTINE JR, MD, Robert P — PD
Suite 401-405
Pittsburgh PA 15228

ARISUMI, MD, David N — IM
2617 Grandview Avenue
Pittsburgh PA 15235

ARLUK, MD, Judith I — D
7032 Meade Street
Pittsburgh PA 15208

ARMEN, MD, Robert N — IM
Usx Technology Center
Monroeville PA 15146

ARMFIELD III, MD, Samuel L — DR
5931 Broad Street Mall
Pittsburgh PA 15206

ARNHEIM, MD, Falk K — U
1000 Bower Hill Road
Pittsburgh PA 15243

ARNOLD, MD, George L — IM
412 Richland Lane
Pittsburgh PA 15208

ARNOLD, LAURA S — ST
412 Richland Lane
Pittsburgh PA 15208

ARONSON, MD, Morton L — P
725 Allegheny River Blvd
Verona PA 15147

ARTIS, MD, Cathy J — GS
Professional Bldg Suite 407
Pittsburgh PA 15219

ARTUSO, MD, Frank B — PM
Greater Pgh Rehab Hosp
Monroeville PA 15146

ASBURY, MD, Donald W — OS
225 Alcoma Blvd
Pittsburgh PA 15235

ASH, MD, Richard D — PD
935 Thorn Run Road
Coraopolis PA 15108

ASHIKARI, ANDREW Y — ST
4179 Centre Avenue
Pittsburgh PA 15213

ASHOK, MD, Puducheri S — GE
490 East North Avenue
Pittsburgh PA 15212

ASIMOS, ANDREW W — ST
235 1/2 Halket Place
Pittsburgh PA 15213

ASKIN, MD, Ralph J — OTO
250 Myrtle Road
Burlingame CA 94010

ATHANI, MD, Vijay S — U
1200 Center Avenue Suite 450
Pittsburgh PA 15219

ATKIN, MD, David H — AN
163 Woodshire Drive
Pittsburgh PA 15215

ATKINSON, MD, Donald P — GS
4800 Friendship Avenue
Pittsburgh PA 15224

ATWELL, MD, Robert B — GS
Iroquois Bldg Suite 405
Pittsburgh PA 15213

AUDINO, MARGARITA L — ST
218 North Craig Street
Pittsburgh PA 15213

AUGUSTINE, MD, Joseph P — FP
St Margaret Memorial Hospital
Pittsburgh PA 15215

AURE, MD, Horacio S — CD
1433 Fawcett Avenue
Mckeesport PA 15131

AUSLANDER, MD, James L — GS
100 Marshall Drive
Mckeesport PA 15132

AUSTIN, MD, Edward M — OBG
20 Cedar Blvd
Pittsburgh PA 15228

AUSTIN, MD, James A — IM
1268 North Negley Avenue
Pittsburgh PA 15206

AWAN, MD, Ihsan-Ul H — CD
1505 Lincoln Way
Mckeesport PA 15131

AXELROD, MD, Janice H — GO
4800 Friendship Avenue
Pittsburgh PA 15224

AXELSON, MD, Alan A — CHP
2370 Morrow Road
Pittsburgh PA 15241

AXLINE, DAVID R — ST
120 Ruskin Avenue
Pittsburgh PA 15213

AYASSO, MD, M Samir — GE
304 Kingston Drive
Pittsburgh PA 15235

AZAR, MICHAEL J — ST
3812 Bates Street
Pittsburgh PA 15213

AZIZ, MD, Abdulrab — CD
Suite 116 2550 Mosside Blvd
Monroeville PA 15146

BACHMANN, MD, Lawrence C — PD
3412 Brownsville Road
Pittsburgh PA 15227

BADER, MD, William — IM
100 Broadway Street
Carnegie PA 15106

BADILLO, MD, Pedro F — CD
1102 Oriole Drive
Pittsburgh PA 15220

BADWAY, MD, David M — OBG
298 Newburn Drive
Pittsburgh PA 15216

BAGHAI-NAIINI, MD, Parviz — NS
Allegheny General Hospital
Pittsburgh PA 15212

BAHL, MD, Mohinder M — FP
9905 Frankstown Road
Pittsburgh PA 15235

BAHL, MD, Vijay K — IM
223 Harrow Drive
Pittsburgh PA 15238

BAHNSON, MD, Robert R — U
230 Lothrop Street
Pittsburgh PA 15213

BAILEY, MD, James L — IM
4148 Rockwood Drive
Pittsburgh PA 15227

BAILEY, MD, Stephen R — ORS
3611 Mccrady Road
Pittsburgh PA 15235

BAILEY, MD, William R — CD
1501 Locust Street
Pittsburgh PA 15219

BAIR, MD, William L — P
401 Shady Avenue
Pittsburgh PA 15206

BAIRD, MD, James W — IM
Mifflin Manor Shopping Center
West Mifflin PA 15122

BAKER, MD, Carol C — IM
Suite 305
Pittsburgh PA 15221

BAKER, MD, Everett M — GYN
R D 4 Box 355
Valencia PA 16059

BAKER, KYLE A — ST
624 College Avenue
Pittsburgh PA 15232

BAKER, MD, R J — P
552 North Neville Street
Pittsburgh PA 15213

BAKER, MD, Robert L — NS
100 Delafield Road Suite 111
Pittsburgh PA 15215

BAKER, MD, Stephen D — FP
4721 Mcknight Road
Pittsburgh PA 15237

BAKER, MD, Walter J — OPH
713 Washington Road
Pittsburgh PA 15228

BAKER II, DO, Robert L — NS
209 Valley Drive
Pittsburgh PA 15215

BAKTH, MD, Shamsher CD
214 South Trenton Avenue
Pittsburgh PA 15221
BALDERSTON, VIRGINIA M ST
5700 Ellsworth Avenue
Pittsburgh PA 15232
BALDWIN, MD, Mary M FP
St Margarets Hospital
Pittsburgh PA 15215
BALK, MD, Phillip RHU
3500 Fifth Avenue
Pittsburgh PA 15213
BALLANTYNE, MD, James V ORS
212 South Trenton Avenue
Pittsburgh PA 15221
BALOURIS, CONSTANTINE A ST
229 Halket Place
Pittsburgh PA 15213
BAMONTE, MD, Edward L FP
5400 Centre Avenue
Pittsburgh PA 15232
BANDARANAYAKE, MD, Piching A
211 Medical Arts Building
Pittsburgh PA 15213
BANNER JR, MD, Don R GS
5613 Darlington Road
Pittsburgh PA 15217
BANSAL, MD, Surendra K DR
Mercy Hospital
Pittsburgh PA 15219
BANSON, NORBERTINA L ST
120 Ruskin Avenue
Pittsburgh PA 15213
BARAD, MD, Roxana F OPH
4424 Penn Avenue
Pittsburgh PA 15237
BARAFF, MD, Robert N
5718 Munhall Road
Pittsburgh PA 15217
BARBER, MD, James J PS
29 Oxford Road
Pittsburgh PA 15202
BARMADA, MD, Bicher TS
4401 Penn Avenue
Pittsburgh PA 15224
BARNES, MD, William J OPH
527 Medical Arts Bldg
Pittsburgh PA 15213
BARNETT, MD, Alan J IM
2627 Murray Avenue
Pittsburgh PA 15217
BARNHART, JONATHAN L ST
740 Maryland Avenue
Pittsburgh PA 15232
BARNHOUSE, MD, David H U
4815 Liberty Avenue
Pittsburgh PA 15224
BARON, DO, Bruce GS
713 Hastings Street
Pittsburgh PA 15206
BARON, MD, John PD
713 Hastings Street
Pittsburgh PA 15206
BARON, MD, Scott L ORS
575 Coal Valley Road
Clairton PA 15025
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813 East Warrington Avenue
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6306 Beacon Street
Pittsburgh PA 15217
BARR JR, MD, James H RHU
355 Fifth Avenue
Pittsburgh PA 15222
BARRERA, MD, Anthony M EM
194 Mohawk Drive
Pittsburgh PA 15228
BARRETT, MD, John L FP
Health America/Maxicare
Pittsburgh PA 15241
BARRETT, MD, William A U
121 Hibiscus Drive
Pittsburgh PA 15235
BARTH, MD, Maury C AN
Pittsburgh Anesthesia Assoc
Pittsburgh PA 15219
BARTHAUER, LINDA M ST
5527 Ellsworth Avenue
Pittsburgh PA 15232
BARTOLANZO, MD, Robert A PD
710 Thompson Avenue
Mckees Rocks PA 15136
BASH, KAREN ST
5731 Phillips Avenue
Pittsburgh PA 15217
BASS, MD, Noah S RHU
1900 Murray Avenue
Pittsburgh PA 15217
BASSILIOS, MD, Fouad A IM
935 Thornrun Road
Coraopolis PA 15108
BAUER, MD, Frank L IM
Suite 20G
Pittsburgh PA 15219
BAUER, MD, William F GS
316 Heritage Drive
Pittsburgh PA 15235
BAUERSFELD, MD, S Richard CD
Four Shady Court
Pittsburgh PA 15232

BAUMAN, MD, Dorothy H R
4268 Old New England Rd
Allison Park PA 15101
BAUMAN, MD, Jeanne A DR
26A Bethany Drive
Pittsburgh PA 15215
BAUMGARTEL, MD, Ira E IM
231 Three Degree Road
Mars PA 16046
BAUMWELL, MD, Ivan A OPH
527 Broad Street
Sewickley PA 15143
BAZMI, MD, Hassan GS
9104 Babcock Blvd Suite 6110
Pittsburgh PA 15237
BAZMI, MD, Neptune K AN
8225 Van Buren Drive
Pittsburgh PA 15237
BAZRON, MD, Herbert IM
224 Penn Avenue
Monroeville PA 15221
BEACHLER, MD, John S ORS
363 Vanadium Road
Pittsburgh PA 15243
BEACHLEY, MD, Michael C R
St Margaret Memorial Hospital
Pittsburgh PA 15215
BEAM, DO, Walter D FP
394 Rodi Road
Pittsburgh PA 15235
BEARD, DENISE M ST
6237 Old York Road
Philadelphia PA 19141
BEASLEY, DO, Robert D FP
230 Mcjunkin Road
Pittsburgh PA 15239
BEAUDREAU, MD, David G AN
Allegheny General Hospital
Pittsburgh PA 15212
BECKMAN, DO, Irwin R
312 Schenley Road
Pittsburgh PA 15217
BEEFERMAN, BRUCE F ST
5435 Fifth Avenue
Pittsburgh PA 15232
BEGG, MD, Frank R CD
Suite 303
Pittsburgh PA 15212
BEGUM, MD, Dilwara FP
202 Harrow Drive
Pittsburgh PA 15238
BEHLER, SCOTT C OS
615 Summerlea Avenue
Pittsburgh PA 15232
BEHNKE, MD, Andrew J FP
815 Freeport Road
Pittsburgh PA 15238
BEHUN, MD, Joseph M R
419 Maple Lane
Sewickley PA 15143
BEKOE, MD, Seth CDS
100 Broadway Avenue
Carnegie PA 15106
BELK, MD, H Dean DM
1501 Alcoa Bldg
Pittsburgh PA 15219
BELLA, ISABELITA R ST
120 Ruskin Avenue
Pittsburgh PA 15213
BELLINGER, MD, Mark F U
Childrens Hospital Of Pgh
Pittsburgh PA 15213
BENACK, MD, Carl A OS
121 Second Avenue
Elizabeth PA 15037
BENCKART, MD, Daniel H TS
490 East North Avenue
Pittsburgh PA 15212
BENDER, MD, Helene L GE
Suite 810
Pittsburgh PA 15235
BENDER, MD, Richard J FP
13 Pride Street
Pittsburgh PA 15219
BENNER, ROBERT R ST
6318 Bartlett Street #2
Pittsburgh PA 15217
BENNETT, MD, May H PUD
3577 Meadow Gate
Murrysville PA 15668
BENNETT, MD, Michael R PUD
2008 Suzanne Drive
Pittsburgh PA 15129
BENSON, MARGARET L ST
144 North Dithridge Street
Pittsburgh PA 15213
BENSY, MD, Joseph J DR
South Hills Radiology Assoc
Pittsburgh PA 15243
BENSY, MD, Oliver R FP
344 Roup Avenue
Pittsburgh PA 15232
BENT III, MD, George IM
532 South Aiken Suite 515
Pittsburgh PA 15232
BENTZ, DO, William J FP
1017 Perry Highway
Pittsburgh PA 15237
BENZ JR, MD, George H GS
2566 Haymaker Road
Monroeville PA 15146

BERCELI, SCOTT A ST
306 South Aiken Avenue
Pittsburgh PA 15232
BERG, MD, George U
1209 Allegheny Tower
Pittsburgh PA 15222
BERG, MD, Saul R OBG
Suite 504
Pittsburgh PA 15232
BERGER, MD, Malcolm P N
985 Penn Street
Brackenridge PA 15014
BERGMAN, MD, Elisabeth C END
9380 Mcknight Road
Pittsburgh PA 15237
BERGMAN, MD, Gary R OBG
36 East West Drive
Pittsburgh PA 15237
BERK, MD, David A OPH
9104 Babcock Blvd
Pittsburgh PA 15237
BERK, MD, H Ronald N
3471 Fifth Avenue
Pittsburgh PA 15213
BERK, LAWRENCE B ST
483 Cannongate Drive
Monroeville PA 15146
BERK, MD, Myles M OPH
9104 Babcock Blvd
Pittsburgh PA 15237
BERKEBILE, MD, Paul E AN
West Penn Hospital
Pittsburgh PA 15224
BERKEY, MD, Richard L P
1000 Bower Hill Road #201
Pittsburgh PA 15243
BERKMAN, MD, Ronald O OPH
3471 Fifth Avenue
Pittsburgh PA 15213
BERKOWITZ, MD, Morton I CHP
5893 Deveraux Lane
Pittsburgh PA 15232
BERKOWITZ, MD, Peter J OPH
810 Valleyview Road
Pittsburgh PA 15243
BERLIN, MD, Charles S P
1226 Bellerock Street
Pittsburgh PA 15217
BERMAN, MD, David H GE
351 South Highland Avenue
Pittsburgh PA 15206
BERMAN, JONAS J ST
504 North Neville Street #5
Pittsburgh PA 15213
BERMAN, MD, Lewis IM
654 Maryland Avenue
Pittsburgh PA 15232
BERMAN, MD, Michael A PTH
4020 Ludwick Street
Pittsburgh PA 15217
BERNACKI, DO, Bernard J FP
555 Greenfield Avenue
Pittsburgh PA 15207
BERNIER, MD, George M HEM
M246 Scaife Hall
Pittsburgh PA 15261
BERNSTEIN, MD, Edward D OBG
4815 Liberty Avenue
Pittsburgh PA 15224
BERNSTEIN, MD, Robert W IM
924 Bellefonte Street
Pittsburgh PA 15232
BERRY, MD, George J P
418 Centennial Avenue
Sewickley PA 15143
BERSCHLING, MD, Chester M CHP
232 North Craig Street
Pittsburgh PA 15213
BERTRAND, BRUCE K OS
321 Hamlet Drive
Pittsburgh PA 15227
BERWICK, MD, Evelyn S IM
1600 Lowrie Strive
Pittsburgh PA 15212
BETANCOURT, MD, Sergio E GS
Two Allegheny Center
Pittsburgh PA 15212
BETTINGER, MD, Robert AN
4815 Liberty Avenue
Pittsburgh PA 15224
BEVILACQUA, MD, Lorraine B OBG
3520 Forbes Avenue
Pittsburgh PA 15213
BHAGWANANI, MD, Drupadi G DR
West Penn Hospital
Pittsburgh PA 15224
BHUTTA, MD, Omar I P
1501 Locust Street
Pittsburgh PA 15219
BIANCULLI, MD, Paul D GS
443 South Braddock Avenue
Pittsburgh PA 15221
BIDULA, MD, Leo P RHU
118 Oak Glen Drive
Oakmont PA 15139
BIDULA, MD, Maureen M R
118 Oak Glen Drive
Oakmont PA 15139
BIGLAN, MD, Albert W OPH
3518 Fifth Avenue
Pittsburgh PA 15213

BIKOWSKI, MD, Joseph B D
701 Broad Street
Sewickley PA 15143
BILBAO, MD, Angel PM
4412 Penn Avenue
Pittsburgh PA 15224
BILLITTIER IV, MD, Anthony J EM
33 Colecrest Street
Carnegie PA 15106
BINAKONSKY, MD, Harry S IM
198 Beall Drive
Pittsburgh PA 15236
BINSTOCK, MD, Harold IM
1412 North Euclid Avenue
Pittsburgh PA 15206
BIRK, MD, Catherine M PM
Harmarville Rehab Center
Pittsburgh PA 15238
BIRRELL, MD, Donald G OBG
3433 Bates Street
Pittsburgh PA 15213
BJERKE, MD, Richard J AN
311 Avenue L
Pittsburgh PA 15221
BLACK, MD, Judith E IM
352 Hunt Road
Pittsburgh PA 15238
BLACK, MD, Milton H DM
952 Hunt Road
Pittsburgh PA 15238
BLACK JR, MD, Harry A OS
409 East Main Street
Carnegie PA 15106
BLAIR, MD, Albert J OM
2912 Northwest 65th Avenue
Margate FL 33063
BLAKE, MD, Karl E CRS
490 East North Avenue #405
Pittsburgh PA 15212
BLAKLEY, MD, John B ORS
490 East North Avenue
Pittsburgh PA 15212
BLANDINO, MD, David A FP
Shadyside Hospital
Pittsburgh PA 15232
BLENKO, MD, John W AN
N Hills Pass Dept Anestesolgy
Pittsburgh PA 15237
BLOCK, MD, Bruce FP
510 South Aiken Avenue
Pittsburgh PA 15232
BLOCKSTEIN, MD, Robert S OBG
Suite 328 Mellon Pavilion
Pittsburgh PA 15224
BLOOM, MD, Joseph B P
2760 Fernwald Street
Pittsburgh PA 15217
BLOOMER, MD, William D DH
230 Lothrop Street
Pittsburgh PA 15213
BLOUGH, MD, Leland S ORS
9104 Babcock Blvd Suite 2103
Pittsburgh PA 15237
BLUESTEIN, HARVEY J ST
1110 Firwood Drive
Pittsburgh PA 15243
BLUESTONE, MD, Charles D OTO
Childrens Hospital
Pittsburgh PA 15213
BLUME, MD, Robert P N
Mercy Hospital
Pittsburgh PA 15219
BLUMENFELD, MD, Barry H IM
1222 Resaca Place
Pittsburgh PA 15212
BOBBY, DO, John L FP
40 East Pike Street
Canonsburg PA 15317
BODE JR, MD, Frederick W OTO
3534 Laketon Road
Pittsburgh PA 15235
BODEK, MD, Alvin M FP
2218 Homestead Duquesne Road
West Mifflin PA 15122
BODZIAK, MD, Kenneth A IM
260-2B Chatham Park Road
Pittsburgh PA 15220
BOEHME, KEVIN G ST
417 Atwood Street
Pittsburgh PA 15213
BOEHNKE, MD, Manfred DR
3459 Fifth Avenue
Pittsburgh PA 15213
BOGDEWIC, MD, Thomas A FP
935 Thorn Run Road
Coraopolis PA 15108
BOHARAS, MD, Saul IM
5600 Munhall Road
Pittsburgh PA 15217
BOHNER, MD, Mary F FP
2020 Ardmore Blvd
Pittsburgh PA 15221
BOICE, MD, G Newton ORS
1205 Beach Drive #9
Cape May NJ 08204
BOLANOVICH, MD, Lester J P
4416 Penn Avenuue
Pittsburgh PA 15224
BOLDEN, MD, Mary C AN
124 Crofton Drive
Pittsburgh PA 15238

BOLDEN, MD, Richard O R
Montefiore Hospital
Pittsburgh PA 15213
BOLES, VELVA ST
5600 Fifth Avenue
Pittsburgh PA 15236
BOLTON, MD, Howard A IM
115 Evergreen Road
Pittsburgh PA 15238
BONADIO, MD, Peter M DR
Divine Providence Hospital
Pittsburgh PA 15212
BONAVENTURA, MD, GS
Marguerite
2023 Hampstead Drive
Pittsburgh PA 15235
BONDI, MD, Frank R GS
Box 191
Greenock PA 15047
BONDI, MD, Richard P GS
Mckeesport Surgical Assocs
Mckeesport PA 15132
BONESSI, MD, James V IM
1048 Lincoln Way
Mckeesport PA 15132
BONET, MD, Luis CD
4815 Liberty Avenue
Pittsburgh PA 15224
BONIFACE, MD, Dolores J OPH
3903 Sawmill Run Blvd
Pittsburgh PA 15227
BOOHER, MD, Erin L OPH
777 Locustridge Drive
Pittsburgh PA 15209
BOOKERT, MD, Charles C FP
471 Miller Avenue
Clairton PA 15025
BOOKWALTER, MD, John W NS
3471 Fifth Avenue
Pittsburgh PA 15213
BOOTH, MD, George IM
P O Box 64
West Harwich MA 02671
BORETSKY, MD, Harry AN
156 Beaconview Road
Pittsburgh PA 15237
BORETSKY, MD, Robert H AN
700 Ardmore Avenue #412
Ardmore PA 19003
BORGIA, MD, Frank A GS
1629 Union Avenue
Natrona Heights PA 15065
BORON, MD, Ronald L GS
6083 Boxer Drive
Bethel Park PA 15102
BORRISON, MD, Joseph A OS
1111 Cambridge Street
Natrona Heights PA 15065
BORTZ, ALAN D ST
120 Ruskin Avenue
Pittsburgh PA 15213
BORUS, MD, Harry E IM
Seven North Penborke Avenue
Margate NJ 08402
BORZUTSKY, MD, Carlos A DR
5425 Fair Oaks Street
Pittsburgh PA 15217
BOSSE, MD, Milton D IM
518 Broadway
Pitcairn PA 15140
BOTKIN, MD, Lester H GP
2303 James Street
Mckeesport PA 15132
BOURDAKOS, MD, Nicolas G IM
211 North Whitfield Street
Pittsburgh PA 15206
BOUVIER, MD, Marianne OPH
9380 Mcknight Road
Pittsburgh PA 15237
BOWEN, MD, John C OBG
153 Sleepy Hollow Road
Pittsburgh PA 15216
BOWEN III, MD, Adelbert PDR
Childrens Hospital Of Pgh
Pittsburgh PA 15213
BOWERS, STEVEN K ST
371 Fairview Road
Pittsburgh PA 15238
BOWMAN, MD, Michael W ORS
100 Denniston Avenue
Pittsburgh PA 15206
BOWMAN, MD, Robert G P
1000 Bower Hill Road
Pittsburgh PA 15243
BOYLAN JR, MD, Raymond J AN
1400 Locust Street
Pittsburgh PA 15219
BOYLE, MD, Eileen M GS
250 North Highland Mall
Pittsburgh PA 15206
BOYLE, MD, James W IM
201 Kalkirk
Pittsburgh PA 15238
BOZIC, MD, William F R
Eight Club Drive East
Pittsburgh PA 15236
BRABENDER, REBECCA R ST
3989 Beechwood Blvd
Pittsburgh PA 15217
BRADEN JR, MD, Frank R FP
1616 State Avenue
Coraopolis PA 15108

BRADER, MD, Eric W EM
42 Canter Drive
Sewickley PA 15143
BRADFORD, MD, Bradley J PD
729 Crystal Drive
Pittsburgh PA 15228
BRADLEY, MD, Betty H PD
1169 Lakemont Drive
Pittsburgh PA 15243
BRADLEY JR, MD, William P GP
426 Randall Court
Dubois PA 15801
BRADSHAW, SUSAN R ST
120 Ruskin Avenue
Pittsburgh PA 15213
BRAGDON, MD, Robert W PS
4815 Liberty Avenue
Pittsburgh PA 15224
BRAGER, ROBERT J ST
3812 Bates Street
Pittsburgh PA 15213
BRAMOWITZ, MD, Alan D CD
Jefferson Ctr Med Bldg
Pittsburgh PA 15236
BRAND, MD, Carol E PD
Health America
Monroeville PA 15146
BRANDSTETTER, MD, Louis H U
110 Ft Couch Road
Pittsburgh PA 15241
BRANDT, MD, Craig S CD
490 East North Avenue
Pittsburgh PA 15212
BRANDY, MD, Dominic A EM
601 Clearview Avenue
Pittsburgh PA 15205
BRAVEMAN, MD, Bernard L OPH
17900 Gulf Blvd #18-C
Redington Shores FL 33708
BREARLY, MD, Wayne R GS
7256 Beacon Hill Drive
Pittsburgh PA 15221
BREIT, MD, Robert N PD
993 Greentree Road
Pittsburgh PA 15220
BREITFELD, MD, Volker PTH
North Hills Passavant Hosp
Pittsburgh PA 15237
BRENES, MD, Gilbert PM
513 Dorseyville Road
Pittsburgh PA 15238
BRENT, MD, Lawrence B CD
490 East North Avenue
Pittsburgh PA 15212
BRENT, MD, Nancy B PD
2766 Beechwood Blvd
Pittsburgh PA 15217
BRESLER, MD, Faye T IM
355 South Aiken
Pittsburgh PA 15232
BRESLIN, MD, Janet M PD
41 Greenview Drive
Mckees Rock PA 15136
BRESS, MD, Alan N ON
220 Meyran Avenue
Pittsburgh PA 15213
BRESS, MD, James C ON
220 Meyran Avenue
Pittsburgh PA 15213
BRETHAUER JR, MD, Edward A CD
4601 Fifth Avenue
Pittsburgh PA 15213
BRIGHAM, MD, Marie H OS
5919 Howe Street
Pittsburgh PA 15232
BRILLMAN, MD, David A IM
4815 Liberty Avenue
Pittsburgh PA 15224
BRILLMAN, MD, Jon N
490 East North Avenue
Pittsburgh PA 15212
BRINK, MD, Earl J P
2550 Mosside Blvd
Monroeville PA 15146
BRINKMEYER, DO, Scott D AN
532 South Aiken Avenue
Pittsburgh PA 15232
BROADHEAD, MD, Richard IM
400 Penn Center Blvd
Pittsburgh PA 15235
BRODMERKEL JR, MD, GE
George J
490 East North Avenue
Pittsburgh PA 15212
BRODSKY, MD, Robert L FP
Health America
Monroeville PA 15146
BRON, MD, Klaus M DR
Presbyterian Univ Hospital
Pittsburgh PA 15213
BROOK, MD, Gail S PD
1213 La Clair Street
Pittsburgh PA 15218
BROOKS, MD, Daniel H GS
Scaife Road
Sewickley PA 15143
BROOKS III, MD, James L GP
P O Box 510
Belle Vernon PA 15012
BROSTOFF, MD, Leon M PD
Health America
Pittsburgh PA 15221

BROSTOFF, MD, Philip CD
3471 Fifth Avenue
Pittsburgh PA 15213
BROUARD, YVONNE J ST
323 Semple Street #1
Pittsburgh PA 15213
BROUCKE, MD, Ingrid M IM
3437 Fifth Avenue
Pittsburgh PA 15213
BROUDY, MD, Arnold S HS
109 Forest Drive
Pittsburgh PA 15238
BROUGHER, MD, David E GYN
323 Mckean Avenue
Charleroi PA 15022
BROUILLETTE, MD, Douglas E IM
1430 Simona Drive
Pittsburgh PA 15201
BROUSSARD, MD, Elsie R CHP
University Of Pittsburgh
Pittsburgh PA 15261
BROWN, MD, Andrew J GS
102 East Bruceton Road
Pittsburgh PA 15236
BROWN, MD, Charles R GP
105 Second Street
Elizabeth PA 15037
BROWN, MD, Robert B R
1000 Bower Hill Road
Pittsburgh PA 15243
BROWN JR, MD, James T OBG
3433 Bates Street
Pittsburgh PA 15213
BROWN-ABBOTT, MD, Lorna P US
Eight Greenway Avenue
Morgantown WV 26505
BRUNETT, PATRICK H ST
P O Box 19811
Pittsburgh PA 15213
BRUNGO, MD, James J FP
2341 Perrysville Avenue
Pittsburgh PA 15214
BRUNGO, MD, John A PD
139 Cherrington Drive
Pittsburgh PA 15237
BRUNGO, MD, John D IM
2068 Aldergrove Drive
Allison Park PA 15101
BRUNING III, CARL O ST
707 College Avenue
Pittsburgh PA 15232
BRUNN JR, MD, Henry M AN
Mercy Hospital
Pittsburgh PA 15219
BRUNO, MD, Carman S CHP
118 Pheasant Drive
Pittsburgh PA 15238
BRUNO, MD, Jorge C OPH
118 Pheasant Drive
Pittsburgh PA 15238
BRUNO, MD, Stephen C R
Shadyside Hospital
Pittsburgh PA 15232
BRUNSKILL, MD, Dennis E ON
1515 Locust Street
Pittsburgh PA 15219
BUCAR, MD, John R OS
P O Box 61
Pitcairn PA 15140
BUCCI, MD, Arthur J IM
637 Pikeview Drive
Pittsburgh PA 15239
BUCHANAN, MD, Edwin B GS
1501 Locust Street
Pittsburgh PA 15219
BUCHANAN, MD, James L VS
1501 Locust Street
Pittsburgh PA 15219
BUCHANAN, MD, William K AN
St Francis Hospital
Pittsburgh PA 15201
BUCHDAHL, MD, Alice J CHP
One Essex Sq L-10
Pittsburgh PA 15206
BUCHMAN, MD, Robert R ON
575 Coal Valley Road
Clairton PA 15025
BUCK, MD, Ann L R
1433 Fawcett Avenue
Mckeesport PA 15131
BUCK, MD, Rudolph L CD
1433 Fawcett Avenue
Mckeesport PA 15131
BUCKINGHAM, MD, Robert B RHU
4815 Liberty Avenue
Pittsburgh PA 15224
BUCKLEW, MD, Lawrence A CD
St Francis Medical Offices
Pittsburgh PA 15224
BUDD, MD, Robert M OPH
5843 Darlington Road
Pittsburgh PA 15217
BUERGER JR, MD, George F OPH
3520 Fifth Avenue
Pittsburgh PA 15213
BUFFER JR, SAM A ST
707 College Avenue
Pittsburgh PA 15232
BULSECO, MD, Patricia J OBG
11 Sunnyhill Drive
Pittsburgh PA 15228

BUMBAUGH, DO, James H IM
St Francis Hospital
Pittsburgh PA 15201
BUNKER, MD, Mark L PTH
6350 Waldron Street
Pittsburgh PA 15217
BURDA, MD, Marianne L GS
368 Oakville Drive
Pittsburgh PA 15220
BURGER, MD, Regis F GS
107 Morrison Drive
Pittsburgh PA 15216
BURKE, MD, Christopher A FP
2400 Forest Drive
Pittsburgh PA 15235
BURKE III, MD, Charles J ORS
200 Meyran Avenue
Pittsburgh PA 15213
BURKEY, MD, David J CD
363 Vanadium Road
Pittsburgh PA 15243
BURKEY, MD, Fred J GP
20 Cedar Blvd Suite 101
Pittsburgh PA 15228
BURKHOLDER, MD, John A TS
490 East North Avenue
Pittsburgh PA 15212
BURSICK, MD, Daniel M NS
1501 Locust Street
Pittsburgh PA 15219
BURSTEIN, MD, Stuart S P
932 Old Hickory Road
Pittsburgh PA 15243
BUSCHER, MD, John R PTH
127 Centennial Avenue
Sewickley PA 15143
BUSHKOFF, MD, Stanley H ORS
3471 Fifth Avenue
Pittsburgh PA 15213
BUSHLESS, DIANA L ST
218 North Craig Street
Pittsburgh PA 15213
BUSIS, MD, Neil A N
1205 Beechwood Ct
Pittsburgh PA 15206
BUSIS, MD, Sidney N OTO
3600 Forbes Avenue
Pittsburgh PA 15213
BUTERBAUGH, MD, Glenn A ORS
127 Anderson Street
Pittsburgh PA 15212
BUTLER, MD, Christopher L FP
2020 Ardmore Blvd
Pittsburgh PA 15221
BUTLER, LAWRENCE J ST
408 Third Street
North Versailles PA 15137
BUTTERFIELD, MD, ORS
Spencer L
490 East North Avenue
Pittsburgh PA 15212
BUVINGER, MD, Ralph S IM
4264 Northern Pike
Monroeville PA 15146
BUZZELLI, MD, Philip B OPH
Clark Building
Pittsburgh PA 15222
BYERS, MD, Joanne S FP
4136 Rickenbach Road
Gibsonia PA 15044
BYERS, MD, John A GS
496 Winnerwood Road
Pittsburgh PA 15237
BYERS III, MD, Gerald T FP
4136 Rickenbach Road
Gibsonia PA 15044
CABALLE, MD, Jose B IM
301 Fifth Avenue
Mckeesport PA 15132
CAHILL, MD, James F GS
2331 Eldridge Street
Pittsburgh PA 15217
CAIN, BRENT E ST
226 Shady Avenue #206
Pittsburgh PA 15206
CAIN, JAMES G ST
258 North Bellefield Avenue
Pittsburgh PA 15213
CAINE, MD, Mark E OBG
4800 Friendship Avenue
Pittsburgh PA 15224
CALABRESE, JAMIE ST
437 South Aiken Avenue
Pittsburgh PA 15232
CALIGUIRI, MD, Joseph V OBG
121 Herbst Road
Coraopolis PA 15108
CALIGUIRI, MD, Lawrence A AI
180 Fort Couch Road
Pittsburgh PA 15421
CALVELO, MD, Manuel G CD
Mercy Hospital
Pittsburgh PA 15219
CAMBEST JR, MD, Michael A OS
2939 Espy Avenue
Pittsburgh PA 15216
CAMELE, MD, Robert A DR
Three Graham Place
Pittsburgh PA 15232
CAMERON, MD, Donald Y IM
812 White Oak Circle
Pittsburgh PA 15228

CAMINOS, MD, Oliverio W CD
2490 Mosside Blvd
Monroeville PA 15146
CAMMARATA, MD, Roy J IM
3520 Fifth Avenue
Pittsburgh PA 15213
CAMPAGNA, MD, James T FP
1500 Fifth Avenue
Mckeesport PA 15132
CAMPAGNA, JOHN A ST
332 South Negley Avenue
Pittsburgh PA 15232
CAMPANELLA, MD, Stephen D U
4815 Liberty Avenue
Pittsburgh PA 15224
CAMPAZZI, EARL J ST
146 North Bellefield
Pittsburgh PA 15213
CAMPBELL, MD, Jennifer H FP
Health America
Monroeville PA 15146
CAMPBELL, JOSEPH D ST
6613 Ridgeville Street
Pittsburgh PA 15217
CAMPBELL, MD, Thomas P EM
940 East Maiden Street
Washington PA 15301
CAMPION, PETER S A ST
201 South Neville #1
Pittsburgh PA 15213
CANDELARIA, MD, Josefina M OBG
102 Mark Twain Drive
Glenshaw PA 15116
CANFIELD, PATRICIA H ST
6619 Kinsman Road
Pittsburgh PA 15217
CANO, MD, Elmer R TR
Presbyterian University Hosp
Pittsburgh PA 15213
CANTER, MD, Harry E CD
154 North Bellefield Avenue
Pittsburgh PA 15213
CAPAROSA, MD, Ralph J OT
3471 Fifth Avenue
Pittsburgh PA 15213
CAPLAN, MD, Paul S IM
3500 Fifth Avenue
Pittsburgh PA 15213
CAPONE JR, MD, Raymond A PS
510 South Aiken Avenue
Pittsburgh PA 15232
CAPRINI, MD, Emilia M FP
2195 Foxglove Drive
Northbrook IL 60062
CAPUTO, BRIAN J ST
6224 Fifth Avenue
Pittsburgh PA 15232
CARDAMONE, MD, Ralph A CD
1817 Chislett Street
Pittsburgh PA 15206
CARDINAL, MD, Lucien J B IM
493 Marietta Place
Pittsburg PA 15228
CAREY, MD, Eva S R
Six Holland Road
Pittsburgh PA 15235
CARL, MD, Beverly Ann PS
127 Anderson Street
Pittsburgh PA 15101
CARLIN, MD, Gerald J GYN
1501 Locust Street
Pittsburgh PA 15219
CARLINI, MD, Charles J OBG
436 Greenhurst Drive
Pittsburgh PA 15243
CARMEN, MD, Thomas F FP
7504 Penn Bridge Court
Pittsburgh PA 15221
CARR, MD, James V GP
1300 Broadway
Mckees Rocks PA 15136
CARRELL, MD, Robert L FP
413 North Avenue
Pittsburgh PA 15209
CARROLL, MD, Nancy E IM
4725 Mcknight Road
Pittsburgh PA 15237
CARROLL, MD, Robert J IM
4725 Mcknight Road
Pittsburgh PA 15237
CARSON, MD, Donald G OBG
437 Neulon Avenue
Pittsburgh PA 15216
CARSON JR, MD, Winfield B FP
1160 Bower Hill Road #316b
Pittsburgh PA 15243
CARTER, MD, Daniel J FP
3432 William Penn Highway
Pittsburgh PA 15235
CARTER, MD, Jan O IM
400 Penn Center Blvd #810
Pittsburgh PA 15235
CARTER, MD, Judith H P
520 Washington Road
Pittsburgh PA 15228
CARUGATI, MD, Richard K PTH
West Gate Drive
Wheeling WV 26003
CASE, MD, Philip L AI
180 Fort Couch Road
Pittsburgh PA 15241

CASERIO, MD, Rebecca J D
241-251 Freeport Road
Pittsburgh PA 15215
CASEY, MD, Michael P ORS
413 Fourth Avenue
Tarentum PA 15084
CASSELBRANT, MD, OTO
Margaretha L
125 Desoto Street
Pittsburgh PA 15213
CASSOFF, MD, Richard G IM
1155 Merchant Street
Ambridge PA 15003
CASTELLI, MD, Dario D PS
180 Fort Couch Road
Pittsburgh PA 15241
CASTIGLIONE, MD, Angelo IM
2490 Mosside Blvd
Monroeville PA 15146
CASTILLENTI, MD, Guy A GP
438 South Clair Avenue
Clairton PA 15025
CASTILLO, MD, Manuel M GS
1806 North Villa Drive
Pittsburgh PA 15044
CASTILLO, MD, William M GS
3101 Brownsville Road
Pittsburgh PA 15227
CASTLE, MD, William N U
701 Broad Street
Sewickley PA 15143
CASTRO, MD, Arturo F R
Painter Building
Mckeesport PA 15132
CASTRO, MD, Augusto D PTH
Braddock General Hospital
Braddock PA 15104
CATENA, MD, Elizabeth P FP
850 Washington Avenue
Carnegie PA 15106
CATENA, MD, Michael R FP
995 Summer Place
Pittsburgh PA 15243
CATENA JR, MD, William P FP
200 Mohawk Drive
Mount Lebanon PA 15228
CAVANAUGH JR, MD, Francis J IM
4421 Penn Avenue
Pittsburgh PA 15224
CECCARELLI, AMERIGO N ST
422 Oakland Avenue
Pittsburgh PA 15213
CELKO, MD, David A IM
1000 Bower Hill Road
Pittsburgh PA 15243
CEPULO, MD, Andrew J PM
5923 Douglas Street
Pittsburgh PA 15217
CERCONE, MD, Ronald G U
503 Md Building
Pittsburgh PA 15219
CERRI, MD, Hugo J M OPH
Md Professional Bldg
Pittsburgh PA 15219
CERTO, MD, Salvatore A GS
4117 Penn Avenue
Pittsburgh PA 15224
CERUL, MD, Maurice S P
3515 Fifth Avenue
Pittsburgh PA 15213
CERVONE, MD, Paul N OBG
755 Crystal Drive
Mt Lebanon PA 15221
CESTELLO, MD, Robert J IM
144 South 20th Street
Pittsburgh PA 15203
CHABRA, MD, Mohan L CD
9104 Babcock Blvd
Pittsburgh PA 15237
CHALFANT, MD, Richard S OBG
9104 Babcock Blvd Suite 6107
Pittsburgh PA 15237
CHALLINOR, MD, S Boyd FP
650 Washington Road
Pittsburgh PA 15228
CHAMBERS, MD, Theodore P GS
367 Barclay Avenue
Pittsburgh PA 15221
CHAMOVITZ, MD, Irvin CHN
2566 Haymaker Road
Monroeville PA 15146
CHAMOVITZ, MD, Jerome IM
4742 Centre Avenue
Pittsburg PA 15213
CHAMOVITZ, MD, Robert GE
220 Meyran Avenue
Pittsburgh PA 15213
CHANDRA, MD, Dinesh N NEP
4401 Penn Avenue
Pittsburgh PA 15224
CHANDRA, MD, Ramesh R CD
109 Oakpointe Drive
Monroeville PA 15146
CHANDRASEKARAN, MD, GE
Ramamurti
1709 Blvd Of The Allies
Pittsburgh PA 15219
CHANG, MD, Alexander C S OPH
713 Washington Road
Pittsburgh PA 15228

CHANG, STANLEY L ST
262 North Dithridge #302
Pittsburgh PA 15213
CHANTZ, MD, Daneil J FP
31 Oakhurst Circle
Pittsburgh PA 15215
CHAPMAN, MD, William L IM
R D 2 Box 119
Punxsutawney PA 15767
CHARLSON, MD, Murray T P
401 Shady Avenue
Pittsburgh PA 15206
CHAUDHRY, MD, Rahat M PUD
P O Box 215
North Versailles PA 15137
CHAUHAN, MD, Ambaram V IM
575 Coal Valley Road
Pittsburgh PA 15236
CHEEVER, MD, Francis S GPM
30 Pond Road
Wellesley MA 02181
CHEHADE, MONIF KHALED ST
120 Ruskin Avenue
Pittsburgh PA 15213
CHENG, MD, Chun-Pin AN
Ohio Valley General Hospital
Mckees Rocks PA 15136
CHENGAPPA, MD, Palecanda P CD
1933 East Carson Street
Pittsburgh PA 15203
CHEPKO, MD, Margaret I EM
5887 Saltsburg Road
Verona PA 15147
CHEPONIS, MD, George B IM
1155 Merchant Street
Ambridge PA 15003
CHERUP, MD, E David GP
4988 Library Road
Bethel Park PA 15102
CHESIN, MD, Carole M OBG
4815 Liberty Avenue
Pittsburgh PA 15224
CHETLIN, MD, Sherwood M RHU
490 East North Avenue
Pittsburgh PA 15212
CHETLIN, MD, Stuart H GS
3471 Fifth Avenue
Pittsburgh PA 15213
CHILDS, MD, Elizabeth R IM
118 Craft Avenue
Pittsburgh PA 15213
CHLEBOWSKI, JAMES E ST
374 Lehigh Avenue
Pittsburgh PA 15232
CHLUDZINSKI, MD, Ronald W PD
124 Penn Lear Drive
Monroeville PA 15146
CHOI, MD, Sean H IM
1705 Fawcett Avenue
Mckeesport PA 15131
CHOLAPRANEE, MD, Rewat CD
9102 Babcock Blvd
Pittsburgh PA 15237
CHONG, MD, Daniel C GS
810 Wood Street
Pittsburgh PA 15221
CHORAZY, MD, Anna J PD
Medical Director
Pittsburgh PA 15217
CHOUGH, MD, Andrew C B CD
1505 Lincoln Way
Mckeesport PA 15132
CHRISTIAN, MD, Horace D GS
P O Box 63
Wexford PA 15090
CHRISTIAN, MD, Robert IM
117 Penhurst Drive
Pittsburgh PA 15235
CHRISTIE, MD, Karl B FP
Three West Prospect Avenue
Pittsburgh PA 15205
CHRISTY, MD, Michael G EM
West Penn Hosp Emg Service
Pittsburgh PA 15224
CHRISTY, MD, Wallace C IM
St Johns Primary Hlt Center
Pittsburgh PA 15212
CHUENSUMRAN, MD, Ongart PUD
9102 Babcock Blvd
Pittsburgh PA 15237
CHUENSUMRAN, MD, Rajani S AN
10025 Grubbs Road
Wexford PA 15090
CHUGHTAI, MD, Arshad I IM
211 North Whitfield Street
Pittsburgh PA 15206
CHUGHTAI, MD, Mubashar S IM
424 West Grant Avenue
Duquesne PA 15110
CHUNG, MD, Ki Y IM
112 Castle Hill Drive
Monroeville PA 15146
CHUNG, MD, Kwang H IM
189 Regal Court
Monroeville PA 15146
CIARALLO, LYDIA R ST
5737 Kentucky Avenue
Pittsburgh PA 15232
CIAROLLA, MD, David A IM
541 Deauville Drive
Monroeville PA 15146

CICCARELLI, MD, Harold E AN
1238 Greystone Drive
Pittsburgh PA 15241
CICCHINO, MD, Frank E U
4223 Colonial Park Drive
Pittsburgh PA 15227
CICCO, MD, Robert C PD
2015 Swallow Hill Road
Pittsburgh PA 15220
CICHON, MD, Philip J IM
137 Adele Road
Pittsburgh PA 15237
CIESIELKA, MD, Kenneth FP
532 South Aiken Avenue
Pittsburgh PA 15232
CIGANIC, MD, Ratimir R DR
2652 Glenchester Road
Wexford PA 15090
CIGNETTI, MD, Franklin E OPH
2545 Mosside Blvd
Monroeville PA 15146
CINCALA, DO, Robert P GE
25 Thornridge Road
Pittsburgh PA 15202
CITRONE, MD, Peter J GS
510 Dorseyville Road
Pittsburgh PA 15238
CIVITARESE, DO, Frank A FP
85 Greenbriar Drive
Pittsburgh PA 15220
CIVITARESE, MD, Louis R GS
104 Greenbriar Drive
Pittsburgh PA 15220
CLARE, MD, David W GS
532 South Aiken Avenue
Pittsburgh PA 15232
CLARK, DANIEL C ST
5512 Hobart Street
Pittsburgh PA 15217
CLARK, MD, William H GP
3106 Middletown Road
Pittsburgh PA 15204
CLARKE, MD, Charles E IM
1099 Ohio River Blvd
Sewickley PA 15143
CLARKE, MD, Robert H AN
West Penn Hospital
Pittsburgh PA 15224
CLEMENTS, MD, Harry H GP
705 Mccoy Road
Mckees Rocks PA 15136
CLEVENGER, MD, Robert W OTO
933 Liberty Avenue #401
Pittsburgh PA 15222
CLEVER, MD, John E OBG
100 Delafield Road
Pittsburgh PA 15215
CLIFFE, MD, Charles M IM
3459 Fifth Avenue
Pittsburgh PA 15213
CLOHECY, MD, Robert J GP
219 Cresent Drive
Lower Burrell PA 15068
CLOUGH, MD, Douglas F IM
490 East North Avenue
Pittsburgh PA 15212
COBB, MD, Charles F GS
320 East North Avenue
Pittsburgh PA 15212
COBLENTZ, MD, Robert H CD
1340 Pinewood Drive
Mount Lebanon PA 15243
COFFEY, DAVID A ST
5562 Hobart Street #717
Pittsburgh PA 15217
COFFEY, MD, Robert Jay NS
Presbyterian University Hosp
Pittsburgh PA 15213
COHEN, MD, Bernard I PS
Two Allegheny Center
Pittsburgh PA 15212
COHEN, MD, Cathy S R
3459 Fifth Avenue
Pittsburgh PA 15213
COHEN, MD, Ira J K D
980 Beaver Grade Road
Coraopolis PA 15108
COHEN, JACK B ST
374 Lehigh Avenue
Pittsburgh PA 15232
COHEN, MD, Jeffrey H OPH
5662 Melvin Street
Pittsburgh PA 15217
COHEN, MD, Jeffrey K U
5450 Guarino Road
Pittsburgh PA 15217
COHEN, MD, Larry K D
3827 Henley Drive
Pittsburgh PA 15235
COHEN, MD, Leonard M FP
4934 Parkvue Drive
Pittsburgh PA 15236
COHEN, MD, Norman F IM
6300 Darlington Road
Pittsburgh PA 15217
COHEN, MD, Peter Z ORS
One Ellsworth Place
Pittsburgh PA 15232
COHEN, MD, Robert A FP
224 Penn Avenue
Pittsburgh PA 15221

COHN, MD, Aaron I IM
4004 Beechwood Blvd
Pittsburgh PA 15217
COLANGELO, MD, Francis R IM
135 Meadow Gap Drive
Monroeville PA 15146
COLAO, DO, Dominic J IM
4401 Penn Avenue Suite 1050
Pittsburgh PA 15224
COLATRELLA, MD, Anthony M GE
125 Field Gate Drive
Pittsburgh PA 15241
COLE, MD, Charles E FP
8135 Perry Highway
Pittsburgh PA 15237
COLELLA, MARK S ST
2035 Brodhead Road
Aliquippa PA 15001
COLLEY, MD, John L IM
One Smithfield Street
Pittsburgh PA 15222
COLLIER, MD, Paul E GS
301 Ohio River Boulevard
Sewickley PA 15143
COLLINS, MD, Lawrence A U
490 East North Avenue
Pittsburgh PA 15212
COLLINS, MARGARET A ST
123 Abington Drive
Pittsburgh PA 15216
COLLINS JR, MD, Richard F ORS
Steel Valley Orthopedic Assn
Clairton PA 15025
COLODNY, MD, Stephen M IM
1350 Locust Street Suite 409
Pittsburgh PA 15219
COLT, MD, Henri G IM
Shadyside Hospital
Pittsburgh PA 15232
COMSTOCK, MD, Lloyd K FP
2550 Mosside Boulevard
Monroeville PA 15146
CONAWAY, MD, Bruce E FP
Five Gateway Center
Pittsburgh PA 15222
CONCANNON, MD, Joseph P TR
701 Fifth Street
Beaver PA 15009
CONCILUS, MD, Frank CD
1000 Bower Hill Road
Pittsburgh PA 15243
CONE, MD, Alexander S FP
525 Locust Place
Sewickley PA 15143
CONGEDO, MD, Carol Z OTO
332 Fifth Avenue
Mckeesport PA 15132
CONKLIN, MD, James E PS
3600 Forbes Street
Pittsburgh PA 15213
CONKLIN, MD, William T PS
3600 Forbes Avenue
Pittsburgh PA 15213
CONN, MD, William V AI
5025 Fifth Avenue
Pittsburgh PA 15232
CONNER, MD, Gary J OBG
9102 Babcock Boulevard
Pittsburgh PA 15237
CONNOLLY, MD, David P GS
St Margaret Medical Arts Bldg
Pittsburgh PA 15215
CONNOLLY, MD, Steven M FP
923 Harvard Road
Monroeville PA 15146
CONTRACTOR, MD, Farhad M DR
Allegheny General Hospital
Pittsburgh PA 15212
COOK, MD, David R AN
125 Desoto Street
Pittsburgh PA 15213
COOK, MD, Pamela J FP
615 Field Club Road
Pittsburgh PA 15238
COOK, MD, William R CD
516 South Linden Avenue
Pittsburgh PA 15208
COOKSEY, MD, Stephen H NEP
4815 Liberty Avenue
Pittsburgh PA 15224
COOPER, MD, Jeanne A PTH
Mercy Hospital
Pittsburgh PA 15219
COOPER, MD, William M IM
5230 Centre Avenue
Pittsburgh PA 15232
COOPER, MD, Wynne B OBG
198 Arla Drive
Pittsburgh PA 15220
COOPER JR, MD, Paul N AN
Mckeesport Hospital
Mckeesport PA 15132
COOPERSTEIN, MD, DR
Lawrence A
Presbyterian University Hosp
Pittsburgh PA 15213
COORAY, MD, Charles N TR
Montefiore Hospital
Pittsburgh PA 15213
COPELAND, MD, Charles E CD
Mercy Hospital
Pittsburgh PA 15219

COPPULA, MD, William F PD
7531 Tuscarora Street
Pittsburgh PA 15208
CORBA, MD, Joseph S GP
100 Pine Shadows Drive
Pittsburgh PA 15216
CORCORAN, MD, Albert W OBG
4221 Penn Avenue Suite 406
Pittsburgh PA 15224
CORDERO, MD, Edgar C GS
603 Burning Tree Court
Mckeesport PA 15135
COREY, MD, Stephen H OBG
137 Penrose Drive
Pittsburgh PA 15208
CORNELIUS, MD, Jack R P
Western Psy Inst And Clinic
Pittsburgh PA 15213
CORNES, MD, Cleon L P
3811 Ohara Street
Pittsburgh PA 15213
COROSO, MD, Joseph G FP
5769 Saltsburg Road
Verona PA 15147
CORPUZ JR, MD, Marcelo B IM
1200 Centre Avenue
Pittsburgh PA 15219
CORRADO JR, MD, Albert V P
230 North Craig Street
Pittsburgh PA 15213
CORRAL, MD, Celestino F U
3021 Brownsville Road
Pittsburgh PA 15227
CORSELLO, MD, Guy R N
1501 Locust Street
Pittsburgh PA 15219
CORSELLO, MD, Whitney C GP
1300 Termon Avenue
Pittsburgh PA 15212
COSGROVE, MD, James L PM
Harmarville Rehab Center
Pittsburgh PA 15238
COSHAREK, MD, Robert F FP
651 Holiday Drive
Pittsburgh PA 15220
COSTA, MD, Frank U
100 Delafield Road
Pittsburgh PA 15215
COSTA, MELANIE E ST
1265 Beechwood Boulevard
Pittsburgh PA 15206
COSTA-GRECO, MD, Maria A DR
609 Twin Pine Road
Pittsburgh PA 15215
COSTLOW, MD, James S IM
450 Holland Avenue
Braddock PA 15104
COTTON, ERIC K ST
128 Black Oak Drive
Pittsburgh PA 15220
COUNCELL, MD, Richard B OBG
Health America
Pittsburgh PA 15213
COWAN, MD, Thomas W ORS
320 Fort Duquesne Boulevard
Pittsburgh PA 15222
COYLE, MD, Robert M IM
1000 Bower Hill Road
Pittsburgh PA 15243
COYLE, MD, Sophie J OS
750 Washington Road
Pittsburgh PA 15228
CRAIG, DONNA J ST
4609 Bayard Street
Pittsburgh PA 15213
CRANDALL, MD, Theodore L ON
3084 Fernwood Lane
Allison Park PA 15101
CRAWFORD, MD, Cheryl A FP
Health America
Pittsburgh PA 15236
CREPS, STEVEN R ST
P O Box 19113
Pittsburgh PA 15213
CRETEKOS, MD, CHP
Constantine J
291 Shadowlawn Avenue
Mount Lebanon PA 15216
CRIEP, MD, Leo H A
146 North Bellefield Avenue
Pittsburgh PA 15213
CRISOSTOMO, GERMAN V ST
732 South Millvale Avenue
Pittsburgh PA 15213
CRISPINO, MD, Charles M IM
532 South Aiken Avenue
Pittsburgh PA 15232
CROCK, MD, Frederick W CD
1070 Medical Building
Pittsburgh PA 15219
CROCKETT, DOUG E ST
3246 Kennett Square
Pittsburgh PA 15213
CROSBY, ELAINE P ST
P O Box 19093
Pittsburgh PA 15213
CROWLEY, MD, Patricia A OBG
2708 Brownsville Road
Pittsburgh PA 15227
CRUM, MD, George E IM
825-2 Alden Drive
Pittsburgh PA 15220

CUDDEBACK, MD, Thomas J FP
1204 Gallupe Drive
Pittsburgh PA 15226
CULIG, MD, Carl A IM
424 Broadway
Pitcairn PA 15140
CUNNINGHAM, MD, Scott K IM
5710 Phillips Avenue
Pittsburgh PA 15217
CURLEY, MD, Henry E IM
420 North Chestnut Street
Pittsburgh PA 15202
CURRIER, GLENN W ST
3318 Hardie Way
Pittsburgh PA 15213
CURTIN, MD, Hugh D R
230 Lothrop Street
Pittsburgh PA 15213
CUSHING, MD, William J CDS
58 Carpenters Ridge Road
Cincinnati OH 45241
CUTLER, MD, Stanley M FP
1084 Shady Avenue
Pittsburgh PA 15232
CUTULY, MD, Eugene GP
544 Miller Avenue
Clairton PA 15025
CYGAN, MD, David J IM
2340 Mill Grove Road
Pittsburgh PA 15241
CYMERMAN, MD, Frank R IM
4284 Route 8
Allison Park PA 15101
DACOSTA, MD, João B AN
836 Ridgefield Avenue
Pittsburgh PA 15216
DAFFNER, MD, Richard H DR
320 East North Avenue
Pittsburgh PA 15212
DALBY, MD, Patricia L AN
137 East Sycamore Street
Pittsburgh PA 15211
DALY, MD, Christopher J GS
4221 Penn Avenue
Pittsburgh PA 15224
DALY, MD, Michael J PD
616 Lincoln Avenue
Pittsburgh PA 15202
DAMESHEK, MD, H Lee HEM
421 Radcliffe Drive
Pittsburgh PA 15235
DANAIE, MD, Nosratollah PD
13 Pride Street
Pittsburgh PA 15219
DANESHRAD, SHAHROKH ST
825 South Sherbourne Avenue
Los Angeles CA 90035
DANGELO, MD, Robert IM
115 North South Drive
Pittsburgh PA 15237
DANKO, MD, Eugene T DR
302 Trail Side Drive
Sewickley PA 15143
DANOFF, MD, Mike CD
1501 Locust Street
Pittsburgh PA 15219
DANTONIO, MD, James A ORS
1099 Ohio River Boulevard
Sewickley PA 15143
DAPAR, RHYS V ST
205 Lehigh Avenue
Pittsburgh PA 15232
DASH, MD, Nilima DR
Allegheny General Hospital
Pittsburgh PA 15212
DASTUR, MD, Khurshed J DR
Mercy Hospital
Pittsburgh PA 15219
DATTILO, MD, James T OBG
207 Vernon Drive
Pittsburgh PA 15228
DAVID, MD, Irving B CDS
4815 Liberty
Pittsburgh PA 15224
DAVIDES, MD, Kyriakos C U
706 Union Natl Bank Bldg
Mckeesport PA 15132
DAVIDSON, MD, Raymond P OBG
130 North Bellefield Avenue
Pittsburgh PA 15213
DAVIS, MD, Donald D GS
2362 Kuhlview Drive
Pittsburgh PA 15237
DAVIS, MD, Earle R PTH
Coal Valley Road
Pittsburgh PA 15236
DAVIS, MD, Robert E GS
The Green At Tides Lodge
Weems VA 22576
DAVIS JR, MD, Rollin V GP
75 Bowstone Road
Pittsburgh PA 15235
DAWSON, MD, Reese E OBG
P O Box 8531
Longboat Key FL 34228
DAY, STEPHEN D ST
2300 Sherbrook Street
Pittsburgh PA 15217
DAY JR, MD, Richard W EM
4463 Mount Royal Boulevard
Allison Park PA 15101

DEAN, MD, Robert J IM
210 1000 Bower Hill Road
Pittsburgh PA 15243
DECILLIS, MD, Arthur P IM
3418 Forest Road
Bethel Park PA 15102
DEEB, MD, Ziad L DR
320 East North Avenue
Pittsburgh PA 15212
DEGREGORIO, MD, Nicholas IM
107 Mayfair Drive
Pittsburgh PA 15228
DEHART, MD, David A EM
Western Pa Hospital
Pittsburgh PA 15224
DEITRICK, MD, Richard E OBG
57 Swallow Hill Road
Carnegie PA 15106
DEKKER, MD, Andrew PTH
Presbyterian Univ Hospital
Pittsburgh PA 15213
DELBIANCO, MD, Paul R IM
2505 Glenarm Avenue
Pittsburgh PA 15226
DELCONTE, MD, Anthony OBG
4221 Winterburn Avenue
Pittsburgh PA 15207
DELEEUW, MD, Henry W ORS
1247 Old Concord Road
Monroeville PA 15146
DELEON, MD, Manuel R PTH
405 Maplevale Drive
Pittsburgh PA 15236
DELOGLOS, MD, Gust GS
937 Beaver Grade Road
Coraopolis PA 15108
DELONG, MD, Stephen R NM
105 Pagoda Drive
Monroeville PA 15146
DELSERONE, MD, Eugene W AN
617 Edgewood Road
Pittsburgh PA 15221
DEMARTINI, MD, Andrea F US
4601 Bayard Street
Pittsburgh PA 15213
DEMEDIO, MD, Gabriel A GP
612 Miller Avenue
Clairton PA 15025
DEMOS, MD, Jack PS
Two Allegheny Center
Pittsburgh PA 15212
DENVER, MD, Stanley D OBG
1150 Thorn Run Road Ext
Coraopolis PA 15108
DEPETRO, JOSEPH J ST
636 Maryland Avenue
Pittsburgh PA 15232
DEPIETRO, FRANK R ST
1914 Murray Avenue
Pittsburgh PA 15217
DERATZOU, BENJAMIN ST
246 South State Road
Upper Darby PA 19082
DERKAY, MD, Craig S OTO
5738 Wilkins Avenue
Pittsburgh PA 15217
DERMAN, SETH G ST
5615 Melvin Street
Pittsburgh PA 15217
DESAI, MD, Jitendra M U
One Allegheny Square
Pittsburgh PA 15212
DESAI, MD, Saryu J AN
One Allegheny Square
Pittsburgh PA 15212
DETRE, MD, Thomas P
3811 Ohara Street
Pittsburgh PA 15213
DEUNE, EAGEN G ST
120 Ruskin Avenue
Pittsburgh PA 15213
DEUTSCH, MD, Melvin TR
Presbyterian University Hosp
Pittsburgh PA 15213
DEVRIES, MD, Egbert J OTO
5819 Holden Street
Pittsburgh PA 15232
DHAWAN, MD, Neelam FP
3663 Perrysville Avenue
Pittsburgh PA 15214
DHAWAN, MD, Ram L IM
3663 Perrysville Avenue
Pittsburgh PA 15212
DIAMOND, MD, Daniel L GS
110 Crescent Drive
Pittsburgh PA 15228
DIAMOND, MD, Mark PD
4120 Brownsville Road
Pittsburgh PA 15227
DIBAGNO, MD, Geno J R
R D 6 Box 130-C
Greensburg PA 15601
DICECCO, MD, Michael A OPH
425 Smokeywood Drive
Swissvale PA 15218
DICKINSON, MD, Peter A IM
100 Broadway Street
Carnegie PA 15106
DICOLA, MD, Nancy M PD
Ten Rochester Drive
Pittsburgh PA 15229

DIETLY, MD, Robin Z IM
130 North Bellefield
Pittsburgh PA 15213
DIEZ, MD, Charles M OBG
248 Tech Road
Pittsburgh PA 15205
DIILIO, MD, Richard P EM
1794 Tyris Drive
Pittsburgh PA 15241
DILANGALEN, MD, Lina F OBG
Five Grandview Avenue
Pittsburgh PA 15211
DILLINGER, MD, Ellen M IM
130 North Bellfield Street
Pittsburgh PA 15213
DILLON, MD, Daniel J GS
28 Woodland Drive
Pittsburgh PA 15228
DIMARCO, MD, Ross F TS
100 Broadway Avenue
Carnegie PA 15106
DIMAURO, MD, Cynthia L PM
D T Watson Rehab Hospital
Sewickley PA 15143
DIMUN, MD, Michael F OPH
135 East Mall Plaza
Carnegie PA 15106
DINATTI III, LOUIS A ST
120 Ruskin Avenue
Pittsburgh PA 15213
DINEEN, MD, Francis A IM
108 Woodshire Road
Pittsburgh PA 15215
DISHART, MD, Paul W FP
St Margaret Memorial Hosp
Pittsburgh PA 15215
DITOPPA, DO, Louis A FP
1500 Fifth Avenue
Mckeesport PA 15132
DOBKIN, MD, Larry A IM
3755 Library Road
Pittsburgh PA 15234
DOBLER, MD, James C GP
939 Coast Boulevard
Lajolla CA 92037
DOBLER, MD, Lee C FP
526 Perrysville Avenue
Pittsburgh PA 15229
DOBROWOLSKI, MD, Norbert F OS
1106 Lincoln Highway
North Versailles PA 15137
DOEBLER, MD, Robert W U
701 Broad Street
Sewickley PA 15143
DOFT, MD, Bernard H OPH
Keystone Fifth Building
Pittsburgh PA 15213
DOJA, MD, Mohammad S PD
5663 Glen Hall Drive
Bethal Park PA 15102
DOKKO, YONI ST
1311 Hillsdale Drive
Monroeville PA 15146
DOLENCE, MD, Danielle FP
3436 William Penn Highway
Pittsburgh PA 15235
DOMAT, MD, Imad IM
510 South Aiken Avenue
Pittsburgh PA 15232
DOMIT, MD, John GS
172-B Royal Oak Drive
White Oak PA 15131
DONALDSON, MD, David H GP
108 Lakeshore Drive
N Palm Beach FL 33408
DONALDSON, MD, William F ORS
3705 Fifth Avenue
Pittsburgh PA 15213
DONATELLI, MD, John M FP
815 Freeport Road
Pittsburgh PA 15215
DONLEY JR, MD, Charles M DR
18 Wilson Drive
Pittsburgh PA 15202
DONNELLY III, MD, Edward J IM
241-251 Freeport Road
Pittsburgh PA 15215
DONOFRIO, MD, Robert J ORS
1284 Greystone Drive
Pittsburgh PA 15241
DONOVAN, MD, Francis C P
733 Washington Road #302
Pittsburgh PA 15228
DONOVAN, MD, John J IM
4401 Penn Avenue
Pittsburgh PA 15224
DONOVAN, MD, Robert J IM
9102 Babcock Boulevard
Pittsburgh PA 15237
DORNENBURG, MD, James R GS
Five Panama Lodge Drive
Pittsburgh PA 15227
DORR, MD, Susan J IM
5916 Howe Street
Pittsburgh PA 15232
DORST, MD, Stanley K FP
1411 Severn Street
Pittsburgh PA 15217
DOSHI, MD, Nalini N CLP
West Penn Hospital
Pittsburgh PA 15224

DOSHI, MD, Narendra S OBG
Central Medical Ctr & Hosp
Pittsburgh PA 15219
DOSHI, SALIL V ST
120 Ruskin Avenue #206
Pittsburgh PA 15213
DOUDS, MD, Howard N IM
733 Washington Road
Pittsburgh PA 15228
DOUGHERTY, MD, Ralph N GS
298 Mohawk Drive
Mckeesport PA 15135
DOUGLAS, LESLIE D ST
120 Ruskin Avenue
Pittsburgh PA 15213
DOWLING, MD, Robert A U
1209 Allegheny Tower
Pittsburgh PA 15222
DOYLE, MD, Alfred P ON
701 Broad Street
Sewickley PA 15143
DOYLE, MD, John J N
4815 Liberty Avenue
Pittsburgh PA 15224
DRAGAN, MD, George A FP
424 St Clair Avenue
Clairton PA 15025
DREW, MD, Frances L P
5023 Frew Avenue
Pittsburgh PA 15213
DUA, MD, Rup K AN
Nine Davonshire Drive
Pittsburgh PA 15238
DUBNER, MD, Paul F PD
161 North Dithridge Street
Pittsburgh PA 15213
DUERKSEN, MD, Roger L OTO
4815 Liberty Avenue
Pittsburgh PA 15224
DUFFY, MD, Clyde F FP
1458 Greystone Drive
Pittsburgh PA 15206
DUGAN, MD, Charles T FP
900 Macbeth Drive
Monroeville PA 15146
DUGGAN, MD, James H OBG
3433 Bates Street
Pittsburgh PA 15213
DUKER, MD, Daniel G AN
9781 Woodland Road
Pittsburgh PA 15237
DULABON, MD, George M IM
Penn Hill Mall #218
Pittsburgh PA 15235
DUNCAN, MD, James R GS
1004 Elmhurst Road
Pittsburgh PA 15215
DUNDORE JR, MD, William C OBG
5000 Mcknight Road
Pittsburgh PA 15237
DUNMIRE, MD, Lester A GS
7356 Country Club Road
Butler PA 16001
DURKAN, MD, Gerald N
141 Springhouse Lane
Pittsburgh PA 15238
DURNING, MD, Robert P ORS
Three Ppg Place
Pittsburgh PA 15222
DUTTA, MD, Tarit K R
105 Provan Place
Pittsburgh PA 15229
DWORETZ, MD, Arthur P
2355 Tilbury Avenue
Pittsburgh PA 15217
DWYER, MD, John H CHP
855 Thorn Street
Sewickley PA 15143
EARLE, MD, Martin F ON
3471 Fifth Avenue
Pittsburgh PA 15213
EASLER, MD, Richard E PTH
West Penn Hospital
Pittsburgh PA 15224
EBERZ, MD, Dennis A CD
1501 Locust Street
Pittsburgh PA 15219
EDBERG, MD, Sanford H CLP
Suburban General Hosp Lab
Pittsburgh PA 15202
EDELMANN, MD, Christine A AN
641 Ridgefield Avenue
Pittsburgh PA 15216
EDELSTEIN, MD, Norman L OPH
1605 Lincoln Way
Mckeesport PA 15131
EDWARDS, MD, Mary D OS
6652 Ridgeville Street
Pittsburgh PA 15217
EDWARDS, MD, William M EM
6910 Meade Street
Pittsburgh PA 15208
EELKEMA, MD, Elizabeth A R
Presbyterian Univ Hospital
Pittsburgh PA 15213
EFFERSON-BONACHEA, NANCY D ST
2037 Swallow Hill Court
Pittsburgh PA 15220
EGAN JR, MD, Richard J FP
360 New World Drive
Clairton PA 15025

EHLER, MD, Joan G P
3811 Ohara Street
Pittsburgh PA 15213
EICHMILLER, MD, John P AN
427 Bailey Avenue
Pittsburgh PA 15211
EILER, MD, William A IM
Two Gateway Center
Pittsburgh PA 15222
EISEN, MD, Howard B R
1415 Browning Road
Pittsburgh PA 15206
EISENBEIS JR, MD, Carl H RHU
355 Fifth Avenue
Pittsburgh PA 15222
EISENKEIT, MD, Aron GS
Mellon Suite 140
Pittsburgh PA 15224
ELATTAR, MD, Anas A OM
864 Lochlin Drive
Pittsburgh PA 15243
ELATTRACHE, MD, Selim ORS
606 South Church Street
Mount Pleasant PA 15666
ELES, DO, Gustav R IM
320 East North Avenue
Pittsburgh PA 15212
ELIAS, MD, Stanton B OPH
9104 Babcock Boulevard
Pittsburgh PA 15237
ELIGATOR, MD, Julian IM
6588 Beacon Street
Pittsburgh PA 15217
ELLER, MD, Andrew W OPH
The Eye And Ear Institute
Pittsburgh PA 15213
ELLIS, MD, George L EM
220 Coxcomb Road
New Kensington PA 15068
ELLIS, MD, Kris L DR
111 Gerhold Street
Bethel Park PA 15102
ELLIS, MD, Lawrence D ND
3471 Fifth Avenue #1111
Pittsburgh PA 15213
ELLISON, MD, Maryjane DR
418 North Taylor Avenue
Pittsburgh PA 15212
ELSTNER, MD, Howard L GS
133 Adele Road
Pittsburgh PA 15237
EMERY, BRIAN E ST
628 Debaldo Drive
West Mifflin PA 15122
EMMERLING, MD, John F IM
3550 Galt Ocean Drive
Ft Lauderdale FL 33308
ENCKE, MD, Ted K ORS
Medical Office Bldg
Clairton PA 15025
ENGLISH, MD, Dennis H OBG
1501 Locust Street
Pittsburgh PA 15219
ENNIS, MD, Michael F GE
3700 Fifth Avenue
Pittsburgh PA 15213
ENRIQUEZ, MD, Danilo L PM
P O Box 11460
Pittsburgh PA 15238
ENRIQUEZ, MD, Teresita E DR
Central Medical Center
Pittsburgh PA 15219
EPPINGER, MD, Mary A CHP
3811 Ohara Street
Pittsburgh PA 15213
ERBSTEIN, MD, Robert A R
5230 Centre Avenue
Pittsburgh PA 15232
ERICKSON, MD, Elmer W GS
515 Sinclair Street
Mckeesport PA 15132
ERICKSON, MD, Eric R PTH
West Penn Hospital
Pittsburgh PA 15224
ERSOZ, MD, Clara J OS
St Clair Hospital Vp Med Aff
Pittsburgh PA 15243
ESKEY, CLIFFORD J ST
76 South 14th Street
Pittsburgh PA 15203
ESPOSITO, MD, Francis A PD
715 North Highland Avenue
Pittsburgh PA 15206
ESTRADA, MD, Juan M CD
46 Maple Court
Pittsburgh PA 15237
ETZEL, KATHLEEN D ST
5701 Munhall Road
Pittsburgh PA 15217
EVANS, MD, Cynthia K IM
489 Madison Street
Pittsburgh PA 15237
EVANS, MD, Donald E OPH
301 Fifth Avenue
Pittsburgh PA 15222
EVANS, MD, Leonard E GS
3471 Fifth Avenue
Pittsburgh PA 15213
EVANS, MD, Randolph R OPH
9571 Toft Court
Pittsburgh PA 15237

EVANS, MD, Richard S FP
Suburban General
Pittsburgh PA 15202
EVANS, MD, Thomas M OPH
744 Valleyview Road
Pittsburgh PA 15243
EVERETT, MD, William G OS
1200 Centre Avenue
Pittsburgh PA 15219
EWALD, MD, John L IM
105 Hill Avenue
Cheswick PA 15024
FABRY, MD, Edward I U
701 Broad Street
Sewickley PA 15143
FAILLA, MD, Jack P ORS
Ten Allegheny Center
Pittsburgh PA 15212
FALCON JR, MD, Joseph R PS
318 Second Avenue
Tarentum PA 15084
FALIK, MD, Ruth CD
722 Shady Avenue
Pittsburgh PA 15232
FARKAS, MD, Barry L FP
5417 Plainfield Street
Pittsburgh PA 15217
FARMER, MD, Lenore P
4719 Wallingford Street
Pittsburgh PA 15213
FARNEY, MD, Esther S D
80088 Palm Circle Drive
La Quinta CA 92253
FARO, ALBERT ST
120 Ruskin Avenue
Pittsburgh PA 15213
FARRELL, MD, Edward L FP
110 Ft Couch Road
Pittsburgh PA 15241
FATIGATI, MD, Mario J IM
322 Squire Lane
Mcmurray PA 15317
FATUR, MD, Leo M IM
247 Hoodridge
Pittsburgh PA 15234
FAWCETT, MD, James L U
915 Cedar Crest Court
Wexford PA 15090
FECZKO, MD, William A R
St Francis Imaging Center
Pittsburgh PA 15224
FEDEL, MD, Gina M IM
462 South Aiken
Pittsburgh PA 15232
FEDEROFF, MD, Susan T FP
1111 Blank Road
Freedom PA 15042
FEDYSHIN, MD, Peter J DR
R D 4 Blackburn Road
Sewickley PA 15143
FEIST, MD, John H DR
3601 Fifth Avenue
Pittsburgh PA 15213
FELDER, MD, Herman OTO
3447 Forbes Avenue
Pittsburgh PA 15213
FELDMAN, MD, Stewart L U
2566 Haymaker Road
Monroeville PA 15146
FELGAR, RAYMOND E ST
6204 Fifth Avenue
Pittsburgh PA 15232
FELICE, MD, Civie D PD
Health America
Pittsburgh PA 15236
FELTWELL JR, MD, Peter M R
26 Woodland Road
Sewickley PA 15143
FERGUSON, MD, Donald G R
1000 Bower Hill Road
Pittsburgh PA 15243
FERGUSON, MD, Gary M ORS
3097 West Swansea Crescent
Allison Park PA 15101
FERGUSON, MD, Roger J ORS
10 Allegheny Center
Pittsburgh PA 15212
FERGUSON, MD, Thomas G OBG
223 Vilsack Road
Glenshaw PA 15116
FERGUSON JR, MD, Albert B ORS
300 Fox Chapel Road
Pittsburgh PA 15238
FERGUSON JR, MD, Theodore J FP
5802 Verona Road
Verona PA 15147
FERLAN, MD, Lawrence FP
158 Oak Manor Drive
Natrona Heights PA 15065
FERRARO, MD, Francis T NS
3471 Fifth Avenue
Pittsburgh PA 15213
FERRERO, MD, Bruce R AN
206 Rolling Hills Drive
Sewickley PA 15143
FERRI, MD, Henry G OM
31 Woodridge Drive
Carnegie PA 15106
FERSON, MD, Peter F TS
V A Hospital Surg Service
Pittsburgh PA 15240

FETCHKO, MD, Alexander M OBG
416 Fourth Avenue
Tarentum PA 15084
FETTEROLF, MD, Donald E IM
100 South Mcdonald Street
Mcdonald PA 15057
FIEDLER, MD, Roy W IM
209 Olympia Street
Pittsburgh PA 15211
FIEHLER, MD, Paul C PUD
109 Alleyne Drive
Pittsburgh PA 15215
FIELDING, MD, Julia R GS
5758 Howe Street #5
Pittsburgh PA 15232
FIESEHER, MD, James G FP
615 Edgewood Road
Forest Hills PA 15221
FIGURA, MD, Judith H TR
West Penn Hospital
Pittsburgh PA 15224
FILIPEK, MD, Steele W OBG
2550 Mosside Boulevard
Monroeville PA 15146
FILKINS, MD, Karen OBG
4800 Friendship Avenue
Pittsburgh PA 15224
FINE, MD, Daniel IM
171 Mclaughlin Drive
New Kensington PA 15068
FINE, MD, Robert M R
2600 Haymaker Road
Monroeville PA 15146
FINEGOLD, MD, Aaron N U
3471 Fifth Avenue
Pittsburgh PA 15213
FINEGOLD, MD, Joseph GS
5706 Aylesboro Avenue
Pittsburgh PA 15217
FINEGOLD, MD, Richard A U
3500 Fifth Avenue Suite 102
Pittsburgh PA 15213
FINEGOLD, MD, Wilfred J GYN
4940 Bayard Street
Pittsburgh PA 15213
FINESTONE, MD, Stephen C AN
15 Patrice Court
Pittsburgh PA 15221
FINGERET, MD, Arnold E GS
3471 Fifth Avenue
Pittsburgh PA 15213
FINKELHOR, MD, Howard B N
118 Hastings Street
Pittsburgh PA 15206
FINLAY, MD, James W OPH
400 Penn Center Boulevard
Pittsburgh PA 15235
FINO, MD, Gregory J PUD
1350 Locust Street
Pittsburgh PA 15219
FISCH, MD, John M OBG
933 South Trenton Avenue
Pittsburgh PA 15221
FISCHL, MD, Edwin C GS
640 Lincoln Avenue
Pittsburgh PA 15202
FISHER, MD, Curtis K CD
10290 Meinert Road
Wexford PA 15090
FISHER, MD, Don L CD
320 East North Avenue
Pittsburgh PA 15212
FISHER, MD, Gail IM
210 Ohara Manor Drive
Pittsburgh PA 15238
FISHER, MD, Stephen N R
1252 Malvern Avenue
Pittsburgh PA 15217
FISHKIN, MD, Hymel GS
1913 Freeport Road
Natrona Heights PA 15065
FITTING JR, MD, George M AN
164 Oak Park Place
Pittsburgh PA 15243
FITZ, MD, Ralph W CDS
905 Old Hickory Drive
Pittsburgh PA 15243
FLAHERTY, MD, Morgan F AI
4815 Liberty Avenue
Pittsburgh PA 15224
FLANIGAN, MD, Robert E GE
1350 Locust Street
Pittsburgh PA 15219
FLEISHHACKER, JORDON F ST
300 North Dithridge Street
Pittsburgh PA 15213
FLEMING, MD, Arthur W OPH
2020 Ardmore Blvd Suite 105
Pittsburgh PA 15221
FLEMING, MD, Peter A ON
Allegheny General Hospital
Pittsburgh PA 15212
FLEMING, MD, Richard M PYA
230 North Craig Street
Pittsburgh PA 15213
FLETCHER, MD, Douglas D IM
211 Glenheven Lane
Pittsburgh PA 15238
FLICKINGER, MD, John C R
Rad Oncology Pres Univ Hosp
Pittsburgh PA 15213

FLINN, SCOTT D ST
374 Mckee Place
Pittsburgh PA 15213
FLIT, MD, Frank J PM
701 Heathergate Drive
Pittsburgh PA 15238
FLOM, MD, David M GP
3457 Ward Street
Pittsburgh PA 15213
FLORIAN, MD, Frederick M FP
Health America
Wexford PA 15090
FLOYD, MD, Susan L OBG
4800 Friendship Avenue
Pittsburgh PA 15224
FLYNN, JOHN M ST
120 Ruskin Avenue
Pittsburgh PA 15213
FOGEL, MD, Stewart R DR
3520 Fifth Avenue
Pittsburgh PA 15213
FOLEY, TRACY M ST
127 Woodland Road
Pittsburgh PA 15232
FONG, MD, John K OBG
933 South Trenton Avenue
Pittsburgh PA 15221
FONOROFF, MD, David L GP
1104 Wood Street
Pittsburgh PA 15221
FONTANA, MD, Armand L GYN
2410 James Street
Mckeesport PA 15132
FONTANA, MD, Frank L GS
1318 Fifth Avenue
Mckeesport PA 15132
FOOTERMAN, MD, Harold FP
1651 Potomac
Pittsburgh PA 15216
FORBES, MD, John D OM
Mobay Corporation
Pittsburgh PA 15205
FORBES, MICHAEL L ST
120 Ruskin Avenue
Pittsburgh PA 15213
FORBES, MD, Thomas W DR
4269 Old New England Road
Allison Park PA 15101
FORBES, YOLANDA M ST
120 Ruskin Avenue
Pittsburgh PA 15213
FORD, MD, Robert W OBG
2721 Oak Hill Drive
Allison Park PA 15101
FORD, MD, William B TS
118 Alpine Circle
Pittsburgh PA 15215
FORSTATE, MD, William J CD
400 Penn Center Boulevard
Pittsburgh PA 15235
FORTUNATO, MD, James J EM
4414 Penn Avenue
Pittsburgh PA 15224
FOSS, MD, David E ORS
490 East North Avenue
Pittsburgh PA 15212
FOSTER, MD, Howard K P
401 Shady Avenue #C-202
Pittsburgh PA 15206
FOSTER, MD, Walter R GP
15 Crafton Avenue
Pittsburgh PA 15205
FOUTRAKIS, GEORGE N ST
361 Atwood Street
Pittsburgh PA 15213
FOWLER, MD, David P ORS
117 Alleyne Drive
Pittsburgh PA 15215
FOX, MD, Karl R PTH
Allegheny Gen Hosp-Path
Pittsburgh PA 15212
FRAGOLA, MD, Jorge A N
Suburban General Hospital
Pittsburgh PA 15202
FRANCE, MD, James E FP
514 Guyasuta Road
Pittsburgh PA 15215
FRANCIS, MD, George J D
211 North Whitfield Street
Pittsburgh PA 15206
FRANKE, MD, Frederick R CD
19 Glen Ridge Lane
Pittsburgh PA 15243
FRANKENSTEIN, MD, Herbert GS
2872 Northeast 32nd Street
Lighthouse Point FL 33064
FRANKLIN, MD, John W B DR
St Margarets Hospital
Pittsburgh PA 15215
FRANZ, MD, John P U
580 South Aiken Avenue
Pittsburgh PA 15232
FRANZ, MD, Thomas A PM
7424 Penfield Place
Pittsburgh PA 15208
FRANZINO, MD, Robert R EM
4636 Bayard Avenue #4
Pittsburgh PA 15213
FRAZIER II, MD, John E CD
490 East North Avenue
Pittsburgh PA 15212

FREEDMAN, MD, Steven A P
130 North Bellefield
Pittsburgh PA 15213
FREIMANIS, MD, Maija G DR
5543 Wilkins Avenue
Pittsburgh PA 15217
FRIBERG, MD, Thomas R OPH
203 Lothrop Street
Pittsburgh PA 15213
FRIDAY, MD, Gilbert A PD
Children Hospital
Pittsburgh PA 15213
FRIDAY, MD, John R CD
211 North Whitfield Street
Pittsburgh PA 15206
FRIDAY, MD, Rupert H GYN
1622 Powers Run Road
Pittsburgh PA 15238
FRIEDLANDER, MD, Myron PUD
2295 Elmhill Road
Pittsburgh PA 15221
FRIEDMAN, MD, Abraham W CD
Essex House
Pittsburgh PA 15206
FRIEDMAN, MD, Louis L OTO
6315 Forbes Avenue
Pittsburgh PA 15217
FRIEDMAN, MD, Robert B NS
9701 Fields Road
Gaithersburg MD 20878
FRONCZEK, MD, William M GP
341 South Winebiddle Avenue
Pittsburgh PA 15224
FRONDUTI, MD, Robert L OBG
772 Scrubgrass Road
Mt Lebanon PA 15243
FROST JR, MD, William W PM
1736 Fox Chapel Road
Pittsburgh PA 15238
FU, MD, Freddie H ORS
Falk Clinic
Pittsburgh PA 15213
FUGE, MD, Ladonna H FP
2566 Haymaker Avenue
Monroeville PA 15146
FUHRMAN, MD, Carl R DR
Department Of Radiology
Pittsburgh PA 15213
FULCINITI, MD, Rocco A OBG
1220 Lincoln Way
White Oak PA 15131
FULLER, MD, Garry L AN
105 Bentley Drive
Pittsburgh PA 15238
FULLER, MD, Virginia S AN
105 Bentley Drive
Pittsburgh PA 15238
FUNT, MD, Loren D
750 Washington Road
Pittsburgh PA 15228
FUOSS, MD, Mark J OBG
1270 North Negley Avenue
Pittsburgh PA 15206
FURGIUELE-IRACKI, MD, GS
Natalie
1000 Bower Hill Road
Pittsburgh PA 15243
FURMAN, MD, Joseph M R N
230 Lothrop Street
Pittsburgh PA 15213
FUSCO, MD, Robert D GE
701 Broad Street
Sewickley PA 15143
FUSIA, MD, Joseph F GP
5802 Verona Road
Verona PA 15147
FUTRELL, MD, J William PS
University Of Pittsburgh
Pittsburgh PA 15261
GABOS, MD, Charles W GP
108 Heidcrest Drive
Pittsburgh PA 15237
GABOS, MD, Dennis K CD
1381 Westmoreland Court
Columbus OH 43220
GABOS, MD, Paul F GYN
4815 Liberty Avenue
Pittsburgh PA 15224
GAFFNEY, MD, Paul C PD
5540 Elgin Avenue
Pittsburgh PA 15206
GAGIANAS, MD, Peter J FP
815 Freeport Road
Pittsburgh PA 15241
GAINOR, ROBERT E ST
433 South Aiken Avenue
Pittsburgh PA 15232
GAISFORD, MD, John C PS
910 Waldheim Road West
Pittsburgh PA 15215
GANDHI, MD, Anant J IM
304 Harvester Circle
Pittsburgh PA 15241
GANNON, MD, Jeanne E AN
Way Hollow Road
Sewickley Heights PA 15143
GANNON, MD, Robert P OBG
535 Smithfield Street
Pittsburgh PA 15222
GANOTT, MD, Marie A DR
1713 Hathaway Lane
Pittsburgh PA 15241

GARCIA, MD, Diosdado A IM
500 Lewis Run Road
Pittsburgh PA 15236
GARDENER, MD, Ralph P
401 Shady Avenue
Pittsburgh PA 15206
GARDNER, MD, Morris Z NM
Department Of Radiology
Pittsburgh PA 15219
GARDNER, MD, Robert S TS
Cardiac Surgeons Inc
Pittsburgh PA 15224
GARFINKEL, MD, Marc E CHP
401 Shady Avenue
Pittsburgh PA 15206
GARNER, MD, William J FP
411 Fielding Drive
Pittsburgh PA 15235
GAROFOLI, MD, Caesar A FP
20 Cedar Boulevard
Pittsburgh PA 15228
GARRETT, MD, Kevin O GS
2231 Wightman Street
Pittsburgh PA 15217
GARRETT JR, MD, William S PS
3520 Fifth Avenue
Pittsburgh PA 15213
GARSON, MD, Warfield OM
Centerville Clinic Inc
Fredericktown PA 15333
GASIOR, MD, Thomas A AN
328 Ophelia Street
Pittsburgh PA 15213
GASTINEAU, MD, Robert M OM
2381 Rexford Drive
Pittsburgh PA 15241
GATTO, MD, Frank M OPH
1921 Mt Royal Boulevard
Glenshaw PA 15116
GAUDIO JR, MD, Ralph PUD
Passavant Prof Bldg Ste LI1
Pittsburgh PA 15237
GAUNTNER, MD, Wallace C NEP
Suburban General Hospital
Pittsburgh PA 15202
GAUSS, MD, William F OM
725 Maryland Avenue
Pittsburgh PA 15232
GAY, MD, Thomas C CD
490 East North Avenue
Pittsburgh PA 15212
GEBROSKY, NORMAN P ST
R D 1
Export PA 15632
GEDEKOH, MD, Robert H OBG
Box 228 R D 4
Elizabeth PA 15037
GEHL, MD, Leonard G CD
363 Vanadium Road
Pittsburgh PA 15243
GEHL, MD, Richard ORS
1200 Centre Avenue
Pittsburgh PA 15219
GELET, MD, Theodore R CD
1514 Forbes Avenue
Pittsburgh PA 15219
GELLER, MD, Mark J CD
4815 Liberty Avenue
Pittsburgh PA 15224
GENDELL, MD, Howard M NS
3471 Fifth Avenue
Pittsburgh PA 15213
GENERALOVICH, MD, Thomas CD
Mercy Hospital
Pittsburgh PA 15219
GENERETTE, MD, William O OBG
5937 Broad Street Mall
Pittsburgh PA 15206
GENNAULA, CHARLES P ST
3812 Bates Street
Pittsburgh PA 15213
GENTILE, MD, Anthony F OBG
4880 Library Road
Bethel Park PA 15102
GEORGE, MD, James M GYN
809 West Street
Pittsburgh PA 15221
GEORGE, MD, John J AN
1108 Folkstone Drive
Pittsburgh PA 15243
GEORGE, MD, Robert A GS
Med Off Bldg Jefferson Ctr
Clairton PA 15025
GEORGE, MD, Robert N U
1209 Allegheny Tower
Pittsburgh PA 15222
GEORGEVICH, MD, Philip G GS
Jefferson Medical Building
Clairton PA 15025
GEORGIADES, MD, Athan H GS
4815 Liberty Avenue
Pittsburgh PA 15224
GEORGIU, EDWARD V ST
361 Lehigh Street
Pittsburgh PA 15232
GERACI, MD, Stephen A EM
Western Pa Hosp Dept Of Im
Pittsburgh PA 15224
GERARD, MD, Joseph A CD
9380 Mcknight Road
Pittsburgh PA 15237

GERBER, MD, Michael L TS
1067 Devon Road
Pittsburgh PA 15213
GERNETH, MD, George J OPH
2400 Ardmore Boulevard #202
Pittsburgh PA 15221
GHATNEKAR, MD, Jai V GS
137 Loire Valley Drive
Pittsburgh PA 15209
GHATNEKAR, MD, Revati Jai CD
137 Loire Valley Drive
Pittsburgh PA 15209
GHOSHHAJRA, MD, Kalyanmay DR
238 Banbury Lane
Pittsburgh PA 15220
GIALAMAS, MD, Antonio CLP
2419 Baldwick Road
Pittsburgh PA 15205
GIBSON, MD, Alice S PD
4275 Old New England Road
Allison Park PA 15101
GIBSON, MD, William E OBG
1432 Walnut Street
Pittsburgh PA 15218
GIBSON, MD, William S D
1929 Mt Royal Boulevard
Glenshaw PA 15116
GIBSON JR, MD, Roy L OM
166 North Dithridge Street
Pittsburgh PA 15213
GIGA, MD, Judith P PD
1910 Cochran Road
Pittsburgh PA 15220
GILBERTI, MD, Frank F AN
Mckeesport Hospital
Mckeesport PA 15132
GILBERTI, MD, Michael V GS
201 Hillcrest Road
Pittsburgh PA 15238
GILL III, MD, Thomas J PTH
Univ Of Pgh School Of Med
Pittsburgh PA 15261
GILMAN, MD, Edward DR
4930 Brightwood Road
Pittsburgh PA 15102
GILMORE, MD, George H ORS
100 Delafield Road
Pittsburgh PA 15215
GILMORE, MD, James OBG
535 Smithfield Street
Pittsburgh PA 15222
GINCHEREAU, MD, Eugene H OM
127 Cornwall Drive
Pittsburgh PA 15238
GINSBURG, DAVID L ST
5615 Melvin Street
Pittsburgh PA 15217
GINSBURG, MD, Michael J EM
2280 Elm Hill Road
Pittsburgh PA 15221
GIRDANY, MD, Bertram R PDR
3705 Fifth Avenue
Pittsburgh PA 15213
GIRDANY, MD, David S ORS
2566 Haymaker Road
Monroeville PA 15146
GIRMSCHEID, MD, Leslie A IM
1222 Resaca Place
Pittsburgh PA 15212
GITTINGS, MD, Paul E OBG
243 Cornwall Drive
Pittsburgh PA 15238
GLAD, LAWRENCE J ST
Three Dimling Way
Pittsburgh PA 15213
GLASS, KEVIN L ST
515 South Aiken Avenue
Pittsburgh PA 15232
GLASSBURN, MD, Edward M OTO
125 Riverview Terrace
Pittsburgh PA 15215
GLASSO, MD, Louis C ORS
142 South 20th Street
Pittsburgh PA 15203
GLEASON, MD, James A IM
119 Edgewood Avenue
Pittsburgh PA 15218
GLEESON, MD, George H IM
St Francis Medical Center
Pittsburgh PA 15201
GLICK, MD, Harold M PD
5173 Liberty Avenue
Pittsburgh PA 15224
GLICK, MD, Kenneth A GE
Mellon Pavilion Suite 222
Pittsburgh PA 15224
GLORIOSO, MD, Joseph J GS
One Trimont Lane - 2115
Pittsburgh PA 15211
GLUCKMAN, MD, Robert J HEM
490 East North Avenue
Pittsburgh PA 15212
GLUNK, MD, Daniel J IM
333 South Highland Avenue
Pittsburgh PA 15206
GNEGY, MD, Richard DR
1006 Tall Trees Drive
Pittsburgh PA 15241
GODLA, MD, Gregory J AN
255 Trotwood Drive
Pittsburgh PA 15241

GOEHRING, MD, Walter O GS
214 South Trenton Avenue
Pittsburgh PA 15221
GOEL, MD, Manjula GS
913 Center Street #8
Mckeesport PA 15132
GOESSLER, MD, Mary C PDC
446 Lincoln Avenue
Pittsburgh PA 15202
GOLANI, MD, Umesh A IM
277 Kinvara Drive
Pittsburgh PA 15237
GOLD, MD, Gordon R IM
R D 3 Five Woodbine Lane
Mars PA 16046
GOLDBERG, MD, Lisa A D
215 First Avenue
Tarentum PA 15084
GOLDBLUM, MD, Abraham D OPH
307 South Dithridge Avenue
Pittsburgh PA 15213
GOLDBLUM, MD, Lee J OBG
532 South Aiken Avenue
Pittsburgh PA 15232
GOLDBLUM, MD, Orin M D
20 Cedar Boulevard
Pittsburgh PA 15228
GOLDBLUM, MD, Raymond W D
3471 Fifth Avenue
Pittsburgh PA 15213
GOLDEN IV, MD, Samuel W IM
220 East Eighth Avenue
Homestead PA 15120
GOLDFARB, MD, I William TRS
4815 Liberty Avenue
Pittsburgh PA 15224
GOLDING, MD, Irvin M P
540 North Neville Street #406
Pittsburgh PA 15213
GOLDMAN, MD, Irving S OPH
3347 Forbes Avenue
Pittsburgh PA 15213
GOLDSTEIN, MD, David M PM
101 Washington Avenue
Oakmont PA 15139
GOLDSTEIN, MD, Elliott J P
230 North Craig Street
Pittsburgh PA 15213
GOLDSTEIN, MD, Morton L GE
3362 Fifth Avenue
Pittsburgh PA 15213
GOLDSTEIN, MD, Philip R CD
1120-11 19 North Drive
Pittsburgh PA 15217
GOLLA, MD, Chandra S FP
1502 King Charles Drive
Pittsburgh PA 15237
GOLLA, MD, Saraswathi K R
Suburban Gen Hosp Xray Dept
Pittsburgh PA 15202
GOLLATZ, MD, John W U
490 East North Avenue #207
Pittsburgh PA 15212
GOLOMB, MD, Milton W IM
6661 Reynolds Street
Pittsburgh PA 15206
GOLTZ, MD, Gerald M END
4815 Liberty Avenue
Pittsburgh PA 15224
GONTHIER, DOLORES M ST
5827 Holden Street
Pittsburgh PA 15232
GONZALEZ, MD, Alejandro R NEP
4815 Liberty Avenue
Pittsburgh PA 15224
GONZALEZ, MD, Rene M AN
3836 Henley Drive
Pittsburgh PA 15235
GOOD, MD, Robert F PD
310 Dutch Lane
Pittsburgh PA 15236
GOODMAN, GORDON T ST
141 Dithridge
Pittsburgh PA 15213
GOODMAN, MD, Mark A NS
3601 Fifth Avenue
Pittsburgh PA 15213
GOODMAN, MD, Richard A AN
532 South Aiken Avenue
Pittsburgh PA 15232
GOODWORTH, MD, John H GS
4815 Liberty Avenue
Pittsburgh PA 15224
GOPAL, MD, Krishnan A CRS
3500 Fifth Avenue
Pittsburgh PA 15213
GORALCZYK JR, MD, Edward J FP
2420 Greenock Buena Vista Rd
Mckeesport PA 15135
GORCHESKY, MD, Mark S AN
436 Allenberry Drive
Pittsburgh PA 15237
GORDON, MD, Barry M IM
5728 Hobart Street
Pittsburgh PA 15217
GORDON, MD, Elizabeth H OBG
401 Wood Street
Pittsburgh PA 15222
GORDON, MD, Jerold S OPH
Eye & Ear Hospital
Pittsburgh PA 15213
GORDON, MD, Kimberly PD
100 Delafield Road
Pittsburgh PA 15215
GORDON, MD, Loretta E FP
401 Amberson Avenue
Pittsburgh PA 15232
GORDON, MD, Murray B END
5415 Pocusset Street
Pittsburgh PA 15217
GORDON, PAT O ST
180 South 16th Street
Pittsburgh PA 15203
GORDON, MD, Tom J OPH
303 East Sixth Avenue
Tarentum PA 15084
GOSSAT, MD, David M GE
701 Broad Street
Sewickley PA 15143
GOTH, MD, Joseph H MFS
1501 Locust St
Pittsburgh PA 15219
GOURASH, MD, Leona PD
134 Old Clairton Road
Pittsburgh PA 15236
GRAFF, MD, Daniel M PD
4815 Liberty Avenue
Pittsburgh PA 15224
GRAHAM, MD, Thomas R IM
Witherow Road
Sewickley PA 15143
GRAHAM, MD, Toby O GE
Craig Medical Associate
Pittsburgh PA 15213
GRANT, MD, Kathleen J TS
100 Broadway Avenue
Carnegie PA 15106
GRANTHAM, ANNE S ST
406 North Neville
Pittsburgh PA 15213
GRAY, MD, Cynthia A OBG
106 Glenhaven Lane
Pittsburgh PA 15238
GRAY, MD, Jeffrey A GE
412 Maple Avenue
Pittsburgh PA 15218
GRAY, SCHARAZARD L ST
201 South Neville
Pittsburgh PA 15213
GRAY, MD, Thomas G IM
111 Laurel Court
Pittsburgh PA 15202
GRAY III, MD, Samuel IM
320 Third Avenue
Tarentum PA 15084
GRAY JR, MD, George H NS
133 Warwick Drive
Pittsburgh PA 15241
GRBACH, VINCENT X ST
4811 Ellsworth Avenue
Pittsburgh PA 15213
GREATHOUSE, MD, Mark K CD
15 Forsythe Road
Pittsburgh PA 15220
GRECO, MD, Frank D U
609 Twin Pine Road
Pittsburgh PA 15215
GREEN, MD, James M IM
244 Glencoe Drive
West Mifflin PA 15122
GREEN, MD, Mayer A AI
320 Fort Duquesne Blvd #380
Pittsburgh PA 15222
GREEN, MD, Richard L A
Gateway Towers Suite 380
Pittsburgh PA 15222
GREEN JR, MD, William T ORS
Childrens Hospital
Pittsburgh PA 15213
GREENBERG, MD, Wayne V NM
P O Box 4107
Pittsburgh PA 15202
GREENE, MD, James E FP
1400 Locust Street
Pittsburgh PA 15291
GREGG, MD, Frank J CD
4221 Penn Avenue #507
Pittsburgh PA 15224
GREGG, MD, Grace S PD
110 Millview Drive
Pittsburgh PA 15238
GREGG, MD, John S CD
Gregg Medical Corporation
Pittsburgh PA 15224
GREGO, MD, J Gregory GS
1086 Fox Chapel Road
Pittsburgh PA 15238
GREGORY, MD, Daniel H GE
490 East North Avenue
Pittsburgh PA 15212
GREGORY, MD, Robert E ABS
210 Thornberry Circle
Pittsburgh PA 15234
GREIM, MD, Charles C PM
P O Box 11460
Pittsburgh PA 15238
GREISSINGER, MD, Walter M FP
13 Pride Street
Pittsburgh PA 15219
GRENNAN JR, MD, M Joseph US
120 Ruskin Avenue
Pittsburgh PA 15213
GRENVIK, MD, Ake N OS
Presbyterian University Hosp
Pittsburgh PA 15213
GRENVIK, MD, Christer J US
2629 Thorntree Drive
Pittsburgh PA 15241
GRIBB, J JEFFREY ST
800 Spring Valley Road
Doylestown PA 18901
GRIBIK, MD, Michael NEP
Mercy Hospital
Pittsburgh PA 15219
GRIFFITH, MD, Bartley P TS
University Of Pittsburgh
Pittsburgh PA 15261
GRONDZIOWSKI JR, PETER M ST
825 South Negley Avenue #6
Pittsburgh PA 15232
GROSS, MD, Paul PTH
28 Maui Circle
Naples FL 33940
GROSSMAN, MD, Warren GS
5545 Beacon Street
Pittsburgh PA 15217
GROVER, MD, Sukhdev S PUD
St Francis Medical Center
Pittsburgh PA 15201
GRUBBS, MD, Robert M GP
3506 Ridgewood Drive
Pittsburgh PA 15235
GRUMET, MD, Bernard A IM
410 South Craig Street
Pittsburgh PA 15213
GUEHL JR, DO, John J OPH
275 Main Entrance Drive
Pittsburgh PA 15238
GUEHL SR, MD, John J P
4415 Fifth Avenue
Pittsburgh PA 15213
GUINTO, MD, Jose C R
653 Simpson Howell Road
Elizabeth PA 15037
GULARSKI, MD, Alice S GP
5850 Meridian Road
Gibsonia PA 15044
GUMERMAN, MD, Lewis W NM
28 Unger Lane
Pittsburgh PA 15217
GUMP, MD, Robert B GP
811 Ross Avenue
Pittsburgh PA 15221
GURGUN, MD, Melih R
Six Carleton Drive
Pittsburgh PA 15243
GURSON, MD, Helen W GP
2320 East Carson Street
Pittsburgh PA 15203
GUTHRIE, MD, Michael A OBG
102 Westchester Drive
Pittsburgh PA 15215
HAEUSSNER, MD, Charles F GS
St Margaret Med Arts Building
Pittsburgh PA 15215
HAGBERG, MD, William C ORS
104 Alleyne Drive
Pittsburgh PA 15215
HAGG, MD, Sigrid A END
400 Penn Center Boulevard
Pittsburgh PA 15235
HAHALYAK, DO, Michael P FP
Three Mockingbird Plaza
Pittsburgh PA 15238
HAHN, MD, Adam W P
230 North Craig Street
Pittsburgh PA 15213
HAIRSTON JR, MD, John C GP
6605 Stanton Avenue
Pittsburgh PA 15206
HAKALA, MD, Thomas R U
Presbyterian University Hosp
Pittsburgh PA 15213
HAKAS, MD, Joseph F IM
1767 Helen Drive
Pittsburgh PA 15216
HAKAS JR, MD, Joseph F IM
300 Gilkeson Road
Pittsburgh PA 15228
HALE, MD, Edward H IM
610 Medical Center East
Pittsburgh PA 15206
HALEN, MD, Robert J OM
Ltv Steel Corp Box 6778
Cleveland OH 44101
HALL, MD, David G FP
250 North Highland Mall
Pittsburgh PA 15206
HALL, MD, Michael M FP
815 Freeport Road
Pittsburgh PA 15215
HALL, MD, William A DR
8234 Bramble Lane
Pittsburgh PA 15237
HALLAJ-ZADEH, MD, Ali M GS
9410 Babcock Boulevard
Allison Park PA 15101
HALVORSEN, MD, Maria A IM
1155 Merchant Street
Ambridge PA 15003
HAMILTON, MD, Robert M EM
315 Holiday Drive
Pittsburgh PA 15237
HAMILTON, MD, Robert W GP
1430 Lincoln Way
Mckeesport PA 15131
HAMM, MD, Charles R R
208 Van Buren Circle
Pittsburgh PA 15229
HAN, MD, Dalsoo DR
620 Foxhurst Road
Pittsburgh PA 15238
HAN, MD, Sum K FP
545 Pat Haven Drive
Pittsburgh PA 15243
HAN, MD, Yoong O OBG
St Francis Medical Center
Pittsburgh PA 15201
HANCHETT, MD, James E NEP
4815 Liberty Avenue
Pittsburgh PA 15224
HANCOCK, MD, Reginald A U
919 Valleyview Road
Pittsburgh PA 15243
HANDELSMAN, MD, Gordon L FP
4121 Main Street
Munhall PA 15120
HANDELSMAN, MD, Oliver FP
2400 Ardmore Boulevard
Pittsburgh PA 15221
HANKEY, MD, John C IM
233 Allenberry Circle
Pittsburgh PA 15234
HANLEY JR, MD, Edward N
3601 Fifth Avenue
Pittsburgh PA 15213
HANLON, MD, James T GS
Mckeesport Surgical Assocs
Mckeesport PA 15132
HANLON, MD, Thomas W IM
Western Pennsylvania Hospital
Pittsburgh PA 15224
HANNA, MD, Dwight C PS
101 Eton Drive
Pittsburgh PA 15215
HANRAHAN, MD, James B PTH
West Penn Hospital
Pittsburgh PA 15224
HAPPEL JR, MD, John L CDS
5975 Parkvue Extended
Pittsburgh PA 15236
HARADIN, MD, Anthony R HEM
3600 Forbes Avenue Room 604
Pittsburgh PA 15213
HARDESTY, MD, Robert L TS
University Of Pittsburgh
Pittsburgh PA 15261
HARINSTEIN, MD, David A IM
210 Springhouse Lane
Pittsburgh PA 15238
HARNER, MD, Christopher D ORS
3601 Fifth Avenue
Pittsburgh PA 15213
HARPER JR, MD, John J PD
615 Alpha Drive
Pittsburgh PA 15238
HARRIS, MD, Barry C CD
3471 Fifth Avenue
Pittsburgh PA 15213
HARRIS, MD, Kathleen M R
Presbyterian University Hosp
Pittsburgh PA 15213
HARRIS, MD, Richard N IM
3708 Fifth Avenue
Pittsburgh PA 15213
HARRIS, MD, Ronald T OBG
130 North Bellefield Avenue
Pittsburgh PA 15213
HARRISON, MD, Anthony M GS
3471 Fifth Avenue
Pittsburgh PA 15213
HART, MD, Neil J IM
490 East North Avenue
Pittsburgh PA 15212
HARTMAN, MD, Roderic J PD
Sandune Drive Suite 21-P
Pittsburgh PA 15239
HARTNER, MD, W Bruce P
161 North Dithridge Street
Pittsburgh PA 15213
HARTSOCK, MD, Robert J PTH
Allegheny General Hosp Lab
Pittsburgh PA 15212
HARVEY, MD, William J GP
340 Center Avenue
Pittsburgh PA 15229
HARWICK, MD, Jean C OPH
301 Fifth Avenue Building
Pittsburgh PA 15222
HASBACH, MD, Thomas J ORS
363 Vanadium Road
Pittsburgh PA 15243
HASER, MD, Heywood A ORS
656 Pleasant Hills Road
Wexford PA 15090
HASHMI, MD, Majid A CD
4815 Liberty Avenue
Pittsburgh PA 15224
HASLEY, MD, Stephen K OBG
210 Beech Street
Pittsburgh PA 15218
HASSOURI, MD, Hassan N
One Allegheny Square
Pittsburgh PA 15212
HAUS, MD, William GP
5432 Bartlett Street
Pittsburgh PA
HAVKO, MD, Frederick C OS
238 South Aiken Avenue
Pittsburgh PA 15206
HAVRILLA, MD, Thomas R DR
Radiology Consulting Assoc
Salon OH 44139
HAWK, MD, Brainard O OBG
151 Irwin Avenue
Pittsburgh PA 15202
HAWKINS, MD, James G PD
9104 Babcock Boulevard 2111
Pittsburgh PA 15237
HAWRYLUK, JOSEPH M ST
4041 Bigelow Boulevard #109
Pittsburgh PA 15213
HAYASHI, MD, T Terry GYN
Magee Womens Hospital
Pittsburgh PA 15213
HAYES, MD, James C IM
4815 Liberty Avenue
Pittsburgh PA 15224
HAYES, MD, James D R
St Clair Hospital
Pittsburgh PA 15243
HAYES, KEVIN P ST
245 Melwood Avenue
Pittsburgh PA 15213
HAYESLIP, MD, David W PTH
1160 Ingomar Heights Road
Pittsburgh PA 15237
HEATH, MD, Erle M FP
2423 Saw Mill Run Boulevard
Pittsburgh PA 15234
HEBEL, JEANETTE L ST
315 Oakland Avenue
Pittsburgh PA 15213
HECK, MD, Harry J GP
382 Central Drive
Mars PA 16046
HECK III, MD, Harry J IM
1600 Lowrie Street
Pittsburgh PA 15212
HECKLER, MD, Frederick R PS
320 East North Avenue
Pittsburgh PA 15212
HEFFLIN, MD, Charles M FP
5559 Hampton Street
Pittsburgh PA 15206
HEGARTY, MD, Francis A D
111 The Oaks
Pittsburgh PA 15215
HEIDENREICH, MD, Fred P IM
320 Third Avenue
Tarentum PA 15084
HEIDENREICH, MD, H Vincent GP
4002 Provost Road
Pittsburgh PA 15227
HEILMAN, MD, J Daniel IM
320 Third Avenue
Tarentum PA 15084
HELFRICH, MD, David J RHU
526 Tingley Avenue
Pittsburgh PA 15202
HELMBOLD, MD, Theodore R PTH
2284 Country Club Drive
Pittsburgh PA 15241
HEMPHILL, MD, Richard W OBG
Magee Womens Hospital
Pittsburgh PA 15213
HENAR, MD, Ingrid Y PDS
Acc Childrens Hospital Of Pgh
Pittsburgh PA 15213
HENDRICKSON, MD, Holly M FP
494 Gettysburg Street
Pittsburgh PA 15206
HENDRY, MD, Stanley G IM
2015 William Penn Highway
Pittsburgh PA 15221
HENNESSEY, MD, David H PD
701 Broad Street
Sewickley PA 15143
HENNON, MD, Don L GS
490 East North Avenue #201
Pittsburgh PA 15212
HENRY JR, MD, Edgar S OPH
329 Meadow Lane
Sewickley PA 15143
HENRY JR, MD, Leland T IM
4815 Liberty Avenue
Pittsburgh PA 15224
HEPLER-SMITH, MD, Elizabeth P
161 White Oak Drive
Pittsburgh PA 15237
HEPLER-SMITH, MD, Michael PD
4721 Mcknight Road
Pittsburgh PA 15237
HEPPNER, MD, Richard L CD
4815 Liberty Avenue
Pittsburgh PA 15224
HERB, MD, Robert W GE
3471 Fifth Avenue
Pittsburgh PA 15213
HERBERT, MD, Vicki L END
Suite 111
Pittsburgh PA 15236
HERMAN, MD, Jay B U
7322 Beacon Hill Drive
Pittsburgh PA 15221

HERMAN, MD, Julius FP
Two Ellsworth Place
Pittsburgh PA 15232
HERSHENSON, MD, Lee M GE
3700 Fifth Avenue
Pittsburgh PA 15213
HERSHEY, MD, Richard E NS
701 Pinetree Road
Pittsburgh PA 15243
HERTZ, MD, George E OS
5446 Wilkins Avenue
Pittsburgh PA 15217
HERTZOG, MD, Francis J EM
Mckeesport Hospital
Mckeesport PA 15132
HERTZOG, MD, James E OM
Consol Plaza
Pittsburgh PA 15241
HETHERINGTON, MD, Arthur F GYN
23 Linden Place
Sewickley PA 15143
HETRICK, MD, William D AN
8258 Brittany Place
Pittsburgh PA 15237
HEYL, MD, Louis W IM
1020 Center Avenue
Pittsburgh PA 15229
HEYL JR, MD, Frank E GP
1020 Center Avenue
Pittsburgh PA 15229
HEYMACH III, MD, George J PUD
230 North Craig Street
Pittsburgh PA 15213
HIGMAN, MD, Henry B N
322 Scaife Hall
Pittsburgh PA 15213
HILAL, MD, Elias Y OTO
1501 Locust Street
Pittsburgh PA 15219
HILBERG, MD, Robert W ON
1515 Locust Street
Pittsburgh PA 15219
HILES, MD, David A OPH
3518 Fifth Avenue
Pittsburgh PA 15213
HILGER, JEFFREY S ST
444 Freeport Road
Pittsburgh PA 15238
HILL, MD, John B ON
465 Woodland Hills Road
Pittsburgh PA 15235
HILLER JR, MD, Walter W P
574 Dorseyville Road
Pittsburgh PA 15238
HILLWIG, ROBERT J ST
233 North Craig Street
Pittsburgh PA 15213
HILTON, MD, Alexander E GP
1432 Lincoln Way
Mckeesport PA 15131
HIMES, DO, Rand S OBG
5000 Mcknight Road
Pittsburgh PA 15237
HIMOT, MD, Linda J P
1424 Beechwood Boulevard
Pittsburgh PA 15217
HINCHLIFFE, MD, Joseph G P
401 Shady Avenue
Pittsburgh PA 15206
HINES, MD, Gladys N F IM
615 Ivy Street
Pittsburgh PA 15232
HINKENS, MD, George F IM
490 East North Avenue
Pittsburgh PA 15212
HIRSCH, MD, Barry E OTO
Eye & Ear Hospital
Pittsburgh PA 15213
HIRSCH, MD, Stanley A GS
Harmarville Rehab Center Inc
Pittsburgh PA 15238
HITCHCOCK, MD, John PYA
3708 Fifth Avenue
Pittsburgh PA 15213
HO, MD, Monto IM
University Of Pittsburgh
Pittsburgh PA 15261
HO, MD, Yee C GP
810 Wood Street
Pittsburgh PA 15221
HOCH, MD, Carl W OTO
6500 Smithfield Street
Mckeesport PA 15135
HOCH, MARK L ST
5922 Douglas Street
Pittsburgh PA 15217
HODGES, MD, Allen R PD
211 North Whitfield Street
Pittsburgh PA 15206
HODGSON, MD, John P IM
189 Thornberry Drive
Pittsburgh PA 15235
HOEGER, WILLIAM J ST
120 Ruskin Avenue
Pittsburgh PA 15213
HOFFMAN, DANIEL M ST
714 Filbert Street
Pittsburgh PA 15232
HOFFMAN, MD, Franklin D OPH
300 Fox Chapel Road
Pittsburgh PA 15238
HOFFMAN, DO, Marc E OPH
Central Medical Center
Pittsburgh PA 15219
HOFFMAN JR, MD, Charles OBG
1400 Locust Street
Pittsburgh PA 15219
HOFSTETTER, MD, Alexander M U
522 Walnut Street
Mckeesport PA 15132
HOFSTETTER, MD, Mark IM
1400 Locust Street
Pittsburgh PA 15219
HOGG, MD, Jeffery P DR
5652 Solway Street
Pittsburgh PA 15217
HOHING, MD, Charles C OBG
111 Grandview Avenue
Pittsburgh PA 15211
HOHMANN, MD, Thomas C PM
North Hill Passavant Hospital
Pittsburgh PA 15237
HOLL, MD, Paul F OPH
1424 Scepter Court
N E Palm Bay FL 32905
HOLLAND, MD, Philip B ORS
2513 Fifth Avenue
Mckeesport PA 15132
HOLLERMAN, MD, Charles E PNP
Mercy Hospital Of Pittsburgh
Pittsburgh PA 15219
HOLMAN, MD, Ingrid A FP
185 Karen Drive
Elizabeth PA 15037
HOLMES, MD, C Jeffrey FP
815 Freeport Road
Pittsburgh PA 15215
HOLMES, LYNETTE ST
7839 Mark Drive
Verona PA 15147
HOLZINGER, MD, Elmer J IM
519 Edgewood Road
Pittsburgh PA 15221
HONGBARCO, MD, Pablo TS
532 South Aiken Avenue
Pittsburgh PA 15232
HOOBER, MARIA E ST
2032 Wendover
Pittsburgh PA 15217
HOON, MD, William L OPH
Harbor Oaks Place Apt 803
Clearwater FL 33516
HOOTMAN, MD, J Kenneth OPH
713 Washington Road
Pittsburgh PA 15228
HOOVER, MD, Alan D IM
620 West Waldheim Road
Pittsburgh PA 15215
HOOVER, MD, Darren L OPH
Central Medical Center & Hosp
Pittsburgh PA 15219
HOOVER, MD, Walter W IM
575 Coal Valley Road
Pittsburgh PA 15236
HOPKINS, MD, James T CD
490 East North Avenue #306
Pittsburgh PA 15212
HORN, MD, Richard H IM
34 Longfellow Road
Pittsburgh PA 15215
HORN, MD, Thomas L P
2020 Ardmore Boulevard
Pittsburgh PA 15221
HORNE, MD, Lloyd M END
5112 Bayard Street
Pittsburgh PA 15232
HORNER JR, MD, Frank S FP
521 Freeport Road
Creighton PA 15030
HORNICEK JR, FRANCIS J ST
3000 William Penn Highway
Pittsburgh PA 15235
HOROWITZ, MD, Debra L IM
710 Thompson Avenue
Mckees Rocks PA 15136
HOROWITZ, JOEL ST
5922 Douglas Street
Pittsburgh PA 15217
HORVATH, MD, David A D
20 Cedar Boulevard Suite 205
Pittsburgh PA 15228
HORWITZ, MD, Mara J IM
5840 Elmer Street
Pittsburgh PA 15232
HOSPODAR, MARK E ST
4127 Winterburn Avenue
Pittsburgh PA 15207
HOTTENSTEIN, MD, ORS
Jonathan E
1099 Ohio River Boulevard
Sewickley PA 15143
HOUSTON, MD, Maryjo A FP
1611 Delaware Avenue
Mckeesport PA 15131
HOWER, MD, Robert D GS
Medical Arts Building
Natrona Heights PA 15065
HOWLAND, MD, Robert H P
304 Barnes Street
Wilkinsburg PA 15221
HOYSON, MD, Gregory M PD
Seven Woodland Terrace
Pittsburgh PA 15229
HRABOVSKY, SHARON L ST
147 North Craig Street
Pittsburgh PA 15213
HRYSHKO, MD, Frank G DR
5930 Howe Street #103
Pittsburgh PA 15232
HU, MD, Kang-Ning U
214 West North Avenue
Pittsburgh PA 15221
HUBER, MD, David S IM
517 Lamp Lite Lane
Pittsburgh PA 15237
HUBER, MD, Donald J FP
8135 Perry Highway
Pittsburgh PA 15237
HUGHES, MD, George V IM
558 Perry Highway
Pittsburgh PA 15229
HUGHES, MD, James M R
701 Fifth Street
Beaver PA 15009
HUGHES, MD, Patrick H GS
450 Holland Avenue
Braddock PA 15104
HUGO, MARYANNE ST
916 Kennebec Street
Pittsburgh PA 15217
HULLEY JR, MD, William C GP
2213 Brownsville Road
Pittsburgh PA 15210
HULTMAN, CHARLES S ST
120 Ruskin Avenue
Pittsburgh PA 15213
HUMES, MD, Alexander B P
1525 Beaver Road
Sewickley PA 15143
HUMPHREYS, MD, Earl A GE
Gateway Towers
Pittsburgh PA 15222
HUNT, MD, William R GS
2412 James Street
Mckeesport PA 15132
HUNTER, MD, Doris M PYA
417 South Craig Street
Pittsburgh PA 15213
HUOT, MD, David A DR
4815 Liberty Avenue
Pittsburgh PA 15224
HURITE, MD, Francis G OPH
1200 Centre Avenue
Pittsburgh PA 15219
HURWITZ, MD, Dennis J PS
3471 Fifth Avenue
Pittsburgh PA 15213
HURWITZ, MD, Larry E CD
3471 Fifth Avenue
Pittsburgh PA 15213
HUSAINI, MD, Syed N IM
Seventh Street
New Kensington PA 15068
HUSSAINI, MD, Syed R CD
102 Hidden Valley Drive
Pittsburgh PA 15237
HUTCHINSON, MD, CDS
Laurence D
P O Box 241222
Indianapolis IN 46224
HUTCHINSON, WILLIAM S ST
Five Edith Place
Pittsburgh PA 15213
HUWE JR, JOSEPH E ST
608 Forest Avenue
Pittsburgh PA 15202
HYDE, MD, Bruce I PD
2550 Misside Boulevard
Pittsburgh PA 15146
HYDOVITZ, MD, Jerrold D END
532 S Aiken Avenue
Pittsburgh PA 15232
HYLEK, ELAINE M ST
267 Parker Drive
Pittsburgh PA 15216
IANCU, MD, Albert L U
7134 Roycrest Place
Pittsburgh PA 15208
IANNUZZI, MD, C Charles FP
2115 Noble Street
Pittsburgh PA 15218
ICHIKAWA, MD, Diane C L OBG
Magee Womens Hospital
Pittsburgh PA 15213
IDREES, MD, Muhammad IM
1949 Lincoln Way
Mckeesport PA 15131
ILKHANIPOUR, VALEH ST
226 Trotwood West Drive
Pittsburgh PA 15241
ILKHANIPOUR, MD, Zahra S R
226 Trotwood West Drive
Pittsburgh PA 15241
ILYAS, MD, Mohammad R
38 Churchill Road
Pittsburgh PA 15235
IMBRIGLIA JR, MD, Joseph E ORS
Timber Court
Pittsburgh PA 15212
INCORVATI, DO, Robert L IM
3448 Campus Street
Pittsburgh PA 15212
INDORATO, MD, Leroy S PD
5173 Liberty Avenue
Pittsburgh PA 15224
INGRAM, MD, Michael D AN
50 Thorn Street
Sewickley PA 15143
INOUYE, LISA S ST
223 South Mathilda Street #7
Pittsburgh PA 15224
IRACKI, MD, Daniel A IM
110 Fort Couch Road
Pittsburgh PA 15241
IRBY, MD, Susan K IM
450 Holland Avenue
Braddock PA 15104
ISAACS, MD, Gilbert H NM
Allegheny Gen Hospital
Pittsburgh PA 15212
ISAACSON, MD, Stanford IM
2303 Beechwood Boulevard
Pittsburgh PA 15217
ISAKOV, ALEXANDER P ST
1914 Murray Avenue
Pittsburgh PA 15217
ISMAIL-BEIGI, MD, Farhad GE
3700 Fifth Avenue
Pittsburgh PA 15213
ISRAEL, MD, Michael PTH
Mercy Hospital
Pittsburgh PA 15219
ITSKOWITZ, MD, Alan L IM
204 Fifth Avenue
Pittsburgh PA 15222
ITZKOFF, MD, Jerome M IM
510 South Aiken Avenue
Pittsburgh PA 15232
JABLONSKI, MD, Richard R GP
1174 Greentree Road
Pittsburgh PA 15220
JABRE, MD, Anthony NS
510 South Aiken Avenue
Pittsburgh PA 15232
JACKLINE JR, MD, Joseph J IM
4721 Mcknight Road
Pittsburgh PA 15237
JACOB, MD, Herbert E ON
404 Hidden Spring Lane
Pittsburgh PA 15238
JACOB, MD, W Lindsay P
417 South Craig Street
Pittsburgh PA 15213
JACOBS, MD, David U
1050 Lincoln Way
Mckeesport PA 15132
JACOBS, MD, George J TR
R D 1 Box 134
Evans City PA 16033
JACOBS, MD, Mark I CD
P O Box 3458
Auburn ME 04210
JACOBS, MD, Michael B IM
1685 Perrysville Avenue
Pittsburgh PA 15212
JACOBS, MD, Samuel A IM
3471 5Th Avenue
Pittsburgh PA 15213
JACOBSON, MD, James N P
2550 Mosside Blvd
Monroeville PA 15146
JACQUES, MD, George A AN
1128 Pacific Avenue
Brackenridge PA 15014
JAEGER, MD, Scott M PD
131 South 16th Street
Pittsburgh PA 15203
JAFFE, MD, Ronald PTH
Childrens Hospital
Pittsburgh PA 15213
JAHDI, MD, Nasrollah GE
4442 Laurel Oak Drive
Allison Park PA 15101
JAKAB, MD, Irene P
Western Psychiatric Clinic
Pittsburgh PA 15213
JAMES, DO, Edward E GP
1308 Fifth Avenue
Coraopolis PA 15108
JAMES, MD, Peter L R
5820 Elwood Street #31
Pittsburgh PA 15232
JANARDHANAN, MD, Ravi GE
490 East North Avenue
Pittsburgh PA 15212
JANECKA, MD, Ivo P OTO
Eye And Ear Hospital
Pittsburgh PA 15213
JANEWAY, MD, Timothy ORS
510 South Aiken Avenue
Pittsburgh PA 15232
JANIAK, DO, Daniel D FP
Ten Lebanon Hill Drive
Pittsburgh PA 15228
JANICIJEVIC, MD, Nenad EM
1691 Washington Road
Bethel Park PA 15228
JANNETTA, CAROL M ST
100 Seddon Road
Pittsburgh PA 15218
JANNETTA, MD, Peter J NS
Presbyterian Univ Hospital
Pittsburgh PA 15213
JANOSKO, MD, Rudolph E P
161 North Dithridge Street
Pittsburgh PA 15213
JANOWITZ, MD, Michael J OS
1300 Earlford Drive
Pittsburgh PA 15227
JAQUISS, MD, G William PS
993 Greentree Road
Pittsburgh PA 15220
JARIWALA, MD, Leticia Q PTH
363 Vanadium Road
Pittsburgh PA 15243
JARMOLOWSKI, MD, Chester R R
Shadyside Hospital
Pittsburgh PA 15232
JARRETT, MD, Fredric GS
3471 Fifth Avenue
Pittsburgh PA 15213
JEFFRIES, MD, C Stephen PD
615 Washington Road
Pittsburgh PA 15228
JEGASOTHY, MD, Brian V D
3601 Fifth Avenue
Pittsburgh PA 15213
JENKINS, WILLIAM A ST
298 Nantucket Drive
Pittsburgh PA 15236
JENKINS JR, MD, Robert J IM
3516 Washington Avenue
Finleyville PA 15332
JEROME, JULIE A ST
5547 Beeler Street
Pittsburgh PA 15217
JETTI, MD, Krishna P CRS
1402 Lincoln Way
White Oak PA 15131
JEW JR, MD, Edward W GS
2048 Hycroft Drive
Pittsburgh PA 15241
JHO, MD, Hae Dong NS
8327 Elaine Drive
Pittsburgh PA 15237
JIAN, MD, Parviz OBG
P O Box 348
Sewickley PA 15143
JOHAN, MD, Morton PYA
401 Medical Arts Building
Pittsburgh PA 15213
JOHN, MD, Chad E PD
935 Thorn Run Road
Coraopolis PA 15108
JOHN, MD, Lawrence R FP
St Margaret Medical Art Bldg
Pittsburgh PA 15215
JOHN, MD, Martha D PD
100 Delafield Road
Pittsburgh PA 15215
JOHNS, MD, Christopher M DR
37 Bailey Avenue
Pittsburgh PA 15211
JOHNSON, MD, David W DR
Presbyterian Hospital
Pittsburgh PA 15213
JOHNSON, MD, Franklin P GP
1600 James Street
Monroeville PA 15146
JOHNSON, MD, Gary E FP
523 Harrison City Road
Trafford PA 15085
JOHNSON, MD, James R GP
332 Fifth Avenue
Mckeesport PA 15132
JOHNSON, MD, John H OS
House Staff Residence
Pittsburgh PA 15213
JOHNSON, MD, Jonas T OTO
295 Hunt Road
Pittsburgh PA 15215
JOHNSON, MD, Richard B ID
3416 Ashland Drive
Bethel Park PA 15102
JOHNSON III, MD, S Harris U
50 Quail Hill Lane
Pittsburgh PA 15238
JOHNSTON, MD, J Murl PM
694 Washington Road
Pittsburgh PA 15228
JOHNSTON JR, MD, John A CRS
1150 Bower Hill Road
Pittsburgh PA 15243
JOHNSTONE, MD, Graham F ORS
200 Meyran Avenue
Pittsburgh PA 15213
JONES, MD, Larry M PSS
Trauma Director
Pittsburgh PA 15219
JONES, MD, Neil F PS
1117 Scaife Hall
Pittsburgh PA 15261
JONES, MD, Shadrach H IM
614 Whitney Avenue
Pittsburgh PA 15221
JONES, MD, Steven R OTO
933 Liberty Avenue
Pittsburgh PA 15222
JONES, MD, Wendell E R
1118 Carlisle Street
Natrona Heights PA 15065
JONES JR, MD, Robert T R
Mercy Hospital
Pittsburgh PA 15219
JONES-GORDON, MD, Sandra M IM
120 Ruskin Avenue
Pittsburgh PA 15213

JOSEPH, MD, Andrew H IM
1350 Locust Street
Pittsburgh PA 15219
JOSEPH, MD, Elaine R PD
2549 Mosside Boulevard
Monroeville PA 15146
JOSEPH, MD, Monte L PYA
37 Rocklynn Place
Pittsburgh PA 15228
JOSHI, MD, Manohar J CD
110 East 18th Avenue
Munhall PA 15120
JOVANOVICH, MD, Daniel B IM
1336 Knollwood Drive
Monroeville PA 15146
JOZEFCZYK, MD, Patricia B N
2276 Sidgefield Lane
Pittsburgh PA 15241
JUDD, MD, Barry L P
3811 O'hara Street
Pittsburgh PA 15213
JULIAN, MD, Thomas B GS
3459 Fifth Avenue
Pittsburgh PA 15213
JUNG, HAEOH M ST
261 North Dithridge Street
Pittsburgh PA 15213
JUNGHANS, MD, Siegfried P PTH
Sewickley Valley Hospital
Sewickley PA 15143
KAHL, MD, Paul J IM
220 East Eighth Avenue
Homestead PA 15120
KAIRYS, MD, Leo R OBG
1910 Cochran Road
Pittsburgh PA 15220
KALLA, MD, Richard L IM
3471 Fifth Avenue
Pittsburgh PA 15213
KALMANSON, MD, Jacob D D
201 Penn Center Boulevard
Pittsburgh PA 15235
KAMERER, MD, Donald B OT
Eye And Ear Hospital Suite 11
Pittsburgh PA 15213
KAMINSKI, MD, Robert J OBG
6420 Beacon Street
Pittsburgh PA 15217
KANAL, MD, Emanuel DR
5872 Bartlett Street
Pittsburgh PA 15217
KANE, MD, John J OBG
158 Main Entrance Drive
Pittsburgh PA 15228
KANE, MD, Kevin M ON
1515 Locust Street
Pittsburgh PA 15219
KANIA, MD, Robert J GE
4815 Liberty Avenue
Pittsburgh PA 15224
KANN, MD, Jules IM
128 North Craig Street
Pittsburgh PA 15213
KANN, STEVEN E ST
120 Ruskin Avenue
Pittsburgh PA 15213
KANTOR, MD, Thomas V IM
255 Shady Avenue #302
Pittsburgh PA 15206
KAO, MD, Chien-Kuo AN
937 Old Hickory Road
Pittsburgh PA 15243
KAO, MD, Lidia Wei Liu OBG
Allegheny General Hospital
Pittsburgh PA 15212
KAPLAN, MD, Carl R
125 Oak Park Place
Pittsburgh PA 15243
KAPLAN, MD, Peter D PUD
320 East North Avenue
Pittsburgh PA 15212
KAPLON, MD, Charlotte A FP
654 Woodcrest Drive
Pittsburgh PA 15205
KAPOOR, MD, Rajeshwar D IM
4808 Au Sable Drive
Gibsonia PA 15044
KAPPAKAS, MD, George S ORS
1321 Fifth Avenue
Mckeesport PA 15132
KARAMBELKAR, MD, P
Jagannath P
2550 Chapelwood Drive
Pittsburgh PA 15241
KARAMCHANDANI, MD, NPM
Nilima T
4815 Liberty Avenue
Pittsburgh PA 15224
KARIMKHANI, MD, Kobra OBG
938 Beaver Grade Road
Coraopolis PA 15108
KARPINSKI JR, MD, Stephen J AN
532 South Aiken Avenue
Pittsburgh PA 15232
KART, MD, Barry H DR
2401 Beechwood Boulevard
Pittsburgh PA 15217
KASDAN, MD, Richard B N
541 Linden Lane
Pittsburgh PA 15208

KATARINCIC, JULIE A ST
4716 Bayard Street
Pittsburgh PA 15213
KATZ, MD, David L OBG
Gateway Towers
Pittsburgh PA 15222
KATZ, MD, Irwin L DR
1656 Beechwood Boulevard
Pittsburgh PA 15217
KATZ, MD, Richard G PS
1173 Beechwood Boulevard
Pittsburgh PA 15206
KATZIN, MD, Dick OPH
2545 Mosside Blvd
Monroeville PA 15146
KAUFMAN, DAVID A ST
120 Ruskin Avenue
Pittsburgh PA 15213
KAVIC, MD, Michael S GS
960 Beaver Grade Road
Coraopolis PA 15108
KAVIC, MD, Thomas A DR
155 Pilgrim Drive
Sewickley PA 15143
KAVIC, MD, Timothy N GS
1739 East Carson Street
Pittsburgh PA 15203
KAZANECKI, MARY E ST
5850 Douglas Street
Pittsburgh PA 15217
KEDDIE, MD, Roland T FP
Chartiers Valley Medical Ctr
Bridgeville PA 15017
KELLER, MD, Frank M FP
935 Thorn Run Road
Coraopolis PA 15108
KELLEY, EDWARD S ST
240 Melwood Avenue
Pittsburgh PA 15213
KELLY, MD, Bruce R FP
3509 Woodlake Drive
Allison Park PA 15101
KELLY, MD, Edward G N
363 Vanadium Road
Pittsburgh PA 15243
KELLY, EDWARD J ST
120 Ruskin Avenue
Pittsburgh PA 18411
KELLY, MD, Eugene W R
24 Sewickley Hills Drive
Sewickley PA 15143
KELLY, MD, Thomas J IM
100 Delafield Road
Pittsburgh PA 15215
KELLY, MD, William J CD
St Francis Medical Office
Pittsburgh PA 15224
KEMP, MD, William R NS
10124 Deer View Point
Wexford PA 15090
KENKRE, MD, Sricrishna B OBG
4225 Northern Pike
Monroeville PA 15146
KENNA, MD, Marita D CHP
211 North Whitfield Street
Pittsburgh PA 15206
KENNEDY, MD, F Bryan CD
St Francis Medical Offices
Pittsburgh PA 15224
KENNEDY, MD, Kris E OBG
5738 Wilkins Avenue
Pittsburgh PA 15217
KENNEDY, MD, Roland L AN
7428 Richland Drive
Pittsburgh PA 15208
KENNERDELL, MD, Edward H OPH
1401 Foxfire Lane
Naples FL 33942
KENNERDELL, MD, John S OPH
Allegheny General Hospital
Pittsburgh PA 15212
KENNETZ JR, BERNIE F ST
201 Labelle Street
Pittsburgh PA 15211
KENNY, MD, Kevin J FP
287 14Th Street
Ambridge PA 15003
KENYON, CAROL L ST
711 Penn Avenue
Wilkinsburg PA 15221
KERENDIAN, JOSEPH ST
262 North Dithridge Street
Pittsburgh PA 15213
KERR JR, MD, Harry J IM
38 Laurel Ridge Road
Coraopolis PA 15108
KESSERU, MD, Julius GS
709 Brighton Road
Pittsburgh PA 15233
KESSLER, MD, Laibe A NS
552 North Neville Street
Pittsburgh PA 15213
KESSLER, MD, Otto F OBG
804 North Ridge Drive
Pittsburgh PA 15216
KETTERING, JOSEPH M ST
361 Atwwod Street
Pittsburgh PA 15213
KHALILI, MD, Behrooz OBG
1350 Locust Street
Pittsburgh PA 15241

KHURANA, MD, Ramesh C DIA
700 Washington Road
Pittsburgh PA 15228
KIBERT, MD, Leonard G IM
619 South Braddock Avenue
Pittsburgh PA 15221
KICHLER, MD, Joel M GE
701 Fifth Avenue
New Kensington PA 15068
KIELMAN, MD, Michael J EM
Shadyside Hospital
Pittsburgh PA 15232
KILPELA, MD, Donald A PD
4721 Mcknight Road #210
Pittsburgh PA 15237
KIM, MD, Eugene Y R
Xun Diagnostics
Mckees PA 15132
KIM, MD, Hyoung D ON
120 Mt Vernon Drive
Monroeville PA 15146
KIM, MD, Jae-Chil PM
Jefferson Center
Pittsburgh PA 15236
KIM, JEAN ST
Five Bayard Road
Pittsburgh PA 15213
KIM, MD, Richard IM
531 South Braddock #2
Pittsburgh PA 15221
KIM, MD, Scott S GS
1220 Lincoln Way
White Oak PA 15131
KIM, MD, Sung Y DR
35000 Fifth Avenue
Pittsburgh PA 15213
KIM, MD, Wha Sun PTH
1301 Carlisle Street
Natrona Heights PA 15065
KIM, MD, Yong Deok R
228 Ohara Manor Drive
Pittsburgh PA 15238
KIM, MD, Yoon C PTH
1004 Arch Street
Pittsburgh PA 15212
KING, MD, Barbara L EM
139 Race Street
Pittsburgh PA 15218
KING, MD, Leo M U
706 Union National Band Bldg
Mckeesport PA 15132
KING, MD, Robert L OBG
9104 Babcock Blvd 6107
Pittsburgh PA 15237
KINGHORN, MD, Mildred A PD
1263 Denniston Avenue
Pittsburgh PA 15217
KINKEAD, KEVIN P ST
1217 Island Avenue
Pittsburgh PA 15212
KINSEL, MD, Alvin A OM
St Margaret Memorial Hospital
Pittsburgh PA 15215
KIPROFF, MD, Paul M DR
320 East North Street
Pittsburgh PA 15212
KIRK, MD, Jacquelyn M D
1594 Pinetree Drive
Pittsburgh PA 15241
KIRKPATRICK, MD, John R GS
West Penn Hospital
Pittsburgh PA 15224
KISLOFF, MD, Barry GE
410 South Craig Street
Pittsburgh PA 15213
KISNER, MD, Robert G OBG
211 North Whitfield Street
Pittsburgh PA 15206
KISSELL, MD, Dewitt C GP
1050 Blackridge Road
Pittsburgh PA 15235
KITTS, MD, Ellen L PD
D T Watson Rehab Hospital
Sewickley PA 15143
KLAIN, MD, Matthew N IM
905 Maryland Avenue
Pittsburgh PA 15232
KLAIN, MD, Miroslav AN
2068 Outlook Drive
Pittsburgh PA 15241
KLASKIN, DO, Bruce D PM
3954 North Monet Court
Allison Park PA 15101
KLATMAN, MD, Samuel J GP
8236 Waterline Drive
Boynton Beach FL 33437
KLAY, MD, John W TS
4815 Liberty Avenue
Pittsburgh PA 15224
KLEIN, ALAN H ST
100 Denniston Avenue
Pittsburgh PA 15206
KLEIN, DO, Milton J PM
D T Watson Rehab Hospital
Sewickley PA 15143
KLEIN, MD, Richard M FP
4815 Liberty Avenue
Pittsburgh PA 15224
KLEIN, MD, Sanford M AN
1436 Beechwood Blvd
Pittsburgh PA 15217

KLEINSCHMIDT, MD, Robert F IM
1350 Locust Street
Pittsburgh PA 15219
KLEIST, MD, Paul C CD
400 Penn Center Boulevard
Pittsburgh PA 15235
KLINE, MD, Robert W AN
1121 Gilchrest Drive
Pittsburgh PA 15235
KLIONSKY, MD, Bernard L PTH
711B Scaife Hall
Pittsburgh PA 15261
KLUG, MD, Gerald D IM
944 Beaver Grade Road
Coraopolis PA 15108
KLUTZ, MD, Joseph P FP
2945 South Park Road
Bethel Park PA 15102
KNAPPENBERGER, MD, GP
William L
830 Homewood Drive
Pittsburgh PA 15235
KNEPP, MD, Elizabeth E OBG
2566 Haymaker Road
Monroeville PA 15146
KNOTT, MD, Albert P IM
5703 Brookside Terrace
Chevy Chase MD 20815
KNUPP, MD, Donna L FP
4381 Murray Avenue
Pittsburgh PA 15217
KOBALY, MD, David J OPH
4401 Penn Avenue
Pittsburgh PA 15224
KOCH, MD, Joseph C OM
Four Ridgemead Fields
Verona PA 15147
KODALI, MD, Raja V R
10021 Sheffield Drive
Wexford PA 15090
KODURI, MD, Parandham EM
111 Cherryhill Drive
Monroeville PA 15146
KOENIG, MD, Hans ORS
3563 Shadeland Avenue
Pittsburgh PA 15212
KOENIG, MD, Mark A PD
St Margaret Med Bldg Ste 210
Pittsburgh PA 15215
KOIMATTUR, MD, Arwind CDS
532 South Aiken Avenue
Pittsburgh PA 15232
KOKALES, MD, John G IM
3700 Fifth Avenue
Pittsburgh PA 15213
KOLB, MD, Norman R FP
510 South Aiken Avenue
Pittsburgh PA 15232
KOLINER, MD, Charles M PUD
490 East North Avenue
Pittsburgh PA 15212
KOLOCK, MD, Robert A IM
2550 Mosside Blvd
Monroeville PA 15146
KOLTER JR, MD, Joseph P GS
2275 Swallow Hill Road
Pittsburgh PA 15220
KONDAVEETI, MD, Kotayya GE
4815 Liberty Avenue
Pittsburgh PA 15224
KONDROT, MD, Edward C OPH
239 Fourth Avenue
Pittsburgh PA 15222
KONGSTVEDT, MD, Peter R IM
Equicor
Coraopolis PA 15108
KOOROS, MD, Kian S CD
9104 Babcock Blvd
Pittsburgh PA 15237
KOOSER, MD, Robert R EM
328 Edgewood Road
Pittsburgh PA 15221
KOREY, CHARLOTTE L ST
5410 Beacon Street
Pittsburgh PA 15217
KOSENSKE, TED D ST
402 Hay Street
Pittsburgh PA 15221
KOSSOL, MD, Janet M DR
Centre Avenue #1610
Pittsburgh PA 15206
KOST, MD, Paul F P
3241 Mcculley Road
Allison Park PA 15101
KOST, VIRGINIA L ST
236 Erford Road
Camp Hill PA 17011
KOSTYAL, MD, John L OBG
4140 Brownsville Road
Pittsburgh PA 15227
KOTTAPALLY, MD, Srinivas M US
Monongahela Valley Hospital
Monongahela PA 15063
KOVATCH, MD, Anthony L PD
136 Brookmeade Drive
Pittsburgh PA 15237
KOWALLIS, MD, George F IM
310 Medical Arts Building
Pittsburgh PA 15213
KRAEMER, MD, David W OBG
3944 Washington Road
Mcmurray PA 15317

KRAFTOWITZ, MD, Robert E IM
Maxicare/Health America
Pittsburgh PA 15236
KRAH ASST EXEC DIR, JOHN G
713 Ridge Avenue
Pittsburgh PA 15212
KRAK, MD, Michael PD
3305 Main Street
Munhall PA 15120
KRAM, MD, John E GP
1235 Yetta Street
Pittsburgh PA 15212
KRANIK, MD, Andrew D ORS
447 West Main Street
Monongahela PA 15063
KRAUS, MD, David R GS
1350 Locust Street
Pittsburgh PA 15219
KRAUS, ELIZABETH A ST
3504 Fifth Avenue
Pittsburgh PA 15213
KRAUS, MD, John F AN
Nine Rodgers Drive
Pittsburgh PA 15238
KRAUSE, MD, Helen F OTO
9104 Babcock Blvd
Pittsburgh PA 15237
KRAUSE, MD, Norman M ORS
5889 Forbes Avenue
Pittsburgh PA 15217
KRAUSE, MD, Seymoure CD
Forest Hills Plaza
Pittsburgh PA 15221
KREBS, MD, James A IM
69 East Beau Street
Washington PA 15301
KREINBROOK, MD, Suzanne B P
Woodville State Hospital
Carnegie PA 15106
KREMSER, MD, Charles A OBG
Magee Womens Hospital
Pittsburgh PA 15213
KRESH, MD, Norman N P
540 North Neville Street
Pittsburgh PA 15213
KRETZ, MD, Stewart F GP
5700 Centre Avenue
Pittsburgh PA 15206
KRIFCHER, MD, Charles PTH
Braddock Hospital
Braddock PA 15104
KRIFCHER, MD, Emanuel IM
532 South Aiken Avenue
Pittsburgh PA 15232
KRISHNAN, MD, R G CD
488 Sequoia Drive
Pittsburgh PA 15236
KRISHNASWAMI, MD, CD
Subramania
1787 Robson Drive
Pittsburgh PA 15241
KRISHNASWAMI, MD, V CD
5506 Rippey Place
Pittsburgh PA 15206
KRISTAN, MD, William G EM
Ohio Valley General Hospital
Mckees Rocks PA 15136
KRISTOFIC, MD, John D IM
9909 Frankstown Road
Pittsburgh PA 15235
KRIVINKO, MD, Dennis M OBG
9102 Babcock Blvd LI4
Pittsburgh PA 15237
KROB, MD, Mary Jeanne TRS
1400 Locust Street
Pittsburgh PA 15219
KROEGER, MD, Hilda H PH
3955 Bigelow Blvd
Pittsburgh PA 15213
KROSS, MD, Dean E CD
3471 Fifth Avenue
Pittsburgh PA 15213
KROSS, MD, Timothy J IM
404 Highland Court
Wexford PA 15090
KROTEC, MD, Joseph W FP
5438 Centre Avenue
Pittsburgh PA 15232
KROUSKOP, MD, Andrew C PM
218 Timber Ridge Road
Pittsburgh PA 15238
KRUGH, MD, Francis J D
20 Cedar Blvd Suite 205
Pittsburgh PA 15228
KRUGH, MD, James W AN
532 South Aiken Avenue
Pittsburgh PA 15232
KRUPSKI, MD, Carol A OBG
939 East End Avenue
Pittsburgh PA 15221
KUBIK, MD, Carolyn J OBG
Magee Womens Hospital Forbes
Pittsburgh PA 15213
KUCHERA, MD, Michael W OBG
1413 Kenzie Drive
Pittsburgh PA 15205
KULBASKI, MARK J ST
120 Ruskin Avenue
Pittsburgh PA 15213
KUMAR, MD, Rakesh IM
R D 1 Box 459-M
Natrona Heights PA 15065

KUN, MD, Joseph GP
3833 Willow Avenue
Pittsburgh PA 15234
KUNKEL, MD, Herbert G AN
1550 Fox Chapel Road
Pittsburgh PA 15238
KUNKEL, MD, James V AN
4803 Woodlake Drive
Allison Park PA 15101
KUNKEL, MD, William H OTO
212 South Trenton Avenue
Pittsburgh PA 15221
KUNSCHNER, MD, Alan J GO
3554 North Hills Road
Murrysville PA 15668
KUNSCHNER, MD, Albert J GP
615 Greenleaf Drive
Monroeville PA 15146
KUNSMAN, MD, William E CD
Ohio Valley General Hospital
Mc Kees Rocks PA 15136
KUPFER, MD, Samuel FP
5845 Douglas Street
Pittsburgh PA 15217
KUREMSKY, MD, Dale A U
Medical Arts Building
Pittsburgh PA 15213
KURTZ, MD, John E PTH
214 Vernon Drive
Pittsburgh PA 15228
KUSH, MD, Frank H IM
4815 Liberty Avenue
Pittsburgh PA 15224
KUSH, MD, Margaret B IM
114 Tree Farm Road
Pittsburgh PA 15238
KUTSENKOW, MD, Michael GP
225 East Main Street
Carnegie PA 15106
KUWIK, MD, Richard J AN
Mercy Hospital
Pittsburgh PA 15219
KWA, LINDA A ST
120 Ruskin Avenue
Pittsburgh PA 15213
KYLANDER, KRISTIN A ST
5410 Beacon Street
Pittsburgh PA 15217
KYNE, MD, Peter J ORS
592 Squaw Run Road
Pittsburgh PA 15238
KYREAGES, MD, Constantine G GS
1501 Montgomery Road
Allison Park PA 15101
KYRIACOPOULOS, MD, John D CD
3471 Fifth Avenue
Pittsburgh PA 15213
LABRIOLA, PAULA A ST
120 Ruskin Avenue #402
Pittsburgh PA 15213
LACKNER, MD, David F DR
Two Gardner Street
Pittsburgh PA 15223
LACOUTURE, MD, Luis IM
1121 Boyce Road
Pittsburgh PA 15241
LADANI, MD, Chhaganlal D IM
1765 Taper Drive
Pittsburgh PA 15241
LAGNESE, MD, Margaret A PD
3091 Swansea Crescent West
Allison Park PA 15101
LAING, MD, Patrick G ORS
532 South Aiken Avenue
Pittsburgh PA 15232
LAKDAWALA, MD, Shabbir IM
110 Carrie Ann Drive
New Kensington PA 15068
LALLY, MD, Francis L CD
701 Broad Street
Sewickley PA 15143
LALLY, MD, Michael E PVD
1350 Locust Street
Pittsburgh PA 15219
LAMAN JR, MD, Paul D PUD
230 North Craig Street
Pittsburgh PA 15213
LAMAS, MD, Carlos C PTH
4800 Friendship Avenue
Pittsburgh PA 15224
LAMB, MD, Kathleen G PD
2548 Barnwood Drive
Wexford PA 15090
LAMB, MD, Michael G IM
2548 Barnwood Drive
Wexford PA 15090
LAMBIASE, MD, Louis R IM
4609 Bayard Street #26
Pittsburgh PA 15213
LAMP JR, MD, Clyde B OTO
1105 Investment Building
Pittsburgh PA 15222
LAMPERSKI, MD, Curtis R IM
1501 Mount Royal Blvd
Glenshaw PA 15116
LAMPERSKI, MD, Lloyd G IM
3766 Pitner Drive
Allison Park PA 15101
LANAUZE, MD, Harry E EM
1026 Walnut Street
Mckeesport PA 15132

LANDAU, MD, Philip M IM
212 Harrow Drive
Pittsburgh PA 15238
LANDAY, MD, Louis H IM
3725 South Ocean Drive
Hollywood FL 33019
LANDAY, MD, Ronald A A
180 Fort Couch Road #375
Pittsburgh PA 15241
LANDERMAN, MD, Nathaniel S A
3471 Fifth Avenue
Pittsburgh PA 15213
LANDFAIR, MD, Roy J CD
1501 Locust Street
Pittsburgh PA 15219
LANDIS, TIMOTHY D ST
5415 Fifth Avenue Apt 304b
Pittsburgh PA 15232
LANDON JR, MD, Lyndon H GS
R D 1 Woodlawn
Ashville NY 14710
LANDWEHR, MD, Douglas M NEP
320 East North Avenue
Pittsburgh PA 15212
LANG, MD, Howard N AI
3028 Brownsville Road
Pittsburgh PA 15227
LANGE JR, MD, Paul C IM
Vance Avenue & School Street
Coraopolis PA 15108
LANGHEINRICH, MD, Walter S GS
5700 Centre Avenue
Pittsburgh PA 15206
LANGOL JR, MD, George PD
22 Old Clairton Road
Pittsburgh PA 15236
LANTZY, MD, Alan PD
4815 Liberty Avenue
Pittsburgh PA 15224
LANZ, MD, Richard K PD
615 Washington Road
Pittsburgh PA 15228
LANZ JR, MD, Robert J P
421 Sangree Road
Pittsburgh PA 15237
LARSON, MD, Christopher E P
430 Mueller Avenue
Pittsburgh PA 15205
LARSON, MD, Thomas J ORS
6855 Penham Place
Pittsburgh PA 15208
LATCHAW, MD, Richard E R
One Childrens Place
Pittsburgh PA 15213
LATTANZI, MD, Daniel R OBG
1000 Bowerhill Road
Pittsburgh PA 15243
LATUSKA, MD, Richard F GE
4711 Treeline Drive
Allison Park PA 15101
LAUFE, MD, Marc D PUD
532 South Aiken Avenue
Pittsburgh PA 15232
LAWSKY, MD, Alan R DR
Montefiore Hospital Xray
Pittsburgh PA 15213
LAYNE, MD, David A FP
815 Freeport Road
Pittsburgh PA 15215
LAZAR, MARK U ST
120 Ruskin Avenue
Pittsburgh PA 15213
LEBOVITZ, MD, Charles N GS
3471 Fifth Avenue
Pittsburgh PA 15213
LEBOVITZ, MD, Jerome J IM
204 Fifth Avenue Sixth Floor
Pittsburgh PA 15222
LECHMANICK, MD, Eugene A FP
8135 Perry Highway
Pittsburgh PA 15237
LEE, ELIZABETH T ST
6546 Darlington Road
Pittsburgh PA 15217
LEE, MD, Foo T OBG
532 South Aiken Avenue
Pittsburgh PA 15232
LEE, MD, John Keun-Sang ORS
Braddock General Prof Bldg
Braddock PA 15104
LEE, MD, Kwan I AN
Ohio Valley Hospital
Mckee Rocks PA 15136
LEE, MD, Ook J OBG
944 Beaver Grade Road
Coraopolis PA 15108
LEE, MD, Robert E PTH
Presbyterian University Hosp
Pittsburgh PA 15213
LEE, MD, Sangeui L FP
102 Seventh Street
Glassport PA 15045
LEE, SOOJI ST
120 Ruskin Avenue
Pittsburgh PA 15213
LEE, WILLIAM E ST
430 Atwood Street
Pittsburgh PA 15213
LEECH, MD, John W PD
3100 South Ocean Blvd
Highland Beach FL 33431

LEEN, MD, Raymond L TR
220 North Dithridge #501
Pittsburgh PA 15213
LEERS, MD, Steven A VS
4800 Friendship Avenue
Pittsburgh PA 15224
LEFF, MD, Bernard OTO
239 Fourth Avenue
Pittsburgh PA 15222
LEGA, MD, Mark IM
605 Shady Avenue
Pittsburgh PA 15206
LEHAR, MD, Sarah C DR
2703 Voelkel Avenue
Pittsburgh PA 15216
LEHMAN, MD, Clara M IM
801 Washington Avenue
Tyrone PA 16686
LEIBENSPERGER, MD, FP
Stephen N
5960 Wellesley Avenue
Pittsburgh PA 15206
LEIBOWITZ, MD, Leonard D PD
610 Winterberry Road
Monroeville PA 15146
LEMBERG, MD, Jeffrey D PM
4412 Penn Avenue
Pittsburgh PA 15224
LEMBERSKY, MD, Barry C IM
Pittsburgh Cancer Institute
Pittsburgh PA 15213
LEMONCELLI, MD, Gary L IM
241 Freeport Road
Pittsburgh PA 15215
LEMPERT, MD, Steven L OPH
Central Medical Center
Pittsburgh PA 15219
LENKEY, MD, Joseph L DR
Montefiore Hospital Dept Rad
Pittsburgh PA 15213
LENOX, MD, Cora C PDC
Rolling Green Village
Greenville SC 29615
LENOX, MD, John E D
3 Hoke Smith Blvd Apt D-302
Greenville SC 29515
LENTZ, MD, Kenneth H CD
2308 Harrow Road
Pittsburgh PA 15241
LENTZ, MD, Mark R IM
3091 Meadowbrook Ct
Gibsonia PA 15044
LEON, MD, Donald F CD
University Of Pittsburgh
Pittsburgh PA 15261
LERBERG, MD, David B TS
4815 Liberty Avenue
Pittsburgh PA 15224
LESLIE JR, MD, M Russell ORS
5820 Centre Avenue
Pittsburgh PA 15206
LEVENDORF, MD, Melvin FP
2814 Liberty Way
Mckeesport PA 15133
LEVENE, ERIC J ST
5610 Ellsworth Avenue
Pittsburgh PA 15232
LEVENSON, MD, David J IM
Renal-Endocrine Assoc
Pittsburgh PA 15224
LEVENTHAL, MD, Robert I GE
3154 Shady Avenue Extension
Pittsburgh PA 15217
LEVEY, MD, Barbara Ann PA
Univ Of Pitt Admissions Off
Pittsburgh PA 15261
LEVEY, MD, Gerald S END
University Of Pittsburgh
Pittsburgh PA 15261
LEVICK, MD, Marvin H IM
3301 William Penn Highway
Pittsburgh PA 15235
LEVIN, STEVEN C ST
4742 Centre Avenue
Pittsburgh PA 15213
LEVIN, WILLIAM I ST
3710 Henley Drive
Pittsburgh PA 15235
LEVINE, BRUCE D ST
706 Robinhood Road
Pittsburgh PA 15215
LEVINE, MD, Macy I A
3347 Forbes Avenue
Pittsburgh PA 15213
LEVINE, MD, Michael ORS
3471 Fifth Avenue
Pittsburgh PA 15213
LEVINE, MD, Phillip R IM
3471 Fifth Avenue
Pittsburgh PA 15213
LEVINE, MD, Sheldon R PD
5173 Liberty Avenue
Pittsburgh PA 15224
LEVINSON, MD, Bradley A CRS
3500 Fifth Avenue
Pittsburgh PA 15213
LEVINSON, MD, Julian P CD
3471 Fifth Avenue Fifth Floor
Pittsburgh PA 15213
LEVIS, MD, Michael P GS
4725 Mcknight Road
Pittsburgh PA 15237

LEVY, MD, Jon A GS
6315 Kentucky Avenue
Pittsburgh PA 15206
LEVY, MD, Leslie J IM
3471 Fifth Avenue
Pittsburgh PA 15213
LEVY, MD, Marshall S RHU
3500 Fifth Avenue
Pittsburgh PA 15213
LEVY, MD, Reinhardt D FP
3500 Fifth Avenue
Pittsburgh PA 15213
LEWIN, MD, Julian R R
20 Misty Morning Drive
Hilton Head SC 29928
LEWIN, MD, Karl K P
5705 Bartlett Street
Pittsburgh PA 15217
LEWIS, MD, Gary W IM
Nine Moga Street
Pittsburgh PA 15206
LEWIS, MD, Richard P GS
532 South Aiken Avenue
Pittsburgh PA 15232
LEWIS, MD, Robert E CD
532 South Aiken Avenue
Pittsburgh PA 15232
LEWIS, STEPHEN F ST
112 Sycamore Drive
Pittsburgh PA 15235
LEWIS JR, MD, Howard T IM
1241 Peermont Avenue
Pittsburgh PA 15216
LEWIS JR, MD, Thomas J U
9104 Babcock Blvd
Pittsburgh PA 15237
LEZEK, MD, Vincent J PD
2008 Grandview Avenue
Mckeesport PA 15132
LIANG, MD, David Y GS
4318 Northern Pike
Monroeville PA 15146
LIANG, MD, Marc D PS
3459 Fifth Avenue
Pittsburgh PA 15213
LIANG, MD, Maria N
9104 Babcock Blvd
Pittsburgh PA 15237
LIANG, MD, Ping Tchang PTH
Allegheny Valley Hospital
Natrona Heights PA 15065
LICHTER, MD, Isadore A FP
250 North Maguire Avenue #231
Tucson AZ 85710
LICHTER, MD, James G ON
223 Elmtree Road
New Kensington PA 15068
LIEBLER, MD, George A TS
841 Valleyview Road
Pittsburgh PA 15243
LIGGETT, MD, John S GS
18 Woodland Road
Sewickley PA 15143
LIGGETT, MD, Joseph G GS
34 Churchill Road
Pittsburgh PA 15235
LIM, ALAN A T ST
205 Chesterfield Road
Pittsburgh PA 15213
LIM, MD, Dawson ON
Jefferson Medical Building
Clairton PA 15025
LIM, MD, Edward T R
16 Mayflower Drive
Uniontown PA 15401
LIM, MD, Elizabeth G IM
1135 Mellon Street
Pittsburgh PA 15215
LIMA, MD, Claudio A GS
4424 Penn Lane
Pittsburgh PA 15224
LIN, MD, Angela E PD
West Penn Hospital
Pittsburgh PA 15224
LIN, MD, Hong-Der GS
224 5Th Avenue
Mckeesport PA 15132
LIN, MD, Luke DR
112 Kelly Court
Monroeville PA 15146
LIN, MARK A ST
307 Ruskin Hall
Pittsburgh PA 15213
LIN, MD, Ming-Shek AI
81 Locksley Drive
Pittsburgh PA 15235
LIN, MD, Rong-Chung U
829 Wood Street
Pittsburgh PA 15221
LIN, MD, Shiow-Bih PD
1781 Mcclure Road
Monroeville PA 15146
LINDBLAD, MD, John H PD
2550 Mosside Blvd
Monroeville PA 15146
LINDENBAUM, MD, Jorge IM
Melrose Medical Building
Pittsburgh PA 15227
LINDSEY, MD, Richard L CD
400 Penn Center Blvd
Pittsburgh PA 15235

LINGENFELTER, KYLE A ST
4811 Ellsworth Avenue
Pittsburgh PA 15213
LINHART, MD, Randolph W OPH
241 Freeport Road
Pittsburgh PA 15215
LINN JR, MD, Jay G OPH
1110 Centre City Tower
Pittsburgh PA 15222
LINS, MD, Jeffrey A IM
423 Allenberry Drive
Pittsburgh PA 15237
LIPAPIS, MD, Christy N IM
207 Picture Drive
Pittsburgh PA 15236
LIPMAN, MD, Rodney C CD
575 Coal Valley Road
Clairton PA 15025
LIPSITZ, MD, H David GE
301 First Avenue
Tarentum PA 15084
LJUNGMUN, MD, Thomas N FP
112 Fifth Street
Pittsburgh PA 15215
LLOYD, MD, David A PDS
Childrens Hosp Of Pittsburgh
Pittsburgh PA 15213
LLOYD, MD, Jon C GS
532 South Aiken Avenue
Pittsburgh PA 15232
LOBAS, MD, David M N
1818 South Villa Drive
Gibsonia PA 15044
LOBES JR, MD, Louis A OPH
Retina-Vitreous Consultants
Pittsburgh PA 15213
LOBL, MD, Lawrence T P
401 Shady Avenue D-107
Pittsburgh PA 15206
LOCKE, MD, David L OM
200 Roberta Drive
Munhall PA 15120
LOFFREDO, LINDA S ST
5715 Elmer Street
Pittsburgh PA 15232
LOFINK, PAMELA J ST
930 Bellefonte Street
Pittsburgh PA 15232
LOGAN, ANNE D ST
838 Valleyview
Pittsburgh PA 15243
LOGAN, MD, Kenneth M OM
130 Cornell Avenue
Pittsburgh PA 15229
LOGSDON, MD, Gregory A DR
508 Bayberry Drive
Monroeville PA 15146
LOISIDES, PETER M ST
120 Ruskin Avenue
Pittsburgh PA 15213
LOLLEY, MD, David M TS
4815 Liberty Avenue
Pittsburgh PA 15224
LONDINO JR, MD, Aldo V RHU
2693 Timberglen Drive
Wexford PA 15090
LONG, MD, David M TS
4815 Liberty Avenue
Pittsburgh PA 15224
LONG, MD, Edwin T TS
4815 Liberty Avenue
Pittsburgh PA 15224
LOREL, MD, John M EM
1107 Virginia Avenue
Pittsburgh PA 15211
LORENZ III, MD, Stephen A OTO
1501 Locust Street
Pittsburgh PA 15219
LOVE, MD, James T CCM
12 Bower Hill Road
Pittsburgh PA 15228
LOWDER JR, MD, Ralph J R
Forbes Regional Health Ctr
Monroeville PA 15146
LOWERY, MD, Willa D OBG
9104 Babcock Blvd
Pittsburgh PA 15237
LOWY JR, MD, Alexander D IM
133 Hartwood Drive
Pittsburgh PA 15208
LOZANO, MD, Ramon G US
1006 Golfview Drive
Mckeesport PA 15135
LUBIC, MD, Lowell G N
3471 Fifth Avenue
Pittsburgh PA 15213
LUDMER, MD, Mario NS
2155 Laurel Lane
Allison Park PA 15101
LUDWIG, MD, Karl D P
701 Broad Street
Sewickley PA 15143
LUGER, MD, Selina M IM
5833 Elwood
Pittsburgh PA 15232
LUMISH, MD, Robert M ID
1508 Valley Court
Pittsburgh PA 15241
LUNSFORD, MD, Lawrence D NS
Presbyterian University Hosp
Pittsburgh PA 15213

LUPARELLO, MD, Frank J IM
Mercy Hospital
Pittsburgh PA 15219
LUPARIELLO, MD, Angelo D NEP
4401 Penn Avenue
Pittsburgh PA 15224
LUPINETTI, MD, Michael F OBG
791 Scrubgrass Road
Pittsburgh PA 15243
LUSSKY, MD, Richard C NPM
4550 Minnetonka Boulevard
St Louis Park MN 55416
LUTZ, MD, Charles K OTO
6321 Ebdy Street
Pittsburg PA 15217
LYONS, MD, Lawrence L GP
1801 Lincoln Way
Mckeesport PA 15131
MACCHIAROLI, JOSEPH A ST
433 Eden Drive
Monroeville PA 15146
MACDONALD, MD, Douglas A OBG
3835 Northern Pike Road
Monroeville PA 15146
MACDONALD, MD, George F CRS
450 Holland Avenue
Braddock PA 15104
MACDONALD, MD, Robert R PD
Hilton Head Plantation
Hilton Head SC 29928
MACDOUGALL, MD, Donald B PTH
Allegheny General Hospital
Pittsburgh PA 15212
MACDOUGALL, MD, James H CD
631 Robinwood Drive
Pittsburgh PA 15216
MACHIKO, MD, Gregory G IM
10517 Meinert Road
Wexford PA 15090
MACHIRAJU, MD, V R TS
4424 Penn Ave
Pittsburgh PA 15224
MACIELAK, MD, James R ORS
100 Delafield Road
Pittsburgh PA 15215
MACKRELL, MD, James P CD
730 East End Avenue
Pittsburgh PA 15221
MACLACHLAN, MD, Margaret J IM
4815 Liberty Avenue
Pittsburgh PA 15224
MACLAY, MD, Patricia L RHU
2293 Beechwood Blvd
Pittsburgh PA 15217
MACLEOD, MD, Bruce A EM
243 Dell Avenue
Pittsburgh PA 15216
MACLEOD, MD, Gordon K IM
University Of Pittsburgh
Pittsburgh PA 15261
MACMILLAN, MD, Bruce B OTO
4401 Penn Avenue
Pittsburgh PA 15224
MACPHERSON, MD, Trevor A PTH
Magee Womens Hospital
Pittsburgh PA 15213
MADDEN JR, MD, Lawrence H OBG
9102 Babcock Blvd
Pittsburgh PA 15237
MADHAVAN, MD, Vasantha C CD
Cardiac Medical Association
Pittsburgh PA 15221
MADOFF, MD, Henry R TS
532 South Aiken Avenue
Pittsburgh PA 15232
MAGOVERN, MD, George J TS
490 East North Avenue
Pittsburgh PA 15212
MAGOVERN JR, MD, George J TS
490 East North Avenue
Pittsburgh PA 15212
MAHA JR, ROBERT J ST
2697 Glenny Lane
West Mifflin PA 15122
MAHAN, MD, James C GP
3233 Brownsville Road
Pittsburgh PA 15227
MAHER, MD, John C OPH
532 South Aiken Avenue
Pittsburgh PA 15232
MAHER, MD, Yvonne B CD
606 Twin Pine Road
Pittsburgh PA 15215
MAHER JR, MD, Thomas D TS
490 East North Avenue
Pittsburgh PA 15212
MAHONEY, JOHN F ST
300 North Dithridge Street
Pittsburgh PA 15213
MAHSOOB, MD, Abdul Hamed PD
9104 Babcock Blvd 2111
Pittsburgh PA 15237
MAIVALD, MD, Pavel AN
St Francis Medical Center
Pittsburgh PA 15201
MAJMUDAR, MD, Harshit P EM
118 North Main Street
Zeleinople PA 16063
MAJMUDAR, MD, Vasanti H OBG
2639 Glenchester Road
Wexford PA 15090

MAKAROUN, MD, Michel S GS
V A Hospital
Pittsburgh PA 15240
MALCOLM, MD, John A P
5850 Meridian Road
Gibsonia PA 15044
MALEY, MD, Richard H GP
610 Old Clairton Road
Pittsburgh PA 15236
MALHOTRA, MD, Narinder K IM
7407 Irvine Street
Pittsurgh PA 15218
MALINICK, MD, Charles D CHP
401 Amberson Avenue
Pittsburgh PA 15232
MALINOWSKI, MD, John A OS
253 Old Haymaker Road
Monroeville PA 15146
MALIT, MD, Paulita Y AN
2380 Jenkinson Drive
Pittsburgh PA 15237
MALLINGER, MD, Michael IM
1204 Beechwood Boulevard
Pittsburgh PA 15206
MALLIT, MD, Melvin L FP
115 High Park Place
Pittsburgh PA 15206
MALLOTT, MD, I Floyd P
3708 Fifth Avenue
Pittsburgh PA 15213
MALLOY, MD, Edward L ON
320 Third Avenue
Tarentum PA 15084
MAMATAS, MD, Emanuel E IM
119 Shannon Heights Drive
Verona PA 15147
MAMULA, MD, Milton GP
1031 Lindendale Drive
Pittsburgh PA 15243
MANAVI, DANIEL S ST
120 Ruskin Avenue
Pittsburgh PA 15213
MANCINI, MD, Alfred M DR
112 Tenth Street
Pittsburgh PA 15215
MANDEL, KEITH E ST
300 North Dithridge
Pittsburgh PA 15213
MANDELKORN, MD, Robert M OPH
600 Chatham Park Drive
Pittsburgh PA 15220
MANGAN, MD, Martin J GP
5321 Route Eight
Gibsonia PA 15044
MANKIN, KEITH P ST
5758 Howe Street
Pittsburgh PA 15232
MANN, MD, Richard M OBG
1514 Lincoln Way
White Oak PA 15131
MANNING, MD, Dennis M CD
1350 Locust Street
Pittsburgh PA 15219
MANNING, MD, James A R
213 West Trotwood Drive
Pittsburgh PA 15241
MANNINO, MD, Stanley C IM
850 Washington Avenue
Carnegie PA 15106
MANUSOW, MD, David N OPH
1200 Centre Avenue
Pittsburgh PA 15219
MANZETTI, MD, Gene W TS
850 Clairton Blvd
Pittsburgh PA 15236
MARASCO JR, MD, Joseph A R
120 Riding Trail Lane
Pittsburgh PA 15215
MARATTA, MD, Jan W GS
986 Broadhead Road
Coraopolis PA 15108
MARCHETTO, BARRY E ST
202 Martha Avenue
Pittsburgh PA 15209
MARCUCCI, MD, James W CD
363 Vanadium Road
Pittsburgh PA 15243
MARCUS, MD, Florence L PH
101 Manorview Road #208
Pittsburgh PA 15220
MARCY, MD, Joseph H AN
220 North Dithridge Street
Pittsburgh PA 15213
MARDER, MD, Daniel M DR
1480 Highland Avenue
Glenshaw PA 15116
MARGOLIS, MD, Harry M RHU
146 North Bellefield Street
Pittsburgh PA 15213
MARINELLI, RICCARDO R ST
408 Kirk Avenue
Pittsburgh PA 15227
MARKER, BRENDA L ST
5821 Walnut Street #21
Pittsburgh PA 15232
MARKS, MD, Fred S PD
2525 Greensburg Pike
Pittsburgh PA 15221
MARKS, MD, Pauline C OS
852 Church Road
Elkins Park PA 19117

MARKS, MD, Stanley M HEM
490 East North Avenue
Pittsburgh PA 15212
MARLING, MD, Ray CD
716 Lawrence Avenue
Elwood City PA 16117
MARNATTI, MD, Carl T FP
4815 Liberty Avenue
Pittsburgh PA 15224
MAROON, MD, Joseph C NS
1011 Chestnut Ridge Drive
Pittsburgh PA 15205
MARRANGONI, MD, Albert G TS
Gateway Tower
Pittsburgh PA 15222
MARRYSHOW, MD, Basil A ORS
Perry Medical Center
Pittsburgh PA 15237
MARSDEN, JENNIFER S ST
3603 Beechwood Blvd
Pittsburgh PA 15217
MARSHALL, DO, Lonnie L P
548 Florence Drive
Bethel Park PA 15102
MARSHALL, MD, William C OM
39 North Linwood Avenue
Pittsburgh PA 15205
MARSHALL JR, MD, Matthew U
111 Grandview Avenue #401
Pittsburgh PA 15211
MARTIN, MD, Charles D GP
2213 Brownsville Road
Pittsburgh PA 15210
MARTIN, MD, Fredric W IM
4815 Liberty Avenue
Pittsburgh PA 15224
MARTIN, MD, James W P
Investment Bldg
Pittsburgh PA 15222
MARTIN, MD, Manuel T GS
Five Grandview Avenue
Pittsburgh PA 15211
MARTIN, MD, Thomas P IM
2363 Orlanda Place
Pittsburgh PA 15235
MARTINEZ, MD, Augusto J NA
111 Emily Drive
Pittsburgh PA 15215
MARTINEZ, MD, Jorge A AN
750 Washington Road
Pittsburgh PA 15228
MARTINI, MD, Susan L PD
1126 Macon Avenue
Pittsburgh PA 15218
MARTONE, MD, Christine P
100 Delafield Road
Pittsburgh PA 15215
MARTONE, MD, Louis H D
100 Delafield Road
Pittsburgh PA 15215
MASIN, MD, F Ned OPH
575 Lincoln Avenue
Pittsburgh PA 15202
MASSUCCI, JAMES E ST
246 Chesterfield Road
Pittsburgh PA 15213
MASTANDREA, MD, Carl A IM
1270 Hamilton Road
Pittsburgh PA 15234
MASTERS, MD, Raymond E FP
1144 Broadway
East Mckeesport PA 15035
MASTERS, MD, Ruth S FP
1144 Broadway
East Mckeesport PA 15035
MATADAR, MD, Akbar G OTO
St Francis Med-Parking Complx
Pittsburgh PA 15224
MATEER, MD, Frank M IM
2812 Orlando Place
Pittsburgh PA 15235
MATEYA, MD, Dennis J PM
1400 Smokey Wood Drive
Pittsburgh PA 15218
MATEYA JR, MD, Louis P IM
119 Edgewood Avenue
Pittsburgh PA 15218
MATUNIS, MD, Suzanne F FP
815 Freeport Road
Pittsburgh PA 15215
MATVEY, MD, Shari A IM
101 Laurel Court
Pittsburgh PA 15202
MAURO, KIRK J ST
1232 Pennsbury Blvd South
Pittsburgh PA 15205
MAXWELL, MD, Ned G IM
246 Parkman Avenue
Pittsburgh PA 15213
MAY, MD, Mark M OTO
Shadyside Hospital
Pittsburgh PA 15232
MAYERNIK, MD, David G HEM
4003 Violet Circle
Murrysville PA 15668
MAZER, MD, Julius R
Magee Hospital
Pittsburgh PA 15213
MAZZA, MD, Joseph L IM
6000 Babcock Boulevard
Pittsburgh PA 15237

MAZZEI, MD, Joseph M DR
1142 Nevada Street
Pittsburgh PA 15218
MCADAMS, MD, Andrew J CRS
4625 Fifth Avenue
Pittsburgh PA 15213
MCAFOOS, MD, J Allen OPH
113 Hampton Court Road
Butler PA 16001
MCALLISTER, MD, John D TR
St Francis Medical Center
Pittsburgh PA 15201
MCALLISTER II, MD, John D DR
1219 Macon Street
Pittsburgh PA 15218
MCAVOY, MD, William B R
Painter Building
Mckeesport PA 15132
MCCAFFERTY, MD, Michael H GS
121 Alleyne Drive
Pittsburgh PA 15215
MCCAGUE, MD, James J U
1501 Locust Street
Pittsburgh PA 15219
MCCAGUE, MD, Ned J U
6615 Kinsman Road
Pittsburgh PA 15217
MCCARTHY III, MD, John J ORS
200 Meyran Avenue
Pittsburgh PA 15213
MCCARTHY JR, MD, John J OBG
1330 Old Freeport Road
Pittsburgh PA 15238
MCCENSKY, MD, Gail M OS
98 South 19th Street
Pittsburgh PA 15203
MCCLAIN JR, MD, Edward J ORS
93 Hoodridge Drive
Pittsburgh PA 15228
MCCLELLAN, MD, William A OM
University Of Pittsburgh
Pittsburgh PA 15261
MCCLENAHAN, MD, J Everett GS
209B Woodland Manor
Pittsburgh PA 15232
MCCLINTOCK, MD, CD
W Creighton
165 Irwin Avenue
Pittsburgh PA 15202
MCCLOSKEY, MD, Richard C GYN
733 Washington Road
Pittsburgh PA 15228
MCCLOWRY, MD, James T US
845 Fairways Drive
Oakmont PA 15139
MCCLURE, THOMAS A ST
864 Mirror Street
Pittsburgh PA 15217
MCCOLLUM, MD, George R FP
514 Beltzhoover Avenue
Pittsburgh PA 15210
MCCONAGHY, JOHN R ST
945 Forsythe Road
Carnegie PA 15106
MCCORMICK, MD, Lee H FP
2708 Brownsville Road
Pittsburgh PA 15227
MCCOY III, MD, William H PS
214 Wilson Avenue
Washington PA 15301
MCCUSKEY, MD, William H DR
164 Broad Street
Leetsdale PA 15056
MCDERMOTT, MD, Robert W IM
1813 West Street
Munhall PA 15120
MCDONALD, MD, David R OBG
3520 Forbes Avenue
Pittsburgh PA 15213
MCDONALD JR, MD, Robert H PA
7416 Richland Manor Drive
Pittsburgh PA 15208
MCDONNELL-DATTILO, MD, PD
Colleen
1699 Washington Road
Pittsburgh PA 15228
MCDOUGALL, MD, William A GS
4815 Liberty Avenue
Pittsburgh PA 15224
MCDOWELL, MD, Mary J PD
Mercy Hospital Ped Dept
Pittsburgh PA 15219
MCELROY, MD, Walter D A
2213 Cypress Drive
Mckeesport PA 15131
MCFARLAND, MD, Sally A IM
416 Morewood Avenue
Pittsburgh PA 15213
MCGARR, MD, Janet A IM
4815 Liberty Avenue
Pittsburgh PA 15224
MCGARVEY, MD, Richard N OBG
Vice Pres Medical Services
Monroeville PA 15146
MCGEE, DALE L ST
714 Vanderbilt Drive
Monroeville PA 15146
MCGEORGE, MD, Francis R FP
501 Maplewood Avenue
Ambridge PA 15003

MCGONIGAL, MD, Michael P FP
575 Coal Valley Road
Clairton PA 15025
MCGRAW, MD, Donald J OM
1201 Koppers Bldg
Pittsburgh PA 15219
MCGROGAN, MD, Frank P FP
Rd 1 Box 88
West Newton PA 15089
MCGUIRE, MD, Sean P EM
4800 Friendship Avenue
Pittsburgh PA 15224
MCHENRY, MD, Thomas PD
110 Mayfair Drive
Pittsburgh PA 15228
MCHUGH, MD, Elmer F CD
367 Butler Street
Pittsburgh PA 15223
MCHUGH, MD, Richard D AN
Allegheny General Hospital
Pittsburgh PA 15212
MCKEATING, MD, Philip J FP
632 Morewood Avenue
Pittsburgh PA 15213
MCKENZIE, MD, Ray AN
325 Richland Lane
Pittsburgh PA 15208
MCKINLEY, MD, James W FP
14 Aspin Court
Pittsburgh PA 15215
MCLAUGHLIN, MD, James T PYA
820 Devonshire Street
Pittsburgh PA 15213
MCLAUGHLIN, MD, William B ORS
#622 Lancaster Road Rw-C
Irvington VA 22480
MCMASTER, MD, James H ORS
Allegheny Professional Bldg
Pittsburgh PA 15212
MCMILLAN, MD, Donald L GP
1500 Cochran Road
Pittsburgh PA 15243
MCMILLAN, MD, James E FP
9911 North 47th Place
Phoenix AZ 85028
MCMILLAN, MD, William B IM
Allegheny Intermed
Pittsburgh PA 15243
MCNALL, MD, Pearl G AN
20 Winthrop Road
Carnegie PA 15106
MCNAMARA, DO, Thomas W FP
219 Green Court
Castle Shannon PA 15234
MCNAUGHER, MD, William M P
135 Hankey Drive
Zelienople PA 16063
MCNULTY, MD, Barbara M PD
100 Gladstone Road
Pittsburgh PA 15217
MCNULTY, MD, Larry P OBG
1910 Cochran Road
Pittsburgh PA 15220
MCQUIGG, MD, Richard N IM
4815 Liberty Avenue
Pittsburgh PA 15224
MCSORLEY, MD, John D
532 South Aiken Avenue
Pittsburgh PA 15232
MCVAY, EDWARD J ST
106 Skylark Drive
Glenshaw PA 15116
MCVAY, MD, William J OPH
4627 Fifth Avenue
Pittsburgh PA 15213
MEAL, MD, Katharine J OBG
Bigelow Apartments
Pittsburgh PA 15219
MEANOR JR, MD, Harold H OBG
1165 Yarnell Avenue
Lake Wales FL 33853
MEARS, MD, Dana C ORS
3601 Fifth Avenue
Pittsburgh PA 15213
MEDICH, MD, David S GS
7209 Beacon Hill Drive
Pittsburgh PA 15221
MEDINA, MD, Amando R PTH
5625 Dunmoyle Street
Pittsburgh PA 15217
MEDINA, MD, Jocyline L PDR
Childrens Hospital
Pittsburgh PA 15213
MEDWICK, DO, Denise M M PD
10217 Country Manor Lane
Wexford PA 15090
MEDWICK, DO, Gerald R TR
798 Turnpike Street
Beaver PA 15009
MEESS, MD, Mark A IM
6702 Edgerton Avenue
Pittsburgh PA 15208
MEGO, THOMAS S ST
490 South Highland Avenue
Pittsburgh PA 15206
MEHOK, MD, Ronald G ORS
1099 Ohio River Blvd
Sewickley PA 15143
MEHTA, MD, Harshad CD
1000 Bower Hill Road
Pittsburgh PA 15243

MEHTA, MD, Yogini R AN
St Francis Medical Center
Pittsburgh PA 15201
MEISTER, MD, Donald G GP
8135 Perry Highway
Pittsburgh PA 15237
MELANI, MD, Kenneth R IM
322C Rawlins Run Ext
Cheswick PA 15024
MELLINGER, JOHN C ST
226 Shady Avenue
Pittsburgh PA 15206
MELOTTI, MD, Peter M PM
4412 Penn Avenue
Pittsburgh PA 15224
MENACHE, MD, Michael P IM
168A Royal Oak Drive
White Oak PA 15131
MENDELOW, MD, Harvey PTH
Montefiore Hospital
Pittsburgh PA 15213
MENDELSON, MD, Ellen B DR
West Penn Hospital Dpt Of Rad
Pittsburgh PA 15224
MENDELSON, MD, S Robert OBG
4197 Rothachild Court
Allison Park PA 15101
MENKUS, SHARON D ST
147 North Craig Street
Pittsburgh PA 15213
MENNINGER III, MD, ORS
Fredrick J
384 Avon Drive
Pittsburgh PA 15228
MENOTIADES, MD, John C IM
413 Penn Avenue
Turtle Creek PA 15145
MENZEL, CHRISTINE L ST
147 North Craig Street
Pittsburgh PA 15213
MERENSTEIN, MD, Joel H FP
7175 Saltsburg Road
Pittsburgh PA 15235
MERING JR, MD, James H OBG
555 South Gulfstream Avenue
Sarasota FL 34236
MERMELSTEIN, MD, Howard A PD
161 North Dithridge Street
Pittsburgh PA 15213
MERTI, GREGORY E ST
220 Fallowhurst Drive
Pittsburgh PA 15238
MESAROS, GLEN J ST
361 Atwood Street
Pittsburgh PA 15213
META, MD, Louis D ON
110 Hemlock Drive
Mcmurray PA 15327
METZ, MD, Walter A R OM
115 Delano Drive
Pittsburgh PA 15236
MEYER, MD, Jill S FP
Highland Plaza
Pittsburgh PA 15206
MICHAEL, MD, Thomas P FP
515 South Aiken Avenue #510
Pittsburgh PA 15232
MICHAELS, MD, Bernard I PD
5100 Fifth Avenue
Pittsburgh PA 15232
MICHAELS, MD, Milton M IM
3600 Forbes Avenue
Pittsburgh PA 15213
MICHEL, MD, Elliot M N
Union & Penn Avenue
Brackenridge PA 15014
MIDDLEBROOKS, JAYNE T ST
6856 Meade Street
Pittsburgh PA 15208
MIDDLEMAN, MD, Rose R GYN
3421 Ridgewood Drive
Pittsburgh PA 15235
MIDDLETON, MD, Donald B IM
100 Delafiled Road
Pittsburgh PA 15215
MIHOK, MD, Michael R EM
Shadyside Hospital
Pittsburgh PA 15232
MIKITA, MD, John J R
537 Hamilton Road
Pittsburgh PA 15205
MIKLOS, MD, Bernard G IM
Fifth & Evans
Mckeesport PA 15132
MIKLOS, MD, Michael V NS
Fifth And Evans Avenues
Mckeesport PA 15132
MIKNEVICH, MD, Maryann PM
2618 Larkins Way
Pittsburgh PA 15203
MIKULLA, MD, John M OPH
2400 Ardmore Blvd #220
Pittsburgh PA 15221
MILAI JR, MD, Ahmed S AN
444 Mcelneny Road
Glenshaw PA 15116
MILLAGER, ABBY A ST
7704 Waverly Street
Pittsburgh PA 15221
MILLER, ALAN K ST
5433 Elmer Street
Pittsburgh PA 15232
MILLER, MD, David L PDA
180 Fort Couch Road
Pittsburgh PA 15241
MILLER, MD, David S IM
918 South Braddock Avenue
Pittsburgh PA 15221
MILLER, MD, Eric S OBG
510 South Aiken Avenue
Pittsburgh PA 15232
MILLER, MD, Felix H OBG
3520 Fifth Avenue
Pittsburgh PA 15213
MILLER, MD, Frederick A PD
3885 Brookside Drive Unit 201
Murrysville PA 15668
MILLER, MD, Harry I IM
552 North Neville Street
Pittsburgh PA 15213
MILLER, MD, Herbert D P
401 Shady Avenue
Pittsburgh PA 15206
MILLER, MD, Michael D ORS
5820 Centre Avenue
Pittsburgh PA 15206
MILLER, MD, Stephen J PTH
1116 Cambridge
Natrona Heights PA 15065
MILLER, MD, William B FP
2800 Centre Avenue
Pittsburgh PA 15230
MILLER, MD, William H TS
532 South Aiken Avenue
Pittsburgh PA 15232
MILLER JR, MD, Clarence M PTH
438 Oliver Road
Sewickley PA 15143
MILLIGAN, MD, Robert S GP
5840 Brownsville Road
Pittsburgh PA 15236
MINDE, MD, Eric J PM
1471 Beechwood Boulevard
Pittsburgh PA 15217
MINES, MD, Samuel C A
1000 Bower Hill Road
Pittsburgh PA 15243
MINNO, MD, Alexander M IM
3360 Fifth Avenue
Pittsburgh PA 15213
MINSHULL, MD, James B IM
10420 Frankstown Road
Pittsburgh PA 15235
MINTON, MD, Michael D AN
1400 Locust Street
Pittsburgh PA 15219
MIRANDA, MD, Aurora M OBG
1400 Locust Street
Pittsburgh PA 15219
MISAGE, MD, John R IM
3520 Fifth Avenue
Pittsburgh PA 15213
MITCHELL, MD, Cheryl M OPH
1900 Lyttonsville Road
Silver Spring MD 20910
MITCHELL, MD, Fenton M CD
4815 Liberty Avenue
Pittsburgh PA 15224
MITCHELL, MD, Harold L P
4904 Bayard Street
Pittsburgh PA 15213
MITCHELL, JOHN A ST
5708 Walnut Street C-1
Pittsburgh PA 15232
MITRE, MD, Ricardo J GE
320 Ft Duquesne Blvd
Pittsburgh PA 15222
MITRO, MD, William FP
1535 Broadway
Pittsburgh PA 15216
MITSOS, WILLIAM J ST
4512 Centre Avenue
Pittsburgh PA 15213
MLECKO, MD, Lawrence M GE
9102 Babcock Blvd
Pittsburgh PA 15237
MODI, MD, Jashwant B CD
4815 Liberty Avenue
Pittsburgh PA 15224
MODIC, MD, Christopher W DR
21 Centenneal Avenue
Sewickley PA 15143
MOLNAR, MD, Theodore J DR
51 Oakhurst Circle
Pittsburgh PA 15215
MOMAN JR, MD, Lawrence C OTO
354 Freeport Street
New Kensington PA 15068
MONARDO, MD, Alfred OBG
4225 Northern Pike
Monroeville PA 15146
MONDIK, MD, Barbara L GS
5828 Forbes Avenue
Pittsburgh PA 15217
MONDZELEWSKI, MD, OPH
James P
2530 Fife Drive
Pittsburgh PA 15241
MONTA, MD, Arturo D NEP
4401 Penn Avenue
Pittsburgh PA 15224
MONTALBO, MARIONITO N ST
120 Ruskin Avenue
Pittsburgh PA 15213
MONTELLESE, MD, Phyllis B FP
1609 King James Drive
Pittsburgh PA 15237
MOONEY, MD, William E P
St Francis Medical Center
Pittsburgh PA 15201
MOORE, MARTHA J ST
5415 Fifth Avenue
Pittsburgh PA 15232
MOORE, SHARON Y ST
618 North Street
Pittsburgh PA 15206
MOORE JR EXEC DIR, H DAVID
713 Ridge Avenue
Pittsburgh PA 15212
MOOSSY, MD, John J NS
9402 Presbyterian Univ Hosp
Pittsburgh PA 15213
MORACA, MD, John I OBG
701 Broad Street
Sewickley PA 15143
MORAITIS, MD, Constantine Z OPH
4101 Brownsville Road
Pittsburgh PA 15227
MORALES, MD, Agustin P GP
736 Summerlea Street
Pittsburgh PA 15232
MORAN, MARY M ST
515 South Aiken Avenue
Pittsburgh PA 15232
MOREY, MD, Merrill I AN
213 Garden City Drive
Monroeville PA 15146
MORGAN, MD, Allen V IM
230 North Craig Street
Pittsburgh PA 15213
MORGAN, MD, Cheryl L IM
328 Morewood Avenue Side
Pittsburgh PA 15213
MORGENSTERN, MD, Bruce L N
5568 Covode Street
Pittsburgh PA 15217
MORRIS, DAVID W ST
5838 Darlington Avenue
Pittsburgh PA 15217
MORRIS, KAREN GUCKERT ST
5838 Darlington Road
Pittsburgh PA 15217
MORRIS, MD, Leslie E
3600 Forbes Avenue
Pittsburgh PA 15213
MORRIS, MD, Sam E DR
St Francis Hospital
Pittsburgh PA 15201
MORSE, MD, W Scott EM
1186 Hillcrest Avenue
Pittsburgh PA 15220
MOSESSO JR, VINCENT N ST
2023 Dartmore Avenue
Pittsburgh PA 15210
MOSKOWITZ, MD, Barry D OPH
801 Sweet Gum Road
Pittsburgh PA 15243
MOSS JR, MD, Vassar Y OBG
1100 Graham Blvd
Pittsburgh PA 15235
MOSTOUFIZADEH, MD, PTH
Mahpareh Z
Jefferson Hospital
Pittsburgh PA 15236
MOUSSA, MD, Samir M PTH
704 Main Street
Polk PA 16342
MOWAD, EUGENE M ST
4601 Bayard Street
Pittsburgh PA 15213
MOYER, MD, John F OTO
701 Broad Street
Sewickley PA 15143
MRVOS, MD, Diana L OPH
3174 Henrich Farm Lane
Allison Park PA 15101
MRVOS, MD, Donald M OBG
2550 Mosside Blvd
Monroeville PA 15146
MUCHLADO, MD, Felix J GP
1307 Union Avenue
Natrona Heights PA 15065
MUHONEN, D, Oliver A OS
216 Pitcture Drive
Pittsburgh PA 15236
MULHERN, MD, Lawrence M RHU
Mercy Hospital
Pittsburgh PA 15219
MUNOZ, MD, Juan T IM
1000 Bower Hill Road
Pittsburgh PA 15243
MURN, ALVIN J ST
233 North Craig Street #403
Pittsburgh PA 15213
MURPHEY, MD, Stephen M PDA
3520 Fifth Avenue
Pittsburgh PA 15213
MURPHY JR, MD, Arthur I GS
212 Tennyson Avenue
Pittsburgh PA 15213
MURTAUGH, THOMAS I ST
5555 Hobart Street
Pittsburgh PA 15217
MURTHY, MD, Molakalmuru H IM
7110 Church Avenue
Pittsburgh PA 15202
MUSGRAVE, MD, Ross H PS
711 Devonshire Street
Pittsburgh PA 15213
MUSKAT, MD, David I P
6366 Alderson Street
Pittsburgh PA 15217
MUSMANNO, MD, Samuel A GS
71 Petrie Road
Coraopolis PA 15108
MYERS, MD, Carl B OM
Ppg Industries Inc
Pittsburgh PA 15272
MYERS, MD, Eugene N OTO
Eye And Ear Hospital
Pittsburgh PA 15213
MYERS, MD, Gerald I CD
100 Denniston Avenue #48
Pittsburgh PA 15217
NABORS, ERIC D ST
15 Thornwood Drive
Mount Lebanon PA 15228
NACHLIS, MD, Allan D OBG
553 Briar Cliff Rd
Pittsburgh PA 15221
NADLER, MD, Daniel J OPH
1099 Ohio River Blvd
Sewickley PA 15143
NADLER, MD, M Princeton OPH
406 Edgeworth Lane
Sewickley PA 15143
NAGELKIRK, MD, Joan E IM
833 Greensburg Pike
East Pittsburgh PA 15112
NAHOURAII, ROBERT A ST
101 Hawthorne Avenue
Pittsburgh PA 15205
NAIR, MD, Madhusudanan CDS
4221 Penn Avenue
Pittsburgh PA 15224
NALIN, MD, Daniel J IM
615 Washington Road
Mount Lebanon PA 15220
NANGIA, MD, Sushma R EM
527 Dorseyville Road
Pittsburgh PA 15238
NAPOLEON, MD, Louis N GP
1150 Bower Hill Road
Pittsburgh PA 15243
NARDUZZI, MD, Joann V END
Mercy Hospital
Pittsburgh PA 15219
NARINE, NALAN ST
718 Maryland Avenue
Pittsburgh PA 15232
NARLA, MD, Sudhir K GE
1320 Fifth Avenue
Mckeesport PA 15132
NASEEM, MD, Mohammad R
Forbes Metropolitan Hlth Ctr
Pittsburgh PA 15221
NATALI, MD, Daniel E OBG
Forbes Regional Health Center
Monroeville PA 15146
NATALI, MD, David G EM
Forbes Regional Health Ctr
Monroeville PA 15146
NAUGLE, MD, Ingrid E R
26 Newgate Road
Pittsburgh PA 15202
NAWROCKI, MD, Mary F PM
P O Box 11460
Pittsburgh PA 15238
NAYAK, MD, Narayan T N
1501 Locust Street
Pittsburgh PA 15219
NEAL, MD, Roland A IM
1515 Penn Avenue
Pittsburgh PA 15221
NEALON, MD, William K OBG
Palm Beach County Health Dept
Delray Beach FL 33445
NEE JR, MD, Martin P GS
1700 Grandview Avenue
Pittsburgh PA 15211
NEFT, MD, Burton H PS
5156 Beeler Street
Pittsburgh PA 15217
NEGRI, MD, Ann M P
2357 Orlando Place
Pittsburgh PA 15235
NEILSON, MD, Thomas J EM
Consol Plaza
Pittsburgh PA 15241
NEIMAN, MD, Harvey L R
4800 Friendship Avenue
Pittsburgh PA 15224
NEIMAN, MD, Lee M IM
204 Fifth Avenue 6th Floor
Pittsburgh PA 15222
NEISH, CAROL L ST
3238 Niagra Square
Pittsburgh PA 15213
NELSON, MD, Paul B NS
Dept Of Neurosurgery
Pittsburgh PA 15261
NELSON, MD, Theodore C FP
911 Ruth Street
Pittsburgh PA 15243
NETTROUR, MD, Lewis F ORS
9104 Babcock Blvd #6111
Pittsburgh PA 15237
NETTROUR III, MD, W Scott ORS
9104 Babcock Blvd #6111
Pittsburgh PA 15237
NEUMAR, ROBERT W ST
412 Biddle Street
Pittsburgh PA 15221
NEWBERG, MD, Jay A OPH
1514 Lincoln Way
Mckeesport PA 15131
NEWCOMER, JANET A ST
1345 Illinois Avenue
Pittsburgh PA 15216
NEWTON, MD, E Douglas PS
Mellon Pavilion
Pittsburgh PA 15224
NEWTON, MD, Rex H PM
1119 Macon Avenue
Pittsburgh PA 15218
NGUYEN, MD, Chau H IM
364 Yarron Lane
Pittsburgh PA 15236
NGUYEN, MD, De IM
Presbyterian Univ Hospital
Pittsburgh PA 15260
NGUYEN, MD, Nghi V OS
R D 1 Cambrel Point Road
Natrona Heights PA 15065
NGUYEN, MD, Tinh-Chau PD
3471 Fifth Avenue
Pittsburgh PA 15213
NGUYEN, MD, Toan T IM
1020F Chatham Park Drive
Pittsburgh PA 15216
NICASSIO, MD, Anthony J IM
24 Nancy Drive
Pittsburgh PA 15235
NICHOLS, MD, William R PD
9104 Babcock Blvd 2111
Pittsburgh PA 15237
NICKENS, MD, Oswald J OBG
5600 Penn Avenue
Pittsburgh PA 15206
NICKESON, MD, Robert W OPH
1608 Oakleaf Lane
Pittsburgh PA 15237
NICKLEACH, JOANN ST
120 Ruskin Avenue
Pittsburgh PA 15213
NICOLO, MD, Enrico GS
1318 Fifthe Avenue
Mckeesport PA 15132
NICOTERO, MD, James A NEP
4401 Penn Avenue
Pittsburgh PA 15224
NIELAND, MD, Michael L D
Investment Bldg 15Th Floor
Pittsburgh PA 15222
NIELAND, MD, Nancy S D
211 North Whitfield Street
Pittsburgh PA 15206
NIEMIEC, DO, Michael J PTH
1705 Williamsburg Place
Pittsburgh PA 15235
NIGBOROWICZ, MD, Ronald J IM
6938 Blenheim Court
Pittsburgh PA 15208
NILL, MICHAEL R ST
311 Oakland Avenue
Pittsburgh PA 15213
NIREN, MD, Neil M D
9102 Babcock Blvd
Pittsburgh PA 15237
NISENBAUM, MD, Marcia R IM
7432 Light House Point
Pittsburgh PA 15221
NISHIZAWA, MD, Ann N PM
148 Spruce Valley Drive
Pittsburgh PA 15229
NISTA, MD, Joseph A OPH
532 South Aiken Avenue
Pittsburgh PA 15232
NITZBERG, MD, Robert S CD
1155 Merchant Street
Ambridge PA 15003
NIX, MD, Robert D PD
318 1/2 Grant Street
Sewickley PA 15143
NOBEL, MD, Helen V FP
1216 Beechwood Blvd
Pittsburgh PA 15206
NODEN, MD, George T GP
4526 Fifth Avenue
Pittsburgh PA 15213
NOLAN, MD, Teresa A IM
4815 Liberty Avenue
Pittsburgh PA 15224
NOLAND, MD, Robert B OPH
3471 Fifth Avenue
Pittsburgh PA 15213
NOORBAKHSH, MD, Hossein OBG
1350 Locust Street
Pittsburgh PA 15219
NORBASH, MD, Alexander M DR
Po Box 90112
Pittsburgh PA 15224
NORRIS, MD, David C P
232 Lucille Street
Glenshaw PA 15116
NOTHMANN, MD, Bruce J GE
1320 Fifth Avenue
Mckeesport PA 15132

NOVAK, MD, Joseph PM
St Francis General Hospital
Pittsburgh PA 15201
NOVAK, MD, Joseph F OPH
38 Glen Ridge Lane
Pittsburgh PA 15243
NOVOGRADAC, MD, William E GS
300 Millview Drive
Pittsburgh PA 15238
NULL, MD, Harry M TS
9104 Babcock Blvd 1103
Pittsburgh PA 15237
NUNEZ, MD, Hermes GS
756 Chartiers Avenue
Mckees Rocks PA 15136
NUNEZ, MD, Jairo R P
Woodville State Hospital
Carnegie PA 15106
NUSSBAUM, MD, Arthur J DR
North Hills Passavant Hosp
Pittsburgh PA 15237
O'DONNELL, MD, Chris T IM
701 Broad Street
Sewickley PA 15143
O'DONNELL, MD, Walter F U
Medical Arts Building
Pittsburgh PA 15213
OBLEY, MD, David L DR
191 Everest Drive
N Huntingdon PA 15642
OBRIEN, MD, Robert G GYN
1410 Candlewood Drive
Pittsburgh PA 15241
OCHOA, MD, E Ricardo DR
Five Little Meadow Road
Wexford PA 15090
OCHOCO-CAVANAUGH, MD, IM
Lillian A
4221 Penn Avenue Suite 505
Pittsburgh PA 15224
OCONNOR, MD, John P ON
1539 Old Beaulah Road
Pittsburgh PA 15235
OCONNOR, MD, Mary K IM
9102 Babcock Blvd
Pittsburgh PA 15237
OCONNOR, SUSAN E ST
5827 Holden Street
Pittsburgh PA 15217
OCZYPOK, MD, Paul M IM
2600 Giant Oaks Drive
Pittsburgh PA 15241
ODDI, MD, Frederick J FP
3907 Old Wm Penn Highway
Murrysville PA 15668
ODIM, MD, Usim P
6604 Woodwell Street
Pittsburgh PA 15217
ODONNELL, MD, John H AN
Winthrop Road
Carnegie PA 15106
OEHRLE, MD, John S PTH
Allegheny Valley Hospital
Natrona Heights PA 15065
OESTERLING JR, MD, Everett F NM
323 Richland Lane
Pittsburgh PA 15208
OFFERMAN, MD, Joop FP
6740 Reynolds Street
Pittsburgh PA 15206
OH, MD, Kook S PDR
Childrens Hospital
Pittsburgh PA 15213
OHARA, MD, Kevin R R
Shadyside Hosp Dept Rad
Pittsburgh PA 15232
OKOBI, MD, Anthony N OTO
660 Linclon Avenue
Pittsburgh PA 15202
OLAH, MD, George W GP
2504 Churchill Road
Pittsburgh PA 15235
OLSAKOVSKY, LESLIE A ST
120 Ruskin Avenue
Pittsburgh PA 15213
OLSHEFSKI, RANDAL S ST
339 Lehigh Avenue
Pittsburgh PA 15232
OLSON, MD, Mary K OBG
200 Guyasuta Road
Pittsburgh PA 15215
OLSON, MD, Peter R PTH
320 East North Avenue
Pittsburgh PA 15212
OMALLEY, MD, Donald F ORS
15 Holland Road
Pittsburg PA 15235
OMALLEY, DONALD F ST
262 North Dithridge Street
Pittsburgh PA 15235
OMARRO, MD, Steven D IM
724 Little Pine Creek Road
Pittsburgh PA 15223
ONEIL, DO, Robert J GP
1809 Pine Hollow Road
Mckees Rocks PA 15136
ONG, MD, Jimmy J N
2571 Mosside Blvd #4
Monroeville PA 15146
ONQUE, MD, Gloria C P
401 Shady Avenue
Pittsburgh PA 15206

ORIE, MD, John R A
1471 Montgomery Road
Allison Park PA 15101
ORINICK, MICHAEL ST
602 South Dallas Avenue
Pittsburgh PA 15217
ORLANDO, MD, Salvatore J PHO
3520 Fifth Avenue
Pittsburgh PA 15213
ORR, MD, Donald P DR
St Clair Hospital Xray
Pittsburgh PA 15243
ORRINGER, MD, David GS
5830 Wilkins Avenue
Pittsburgh PA 15217
OSHEKA, MD, William GS
114 Singer Avenue
Mckees Rocks PA 15136
OSIAL JR, MD, Thaddeus A RHU
800 Park Building
Pittsburgh PA 15222
OSOFSKY, MD, Murray V OBG
540 North Neville Street #103
Pittsburgh PA 15213
OTOOLE, MD, James D CD
510 South Aiken Street
Pittsburgh PA 15232
OTTONELLO, MD, Domingo G RHU
500 Naysmith Road
North Versalles PA 15137
OU, MD, Kuang-Yu GP
172 Kelvington Drive
Monroeville PA 15146
OVERHOLTZER, MD, Julie F FP
St Margaret Memorial Hospital
Pittsburgh PA 15215
OWENS, MD, E Reese ORS
490 East North Avenue
Pittsburgh PA 15212
PACHTMAN, MD, Isadore OPH
5715 Beacon Place
Pittsburgh PA 15217
PACIFICO, MD, Ronald L OPH
300 Sixth Avenue
Pittsburgh PA 15222
PAGE, DEAN A ST
230 Shannon Heights Drive
Verona PA 15147
PAI, MD, Kochikar G PD
51 Professional Plaza
Pittsburgh PA 15236
PALANISAMY, MD, CDS
Subramaniam
4221 Penn Avenue
Pittsburgh PA 15224
PALEPU, MD, Showri GS
Mckeesport Hospital
Mckeesport PA 15132
PALKO, MD, Michael J PTH
Allegheny General Hospital
Pittsburgh PA 15212
PALKOVITZ, MD, Harry P N
3471 Fifth Avenue
Pittsburgh PA 15213
PALKOVITZ, MD, Joseph GP
5041 Second Avenue
Pittsburgh PA 15207
PALLAN, LAURA A ST
418 South Pacific Avenue
Pittsburgh PA 15224
PALMER, MD, Arthur H NS
1501 Locust Street
Pittsburgh PA 15219
PALMER, MD, William D GS
501 Northview Drive
Glenshaw PA 15116
PALUS, MD, Bernard R D
Penn Hills Mall
Pittsburgh PA 15235
PAN, RICHARD J D ST
315 Beadling Road
Pittsburgh PA 15228
PANAHANDEH, MD, CRS
Abolhassan
490 East North Avenue
Pittsburgh PA 15212
PANCER, STUART J ST
120 Ruskin Avenue
Pittsburgh PA 15213
PANCHAL, MD, Pravin D PM
P O Box 12027
Pittsburgh PA 15240
PANDIT, MD, Devayani I OBG
4815 Liberty Avenue
Pittsburgh PA 15232
PANDIT, MD, Indravadan N CD
99 Haverford Road
Pittsburgh PA 15238
PANDIT, MD, Santosh M IM
9104 Babcock Boulevard
Pittsburgh PA 15237
PANG, MD, Dachling NS
Childrens Hospital
Pittsburgh PA 15213
PANTALONE, MD, Angelo L AN
2832 Southeast Fifth Circle
Boynton Beach FL 33435
PAPAS, MD, Spiro N ORS
1350 Locust Street
Pittsburgh PA 15219

PAPAZIAN, MD, Ara AN
128 Sunridge Drive
Pittsburgh PA 15234
PAPPAS, MD, Michael T AN
1248 Old Meadow Road
Pittsburgh PA 15241
PARABOSCHI, CHARLES F ST
5922 Douglas Street
Pittsburgh PA 15217
PARANJPE, MD, Mohan K OBG
204 Greenvale Drive
Monroeville PA 15146
PARIKH, MD, Bharati K AN
2370 West Gate Drive
Pittsburgh PA 15237
PARIKH, MD, Kiran J GS
2370 West Gate Drive
Pittsburgh PA 15237
PARIS, MD, Paul M EM
190 Lothrop Street
Pittsburgh PA 15213
PARK, MD, Eugene IM
P O Box 18066
Pittsburgh PA 15236
PARK, MD, Nancy H FP
816 Grandview Avenue
Pittsburgh PA 15211
PARK, MD, Sang B TS
490 East North Avenue
Pittsburgh PA 15212
PARKER, MD, Albert G OPH
850 Weigel Hill Road
Elizabeth PA 15037
PARKER, MD, Gerard A IM
2526 Columbia Avenue #5
Pittsburgh PA 15218
PARVA, MD, Ghasem FP
4790 William Flynn Highway
Allison Park PA 15101
PASCUAL, MD, Generoso S DR
103 Saratoga Drive
Mcmurry PA 15317
PASH, MD, Christopher A IM
143 Herbst Road
Coraopolis PA 15108
PASIEKA, KAREN B ST
560 Peebles Street
Pittsburgh PA 15221
PATEL, MD, Ashokkumar B GP
310 Ridgeway Drive
Wexford PA 15090
PATEL, MD, Gautam P DR
1236 Southgate Drive
Pittsburgh PA 15241
PATEL, MD, Minaxi G AI
1236 Southgate Drive
Pittsburgh PA 15241
PATRICK, MD, Gregory B PUD
Sewickley Valley Hospital
Sewickley PA 15143
PATTERSON, MD, Elizabeth A DR
807 Stotler Road
Pittsburgh PA 15235
PATTERSON, MD, George W GP
2400 Ardmore Blvd
Pittsburgh PA 15221
PATTON, MD, Anna M OBG
1315 Heberton Street
Little Compton RI 15206
PATTON, MD, George D GYN
211 North Whitfield Street
Pittsburgh PA 15206
PAUL, MD, Hugo B P
P O Box 55
New Canaan CT 06840
PAUL, JONATHAN J ST
3021 Brereton Street
Pittsburgh PA 15219
PAUL, MD, Richard PD
161 North Dithridge Street
Pittsburgh PA 15213
PAULONE, MD, Mary E OBG
4989 Circle Drive
Export PA 15632
PAUTLER, MD, Stanislav AN
445 Miranda Road
Pittsburgh PA 15241
PAVLAK, MD, Robert J IM
2550 Mosside Blvd
Monroeville PA 15146
PAVLIC, MD, George J HEM
1943 Overland Court
Allison Park PA 15101
PAVLIS, MD, Robert J OPH
1099 Ohio River Blvd
Sewickley PA 15143
PAVSEK, MD, Edward J R
677 Woodcrest Drive
Pittsburgh PA 15205
PAWAR, MD, Surendra V DR
North Hills Passavant Hosp
Pittsburgh PA 15237
PAWLOSKY, MD, Frank X FP
530 Washington Road
Pittsburgh PA 15228
PAYAN, MD, Hushang M PTH
4108 Windfall Lane
Gibsonia PA 15044
PEAL, MD, Stanley P
1154 Firewood Drive
Pittsburgh PA 15243

PEARD, MD, Robert J DR
Monongahela Hospital
Monongahela PA 15063
PEARSON, MD, Sayuri V AN
3000 Swallow Hill Road #232
Pittsburgh PA 15220
PECMAN, MD, Joanna OM
127 Marian Avenue
Glenshaw PA 15116
PEDICELLI, MD, Gabriele R
509 South Highland #24
Pittsburgh PA 15206
PEIRSOL, MD, Betty L GS
4318 Northern Pike
Monroeville PA 15146
PEITZMAN, MD, Andrew B GS
1087 Scaife Hall Dept Of Surg
Pittsburgh PA 15261
PELEKANOS, MD, Michael J OBG
3129 Deerfield Drive
Murrysville PA 15668
PELKOFER, MD, Cletus G R
252 Winebiddle Street
Pittsburgh PA 15224
PELLEGRINI, MD, Ronald V TS
100 Broadway Avenue
Carnegie PA 15106
PELLICANE JR, JAMES V ST
1620 Beechwood Blvd
Homestead PA 15217
PENDERGAST, WILLIAM J ST
3812 Bates Street
Pittsburgh PA 15213
PENN, MD, Samuel E OTO
401 Shady Avenue
Pittsburgh PA 15206
PENNOCK, MD, L Lewis DIA
2500 Parkview Drive
Hallandale FL 33009
PEPPER, MD, L Douglas FP
105 Orchard Avenue
Belle Vernon PA 15012
PERER, MD, William A GP
308 Oak Hill Drive
Sarasota FL 34232
PEREZ, MD, Horacio A PTH
Fulton Medical Laboratory
Pittsburgh PA 15203
PERLIN, MD, Mark W OS
5716 Beacon Street
Pittsburgh PA 15217
PERPER, MD, Joshua A OS
542 Fourth Ave
Pittsburgh PA 15219
PERRI, MD, Francis R GS
1050 Bower Hill Road
Pittsburgh PA 15243
PERRI, MD, John A ORS
998 Osage Road
Pittsburgh PA 15243
PERRIN, MD, Ronald L DR
Montefiore Hospital
Pittsburgh PA 15213
PERRIN, MD, Samuel R D
5161 Collins Avenue
Miami Beach FL 33104
PERROTTA JR, CHARLES ST
29 Green Briar Drive
Pittsburgh PA 15220
PERRY, MD, Laura J OS
441 Shady Avenue
Pittsburgh PA 15206
PERRY JR, JOHN N ST
5115 Liberty Avenue
Pittsburgh PA 15224
PERRYMAN, MD, Charles A OBG
3402 Route 8
Allison Park PA 15101
PERRYMAN, MD, Charles R R
640 Osage Drive
Pittsburgh PA 15243
PESSOLANO, MD, Carl J ORS
152 Woodstone Lane
New Kensington PA 15068
PESSOLANO, MD, Frank J EM
2360 Meadow Road
New Kesington PA 15068
PETERNEL, MD, Wayne W IM
1400 Locust Street
Pittsburgh PA 15219
PETERS, MD, Vaughan FP
505 Brownsville Road
Pittsburgh PA 15210
PETERSON, ERIC D ST
374 Mckee Place
Pittsburgh PA 15213
PETERSON, JACQUELINE R ST
161 Oakville Drive
Pittsburgh PA 15220
PETICCA, MD, Benjamin B OBG
1501 Locust Street
Pittsburgh PA 15219
PETILLA, MD, Mariano E TS
532 South Aiken Avenue
Pittsburgh PA 15232
PETRAGLIA, MD, Angelo A GP
104 North Graham Street
Pittsburgh PA 15206
PETRAGLIA, MD, Paul GP
205 Virginia Avenue
Pittsburgh PA 15211

PETRUZZELLI, MD, Guy J GS
905 William Penn Court
Pittsburgh PA 15221
PETTAPIECE JR, MD, Milton C OPH
3518 Fifth Avenue
Pittsburgh PA 15213
PETTI, MD, Theodore A CHP
337 Morewood Avenue
Pittsburgh PA 15213
PETURSSON, MD, Sigurdur R IM
4815 Liberty Avenue
Pittsburgh PA 15224
PETZ, DO, Darrell W IM
1106 Broadview Blvd
Brackenridge PA 15014
PFAEFFLE, MD, Hugo H AN
Nh Passavant Hospital
Pittsburgh PA 15237
PFRIMMER, MD, Wayne J HEM
490 East North Avenue
Pittsburgh PA 15212
PHANSE, MD, Mohan S GE
3515 Washington Road
Mcmurray PA 15317
PHILBIN, MD, Terence J IM
92 Bradford Avenue
Pittsburgh PA 15205
PHILLIPS, MD, Howard T ORS
9104 Babcock Blvd #6111
Pittsburgh PA 15237
PHILLIPS, MD, Jane G PM
4412 Penn Avenue
Pittsburgh PA 15224
PHILLIPS, MD, John C IM
5907 Penn Avenue
Pittsburgh PA 15206
PHILLIPS, MD, John G NS
3471 Fifth Avenue
Pittsburgh PA 15213
PHILLIPS, MD, Philip IM
7506 Trevanion Avenue
Pittsburgh PA 15218
PHILLIPS, MD, William W GE
One Allegheny Center
Pittsburgh PA 15212
PHILLIPS III, MD, Chester A AN
2325 Old Washington Road
Pittsburgh PA 15241
PHILLIPS JR, MD, C Aiken GS
201 Kent Road
Pittsburgh PA 15241
PHITAYAKORN, MD, Chet TS
575 Coal Valley Road
Clairton PA 15025
PHITAYAKORN, MD, Preyaratt AN
193 Springmeadow Drive
Pittsburgh PA 15241
PICCIOTTI, MD, Isabella M AN
One Allegheny Square
Pittsburgh PA 15212
PIETRAGALLO, MD, Louis D HEM
110 Fort Couch Road
Pittsburgh PA 15241
PIFALO, MD, W Bradley CD
211 Westchester Commons
Wexford PA 15090
PIFER, MD, Gerald W ORS
490 East North Avenue
Pittsburgh PA 15212
PIGOZZI, MD, William N FP
PINTO, MD, Thomas B IM
1200 Centre Avenue
Pittsburgh PA 15219
PITCAVAGE, MD, James G PD
447 Oliver Road
Edgeworth PA 15143
PITTENGER, MD, Rex A P
369 Sunset Road
Pittsburgh PA 15237
PITYK JR, MD, Peter E AN
1420-12 Greenvalley Drive
Pittsburgh PA 15220
PLACCI, MD, Carlos A P
401 Shady Avenue
Pittsburgh PA 15206
PLAZA-PONTE, MD, Mario T CRS
4815 Liberty Avenue
Pittsburgh PA 15224
PLESSET, MD, Marvin R P
101 Dithridge Street
Pittsburgh PA 15213
PLUNKETT, MD, Francis X ORS
5889 Forbes Avenue
Pittsburgh PA 15217
POBER, MD, Hymen A GP
3500 Fifth Avenue
Pittsburgh PA 15213
POBER, MD, Iren J GE
224 Penn Avenue
Pittsburgh PA 15221
POCHAPIN, MD, Sherman W P
3708 Fifth Avenue #536
Pittsburgh PA 15213
PODGAINY, MD, Helen J PD
935 Thorn Run Road
Coraopolis PA 15108
POKORNY, KATHRYN A ST
401 Amberson Avenue #304
Pittsburgh PA 15232
POLAM, MD, Chandra R IM
4506 Penn Avenue
Pittsburgh PA 15224

POLENTA, MD, John P PD
520 Idlewood Road
Pittsburgh PA 15235
POLIDORA, MD, Joseph J CD
4318 Northern Pike
Monroeville PA 15146
POLINSKI, MD, Leonard J IM
1600 Lowrie Street
Pittsburgh PA 15212
POLLACK, MD, Dean N OBG
510 South Aiken Avenue
Pittsburgh PA 15232
POLLACK, MD, Dorothy J AN
188 Beall Drive
Pittsburgh PA 15236
POLLER, MD, William R R
2119 Middle Road
Glenshaw PA 15116
POLLICE, MD, Philip G AN
103 Fitz Randolph Drive
Coraopolis PA 15108
POLLOCK, MD, Burton H RHU
355 Fifth Avenue
Pittsburgh PA 15222
POMERANTZ, MD, Marc B IM
2550 Mosside Boulevard
Monroeville PA 15146
POPE, MARYBETH ST
5721 Walnut Street
Pittsburgh PA 15232
POPOVICH, MD, John E FP
380-M Fruitwood Drive
Bethel Park PA 15102
PORKOLAB, MD, Frederick L CD
4815 Liberty Avenue
Pittsburgh PA 15224
PORTER, MD, Lynne E GE
21 Oakglen Drive
Oakmont PA 15139
PORTMAN, MD, Mary A OBG
700 Squaw Run Road East
Pittsburgh PA 15238
PORTNEY, MD, Deborah L GS
616 Summerlea
Pittsburgh PA 15232
POTNIS, MD, Asha V HEM
204 Greenvale Drive
Monroeville PA 15146
POTTER, MD, Robert H IM
526 Perrysville Avenue
Pittsburgh PA 15229
POTTER JR, MD, Robert H FP
9331 Almar Place
Ingomar PA 15127
POUTOUS, MD, George W OBG
102 Frick Road
Pittsburgh PA 15238
POWELL, MD, James R IM
105 Brunner Drive
Pittsburgh PA 15214
POWELL JR, MD, Oscar M NM
Allegheny General Hospital
Pittsburgh PA 15212
PRABHU, MD, Anil IM
102 Broadway Avenue
Carnegie PA 15106
PRABHU, MD, Nalina IM
Foster Plaza 5
Pittsburgh PA 15220
PRASHKER, MD, Mark J IM
101 North Dithridge Street
Pittsburgh PA 15213
PRATKANIS, RICHARD A ST
4609 Bayard Street
Pittsburgh PA 15213
PREININGER, MD, Edward R FP
151 Willow Run
Ormond Beach FL 32074
PRESS, MD, Allen J OPH
1099 Ohio River Blvd
Sewickley PA 15143
PRETTER, MD, Paul D IM
Bessemer & Lake Erie Railroad
Pittsburgh PA 15221
PRICE, MD, Alfred R GP
279 West Steuben Street
Pittsburgh PA 15205
PRICE JR, MD, Stuart E U
4815 Liberty Avenue
Pittsburgh PA 15224
PRICENER, MD, Valerie M OS
2641 Washington Street
Monroeville PA 15146
PRIN, MD, William HEM
124 Penrose Drive
Pittsburgh PA 15208
PRINGLE, MD, Jacqueline M P
5417 Kentucky Avenue
Pittsburgh PA 15232
PRINGLE, MD, Robert W OM
300 Fox Chapel Road
Pittsburgh PA 15238
PRIORE, MD, Robert M OBG
1400 South Braddock Avenue
Swissvale PA 15218
PROCTOR, MD, Julian W TR
701 Fifth Street
Beaver PA 15009
PROKHOV, MD, Vassil K CD
1000 Bower Hill Road
Pittsburgh PA 15243

PROSTKO, MD, E Richard NS
Allegheny General Hospital
Pittsburgh PA 15212
PRZYBYLSKI, MD, Gregory J NS
1519 Wightman Street
Pittsburgh PA 15217
PUBLICKER, MD, Mark R FP
2020 Ardmore Blvd
Pittsburgh PA 15221
PUCCIO, EDWARD V ST
225 Melwood Avenue #23
Pittsburgh PA 15213
PUCEVICH, MD, Maria V D
935 Thorn Run Road
Coraopolis PA 15108
PUIG-ANTICH, MD, Joaquim CHP
3811 Ohara Street
Pittsburgh PA 15213
PULLEKINCS, MD, Joseph W GS
113 Center Avenue
Pittsburgh PA 15215
PURPURA, MD, Lawrence J IM
1206 Brookline Blvd
Pittsburgh PA 15226
PURPURA, MD, Thomas R OS
811 Osage Road
Pittsburgh PA 15243
PUSATERI JR, MD, Joseph P IM
401 Amberson Street
Pittsburgh PA 15232
QUATTRONE, MD, Charles G EM
Coal Valley Road
Pittsburgh PA 15236
QUINLIN, MD, Robert F GS
3471 Fifth Avenue
Pittsburgh PA 15213
QUINT, MD, Donald H PTH
2503 Foxbriar Court
Wexford PA 15090
QUINTERO, MD, Miguel J OPH
3471 Fifth Ave
Pittsburgh PA 15213
RABINOWITZ, MD, Jerry P FP
532 South Aiken Avenue
Pittsburgh PA 15232
RADFAR, MD, Nezam END
Mercy Hospital Pd Dept
Pittsburgh PA 15219
RADFAR, MD, Rouhangiz H IM
1780 Taper Drive
Pittsburgh PA 15241
RADFAR, MD, Soraya Z P
265 Hazel Drive
Pittsburgh PA 15228
RAGER, MD, Ronald OS
3928 Willow Avenue #2
Pittsburgh PA 15234
RAGGIO, MD, Tanya P PD
5434 Ellsworth Ave
Pittsburgh PA 15232
RAGHEB, MD, Youssef S OBG
1629 Union Avenue
Natrona Heights PA 15065
RAI, MD, Balbinder S IM
6150 Library Road
Bethel Park PA 15102
RAIZMAN, MD, Richard E GE
224 Penn Avenue
Pittsburgh PA 15221
RAMAKRISHNA, MD, Nagamalli GS
4424 Penn Avenue
Pittsburgh PA 15224
RAMAN, MD, Asha CD
3903 Shadowood Circle
Allison Park PA 15101
RAMASASTRY, MD, Sai S PS
1117 Scaife Hall
Pittsburgh PA 15261
RAMESH, MD, Makum L CD
St Francis Medical Office
Pittsburgh PA 15224
RAMIK, MD, Otto E
Wernersville State Hospital
Wernersville PA 19565
RAMS, MD, James J TS
4815 Liberty Avenue
Pittsburgh PA 15224
RANDALL, MD, Rodney R CD
406 Blaze Drive
Glenshaw PA 15116
RANII, MD, Carmello A IM
12 Eastern Avenue
Pittsburgh PA 15215
RANKIN, MD, James S OTO
R D 2 Box 234
Rockwood PA 15557
RANKIN, MD, Robert C OBG
1000 Bower Hill Road
Pittsburgh PA 15243
RANKIN, MD, Samuel G FP
4988 Library Road
Bethel Park PA 15102
RAO, MD, B Venkat CD
532 South Aiken Avenue
Pittsburgh PA 15232
RAO, MD, Gopal TS
532 South Aiken Avenue
Pittsburgh PA 15232
RAO, MD, Kasuganti V GPM
RAO, MD, Leela K TR
165 Summit Ridge Drive
Bridgeville PA 15017

RAO, MD, Nalini G ID
128 North Craig Street
Pittsburgh PA 15213
RAO, MD, Ramdev K CD
1501 Locust Street
Pittsburgh PA 15219
RAPPAPORT, MD, Lewis B CD
604 Calais Drive
Pittsburgh PA 15237
RASHID, MD, Ayesha PD
2550 Mosside Blvd
Monroeville PA 15146
RAU, MD, Raymond L P
Plaza Bldg Third Floor
Pittsburgh PA 15201
RAUB, MD, James A OBG
1099 Ohio River Blvd
Sewickley PA 15143
RAUTERKUS, MD, Marylee PD
954 South Braddock Avenue
Pittsburgh PA 15221
RAVANO, MD, Jose F GS
115 Carrie Ann Drive
New Kensington PA 15068
RAVANO, MD, P R Quietson CLP
Central Medical Center
Pittsburgh PA 15219
RAVES, MD, John J TRS
320 East North Avenue
Pittsburgh PA 15212
RAVITCH, MD, Mark M GS
3459 Fifth Avenue
Pittsburgh PA 15206
RAY, MD, Richard L ORS
490 East North Avenue
Pittsburgh PA 15212
REAGAN, MD, Marie A OBG
4221 Penn Avenue
Pittsburgh PA 15224
RECIO, MD, Rolando G OBG
2566 Haymaker Road
Monroeville PA 15146
REDA, MD, Frank A OBG
733 Washington Road
Pittsburgh PA 15228
REDDY, MD, Ragoor K IM
4221 Penn Avenue
Pittsburgh PA 15224
REED, MD, Darrell K GE
4425 Mccaslin Street
Pittsburgh PA 15207
REED, MD, David E FP
Shadyside Hospital Fam Hlth
Pittsburgh PA 15232
REED, MD, David M EM
616 Linclon Avenue
Pittsburgh PA 15202
REED, MD, W Glenn PTH
4950 Bayard Street
Pittsburgh PA 15213
REEL, CHARLES C ST
151 North Craig Street #5g
Pittsburgh PA 15213
REHDER, MD, Karen E OBG
3908 Ash Drive
Allison Park PA 15101
REIGEL, MD, Donald H NS
4815 Liberty Avenue
Pittsburgh PA 15224
REILLY, MD, James J IM
Allegheny Prof Bldg Ste 408
Pittsburgh PA 15212
REILLY, MD, James J PD
3520 Laketon Road
Pittsburgh PA 15235
REILLY, MD, Patrick G IM
5814 Walnut Street
Pittsburgh PA 15232
REILLY, MD, Paul A CD
Shadyside Hospital
Pittsburgh PA 15232
REILLY JR, MD, James J GS
University Of Pittsburgh
Pittsburgh PA 15213
REINMUTH, MD, Oscar M N
University Of Pgh-Dept Neur
Pittsburgh PA 15261
REIS, MD, Claude J P
226 South Maple Avenue
Greensburg PA 15601
REIS, MD, Walter J P
226 S Maple Avenue
Greensburg PA 15601
REISINGER JR, MD, William E R
P O Box 428
New Eagle PA 15067
RENNERT, MD, Nancy J IM
1236 Dennister Avenue
Pittsburgh PA 15217
RENTON, MD, Alan C PS
301-200 South Hills Village
Pittsburgh PA 15241
RESHMI, MD, Chandrappa S OPH
2639 Brownsville Road
Pittsburgh PA 15227
RESNICK, MD, Paul H ORS
100 Delafield Road #108
Pittsburgh PA 15215
RESNIK, MD, Edward OBG
5944 Phillips Avenue
Pittsburgh PA 15217

RESWICK, MD, Murray R
627 Moorewood Avenue
Pittsburgh PA 15213
REVAK, MD, Conrad S R
St Margaret Memorial Hosp
Pittsburgh PA 15215
REYES, MD, Vicente E IM
P O Box A
Glassport PA 15045
REZEK, MD, Donald L N
322 Scaife Hall
Pittsburgh PA 15261
RICE, MD, Eileen M N
3471 Fifth Avenue
Pittsburgh PA 15213
RICE, MD, Samuel M IM
P O Box 1009
Cranberry Twnship PA 16033
RICHARDS, DAVID S ST
128 Cord Avenue
Wilmerding PA 15148
RICHARDSON, MD, George S PS
Harmarville Rehab Center
Pittsburgh PA 15238
RICHARDSON, MD, Roosevelt GP
5701 Centre Avenue #1411
Pittsburgh PA 15206
RICHTER, MD, Paul L
One Allegheny Square
Pittsburgh PA 15212
RICHTER, MD, Tor IM
Consolidation Coal Company
Pittsburgh PA 15241
RICKETTS, MD, J Edward IM
120 Riverview Terrace
Pittsburgh PA 15215
RIEGEL, MD, George E OM
501 Irwin Drive
Sewickley PA 15143
RIEMER, MD, Barry L ORS
490 East North Avenue
Pittsburgh PA 15212
RIETHMILLER, MD, Grace L OBG
R D 5 Box 75
Sewickley PA 15143
RIKE, MD, Paul M IM
Magee Womens Hospital
Pittsburgh PA 15213
RILEY, MD, Bernard J OBG
4221 Penn Avenue
Pittsburgh PA 15224
RINKOFF, MD, Jeffrey S OPH
3520 Fifth Avenue
Pittsburgh PA 15213
RIPEPI, MD, Anthony C ND
500 Lewis Run Road
Pittsburgh PA 15236
RIPEPI, MD, Philip P GS
Southwestern Health Center
Pittsburgh PA 15236
RISHI, MD, Usha S DR
West Penn Hospital
Pittsburgh PA 15224
RISINGER, ROBERT C ST
205 Biddle Street
Pittsburgh PA 15221
RITCHIE, MD, Laurence T US
1430 Lincoln Way
Mc Keesport PA 15131
RITTENHOUSE, MD, Emory A OTO
2301 James Street
Mckeesport PA 15132
RITTENHOUSE, MD, Frank H GP
14 Biggert Manor
Pittsburgh PA 15205
RITTENHOUSE, MD, George H GP
2225 Pleasantview Circle
Pittsburgh PA 15241
RIZK, MD, Pamela J PD
4815 Liberrty Avenue
Pittsburgh PA 15224
RIZK, MD, Sherif L CRS
532 South Aiken
Pittsburgh PA 15232
ROBERTS, MD, Linda P IM
512 Edgewood Road
Pittsburgh PA 15221
ROBERTS, MD, Thom R PD
209 Pine Road
Sewickley PA 15143
ROBINS, MD, Donald E IM
130 North Bellefield Avenue
Pittsburgh PA 15213
ROBINS, MD, Hugh B GPM
50 Rambling Lane
Battle Creek MI 49015
ROBINSON, MD, John N CDS
1830 Foxcroft Lane
Allison Park PA 15101
ROBISON, MD, Walter J IM
3515 Washington Road
Mcmurray PA 15317
ROCHE, MD, Charles A OBG
22 Old Clairton Road
Pittsburgh PA 15236
ROCHE, MD, Karen R PS
9380 Mcknight Road Suite 403
Pittsburgh PA 15237
ROGAL, MD, Michael J ORS
1092 Lyndhurst Drive
Pittsburgh PA 15206

ROGERS, MD, Kenneth D PH
Univ Of Pgh School Of Med
Pittsburgh PA 15213
ROGOW, MD, Edward TR
5717 Lynnehaven Road
Pittsburgh PA 15217
ROIG, MD, George M AN
121 Pinoak Lane
Imperial PA 15126
ROMANO, MD, Joseph M ID
P O Box 483
Allison Park PA 15101
ROMBERGER JR, MD, James A PD
130 North Bellefield Avenue
Pittsburgh PA 15213
ROMITI, STEVEN L ST
3812 Bates Street
Pittsburgh PA 15213
ROMMEL, MD, Frank L PM
119 Larchfield Drive
Mckeesport PA 15135
RONEY, MD, T James FP
226 Mount Lebanon Blvd
Pittsburgh PA 15234
ROONEY, MD, Edward F GS
100 Oxford Drive
Monroeville PA 15146
ROPPOLO, MD, Helen M DR
318 South Homewood Avenue
Pittsburgh PA 15208
ROS, MD, Emil J GP
446 Amherst Avenue
Coraopolis PA 15108
ROS, MD, Nydia C IM
4001 Fairway Road
Aliquippa PA 15001
ROSE, MD, Carol E AN
South Side Hospital
Pittsburgh PA 15203
ROSENBACH, MD, Loren M HEM
3471 Fifth Avenue
Pittsburgh PA 15213
ROSENBERG, MD, George L OBG
413 Fourth Avenue
Tarentum PA 15084
ROSENBERG, MD, Paul R OPH
3708 Fifth Avenue
Pittsburgh PA 15213
ROSENBLOOM, MD, Meyer A GP
450 Holland Avenue
Braddock PA 15104
ROSENBLOOM, MD, Richard C IM
1200 Centre Avenue
Pittsburgh PA 15219
ROSENBLOOM, MD, Stanley E IM
1400 Center Avenue #417
Pittsburgh PA 15219
ROSENBURG, MD, Sidney A OS
13643 107Th Lane
Sun City AZ 85351
ROSENCRANS, MD, David L GS
152 Oakhurst Road
Pittsburgh PA 15215
ROSENTHAL, MD, Richard H IM
105 Downing Drive
Pittsburgh PA 15238
ROSINI, MD, Rita M PD
220 North Dithridge Street
Pittsburgh PA 15213
ROSKOPH, MD, Jay A OS
7209 Beacon Hill Drive
Pittsburgh PA 15221
ROSSI, MD, John C
4295 Greensburg Pike
Pittsburgh PA 15221
ROTHFIELD, MD, Robert E OTO
151 North Craig Street
Pittsburgh PA 15213
ROTHFUS, MD, William E R
Allegheny General Hospital
Pittsburgh PA 15212
ROTHMAN, MD, David L IM
3028 Brownsville Road
Pittsburgh PA 15227
ROTHSCHILD, MD, Jeffrey M IM
Mercy Hospital Critical Care
Pittsburgh PA 15219
ROWE, MD, Marc I PDS
Childrens Hospital
Pittsburgh PA 15213
ROWLAND, PAUL L ST
1009 Woodland Road
Pittsburgh PA 15238
ROYFE, MD, Michael A IM
6640 Dalzell Place
Pittsburgh PA 15217
RUBASH, MD, Harry E ORS
3601 Fifth Avenue
Pittsburgh PA 15213
RUBENFIELD, MD, Arnold D OTO
985 Union Avenue
Brackenridge PA 15014
RUBIN, MD, Fred H IM
510 South Aiken Avenue
Pittsburgh PA 15232
RUBIN, MD, Harvey M PD
51 Professional Plaza
Pittsburgh PA 15236
RUBIN, MD, Jennifer GS
954 South Braddock Avenue
Pittsburgh PA 15221

RUBIN, MD, Lore R P
232 North Craig Street
Pittsburgh PA 15213
RUBINO, MD, Mark A OBG
3550 New Texas Road
Pittsburgh PA 15239
RUBINSTEIN, ADAM J ST
120 Ruskin Avenue
Pittsburgh PA 15213
RUDIN, MD, Jennifer E ID
2570 Haymaker Road
Monroeville PA 15146
RUDKIN, MD, Victor M IM
3471 Fifth Avenue
Pittsburgh PA 15213
RUDMAN, MD, Richard FP
4720 Lolly Drive
Monroeville PA 15146
RUDOLPH, MD, Joseph P EM
1631 Citation Drive
Library PA 15129
RUEGER, MD, Raimund G OTO
108 Ridgedale Lane
Pittsburgh PA 15238
RUIZ, MD, Cesar A GE
4401 Penn Avenue #1047
Pittsburgh PA 15224
RULIN, MD, Marvin C OBG
5640 Aylesboro Avenue
Pittsburgh PA 15217
RUMBLE, MD, Thomas R P
1007 Delafield Road
Pittsburgh PA 15215
RUMBLE JR, MD, Charles T P
147 North Craig Street
Pittsburgh PA 15213
RUNCO, MD, Angelo S PD
1206 Heberton Avenue
Pittsburgh PA 15206
RUNKLE, MD, Barbara E IM
1155 Merchant Street
Ambridge PA 15003
RUPP, MD, George M PTH
2321 Wolford Street
Pittsburgh PA 15226
RUSCHAK, MD, Paul J D
625 Lincoln Avenue
Charleroi PA 15022
RUSSINOVICH, MD, DR
Nicholas A E
10475 Perry Highway
Wexford PA 15090
RUSSMAN, MD, Richard B CD
1000 Bower Hill Road
Pittsburgh PA 15243
RUSSO, MD, Joseph F OBG
4800 Friendship Avenue
Pittsburgh PA 15224
RUTIGLIANO, MICHAEL J ST
3280 Dawson Street
Pittsburgh PA 15213
RUTMAN, MD, Deanna L OBG
2275 Swallowhill Road
Pittsburgh PA 15220
RUZICZKA, MD, Linda A GP
Ten Oak Avenue
Pittsburgh PA 15209
RYDZE, MD, Richard A IM
125 Seventh Street
Pittsburgh PA 15222
RYDZE, MD, Robert A GP
1186 Lakemont Drive
Pittsburgh PA 15243
RYOO, MD, In O PD
205 Commerce Drive
Coraopolis PA 15108
SABA, PHILIP R ST
300 North Dithridge
Pittsburgh PA 15213
SABATELLE, MD, Robert C OBG
701 Broad Street
Sewickley PA 15143
SABEH, MD, George IM
1048 Lincoln Way
Mckeesport PA 15132
SABEH, MD, Raif K OTO
2400 Ardmore Blvd #203
Pittsburgh PA 15221
SABO, ERIN M ST
120 Ruskin Avenue
Pittsburgh PA 15213
SACCO, MD, Russell J IM
5400 Wilkings Avenue
Pittsburgh PA 15217
SACHS, MD, Murray PUD
1344 Squirrel Hill Avenue
Pittsburgh PA 15217
SADLER, MD, John M
Keystone Health Plan West
Pittsburgh PA 15220
SADLER, MD, Larry R DR
1002 Greenlawn Drive
Pittsburgh PA 15216
SAFIER, MD, Joel PD
1910 Cochran Road
Pittsburgh PA 15220
SAFYAN, MD, Susan L D
750 Washington Road
Pittsburgh PA 15226
SAGAN, MD, Elizabeth R U
4815 Liberty Avenue
Pittsburgh PA 15224

SAHOVEY, MD, James R IM
Health America
Pittsburgh PA 15213
SAIFEE, MD, Kutub M TS
St Clair Prof Office Bldg
Pittsburgh PA 15243
SALAS, MD, Andre C J EM
5357 Beeler Street
Pittsburgh PA 15217
SALVOZA, MD, Manuel I CD
Allegheny General Hospital
Pittsburgh PA 15212
SAMADANI, MD, Siroos R TS
532 South Aiken Avenue
Pittsburgh PA 15232
SANDBERG, MD, Theodore E OM
Mobay Corp
Pittsburgh PA 15205
SANDHU, MD, Rajinder S P
745 15Th Street
Oakmont PA 15139
SANDSON, MD, Gerald B CHP
401 Shady Avenue
Pittsburgh PA 15206
SANGODEYI, MD, Olu R EM
1104 Fifth Avenue
Coraopolis PA 15108
SANGRUJEE, MD, Kannika L AN
Suburban General Hospital
Pittsburgh PA 15202
SANGRUJEE, MD, Weerasak ORS
9102 Babcock Blvd L11
Pittsburgh PA 15237
SANNER JR, MD, Edgar G U
St Francis Plaza
Pittsburgh PA 15208
SANTERINI, KRISTINE R ST
4609 Bayard Street #4
Pittsburgh PA 15213
SANTIESTEBAN, MD, Joseph A IM
120 Crescent Drive
Pittsburgh PA 15228
SANTORA, DAWN M ST
234 Emerson Street
Pittsburgh PA 15206
SANTORA JR, MD, Frank J GS
Divine Providence Hospital
Pittsburgh PA 15212
SANTOS, MD, Arthur M CDS
532 South Aiken Avenue
Pittsburgh PA 15232
SANTUCCI, MD, Francesco IM
385 Gross Street
Pittsburgh PA 15224
SARACCO, MD, Thomas R FP
500 Lewis Run Road
Pittsburgh PA 15236
SARADAR, MD, Raja PD
147 Whipple Street
Pittsburgh PA 15218
SARIS-MECHENBIER, MD, IM
Lydia E
300 Cedar Boulevard
Pittsburgh PA 15228
SARNER, MD, Joel B AN
209B Kelly Avenue
Pittsburgh PA 15221
SARVER, MD, Robert O ORS
1099 Ohio River Blvd
Sewickley PA 15143
SAVARINO, RICHARD J ST
516 East Schoonmaker Avenue
Monessen PA 15062
SAWYER, MD, Rita A AN
Magee Womens Hospital
Pittsburgh PA 15213
SCARAMUCCI, MD, John C OBG
4140 Brownsville Road
Pittsburgh PA 15218
SCARSELLATO, MD, John N OBG
416 Seventh Avenue
Pittsburgh PA 15219
SCHACHTER, MD, Allan B U
3471 Fifth Avenue
Pittsburgh PA 15213
SCHACHTER, MD, Joseph P
5400 Darlington Road
Pittsburgh PA 15217
SCHAEFER, MD, C Russell CD
704 Devonshire St
Pittsburgh PA 15213
SCHAEFER, MD, Thomas L FP
Caste Village Shoppes
Pittsburgh PA 15236
SCHAFER JR, MD, Francis J ID
Allegheny Professional Bldg
Pittsburgh PA 15212
SCHAFFER, MD, Ted C FP
1616 Burchfield Road
Allison Park PA 15101
SCHAFFNER, MD, Kenneth F OS
Five Bayard Road
Pittsburgh PA 15213
SCHALL, MD, Roy F OTO
856 Old Mill Road
Pittsburgh PA 15238
SCHANER, MD, Paul J AN
1400 Locust Street
Pittsburgh PA 15219
SCHAPIRO, MD, Rolf L R
Allegheny General Hospital
Pittsburgh PA 15212

SCHATTNER, MD, Allen S EM
2307 Marbury Road
Pittsburgh PA 15221
SCHAUB, MD, David H IM
320 Third Avenue
Tarentum PA 15084
SCHEIN, MD, Robert A OTO
5257 Greenridge Drive
Pittsburgh PA 15236
SCHEIN II, MD, George OTO
971 Lakemont Drive
Pittsburgh PA 15243
SCHEINMAN, MD, Harold Z PTH
Ohio Valley General Hospital
Mckees Rocks PA 15136
SCHERER, DO, Jerome E FP
One Allegheny Plaza
Oakmont PA 15139
SCHIFF, MD, Melvin M PUD
Russellton Medical Group
Cheswick PA 15024
SCHLESSINGER, DAVID A ST
1620 Beechwood Blvd #6
Pittsburgh PA 15217
SCHLOSSBERG, MD, Michael A IM
400 Penn Center
Pittsburgh PA 15235
SCHMELTZ, MD, Ralph END
Magee Womens Hospital
Pittsburgh PA 15213
SCHMIDHOFER, MD, Mark CD
4221 Penn Avenue
Pittsburgh PA 15224
SCHMITT, MD, Charles L D
535 Medical Arts Building
Pittsburgh PA 15213
SCHMITT, MD, Herman L GP
1170 Prospect Road
Pittsburgh PA 15227
SCHMITT, MARISA A ST
650 1/2 Morewood Avenue
Pittsburgh PA 15213
SCHMITT, SCOTT A ST
2459 Saunders Station Road
Monroeville PA 15146
SCHNEIDER, MD, John A OBG
75 Standish Blvd
Pittsburgh PA 15228
SCHNEIDER, MD, Richard R CDS
321 Richland Lane
Pittsburgh PA 15208
SCHNEIDER, MD, Robert E GP
8135 Perry Highway
Pittsburgh PA 15237
SCHNEIDERMAN, MD, Marc J FP
Fifth And Mulberry Streets
Coraopolis PA 15108
SCHNURER, MD, Charles I GS
224 Fifth Avenue
Mckeesport PA 15132
SCHOENFELD, MD, Clyde D CD
11979 Frankstown Road
Pittsburgh PA 15235
SCHOLLAERT, MD, Richard A IM
1155 Merchant Street
Ambridge PA 15003
SCHORR, MD, Neal A FP
2568-B Brandt School Road
Wexford PA 15090
SCHRADER, MICHAEL C ST
415 South Graham Street
Pittsburgh PA 15232
SCHROEDER, MD, Maryellen A FP
1834 Wildlife Lodge Road
Lower Burrell PA 15068
SCHULHOFF, MD, John W U
3021 Brownsville Road
Pittsburgh PA 15227
SCHULTZ, MD, Edward M R
8111 East Broadway #366
Tucson AZ 85710
SCHULTZ, MD, Fred R CHP
425 South Dallas Avenue
Pittsburgh PA 15208
SCHUMACHER, DO, Carol M N
115 Balver Avenue
Pittsburgh PA 15205
SCHUSTER, MD, Allan H CD
Allegheny Proffesional Bldg
Pittsburgh PA 15212
SCHWARTZ, MD, Alec R PD
7142 Roycrest Place
Pittsburgh PA 15208
SCHWARTZ, MD, Daniel N OTO
3704 Sunset Drive
Munhall PA 15120
SCHWARTZ, MD, Joel D OTO
20 Cedar Boulevard
Pittsburgh PA 15228
SCHWERHA, MD, Joseph J OM
U S Steel Corporation
Venetia PA 15367
SCHWERIN, MD, William F GP
P O Box 207
Wexford PA 15090
SCHWINDT, MD, Mary L FP
1100-4 Nineteen North Drive
Pittsburgh PA 15237
SCIOSCIA, MD, Eugene A OBG
490 East North Avenue
Pittsburgh PA 15212

SCIOSCIA, MD, Paul J GS
709 Copeland Street Rear
Pittsburgh PA 15232
SCIULLI, MD, Robert L ORS
1321 Fifth Avenue
Mckeesport PA 15132
SCOGLIETTI, MD, Vincent C IM
Va Hospitalon Drive
Pittsburgh PA 15206
SCOTT, CRAIG H ST
5811 Elmer
Pittsburgh PA 15232
SCOTT, MD, Dorothy C OPH
4401 Penn Avenue Suite 1560
Pittsburgh PA 15224
SCOTT, MD, Jack A AN
532 South Aiken Avenue
Pittsburgh PA 15232
SCOTT, MD, John H PUD
4815 Liberty Avenue
Pittsburgh PA 15224
SCOTT, MD, Norman E OBG
Central Med Pavillion
Pittsburgh PA 15219
SCOTTI, MD, Louis N DR
4022 Tall Timber Dr
Allison Park PA 15101
SCOVAZZO, MD, Mary L ORS
761 27Th Street
Manhattan Beach CA 90266
SEECOF, MD, Richard M CD
525 Southcrest Drive
Pittsburgh PA 15226
SEEFELD, MD, William C OPH
1129 Heberton Avenue
Pittsburgh PA 15206
SEGAL, MD, Ricardo NS
V A Medical Center Neuro Sec
Pittsburgh PA 15240
SEGEL, MD, David P NEP
5821 Wayne Road
Pittsburgh PA 15206
SEIAVITCH, MD, Samuel A OBG
3520 Fifth Avenue
Pittsburgh PA 15213
SEITZ, MD, Edward R R
R D 4 Box 77
Valencia PA 16059
SEKHAR, MD, Laligam N NS
Presbyterian Univ Hospital
Pittsburgh PA 15261
SELIG, MD, Michael B CD
Shadyside Hospital
Pittsburgh PA 15232
SELKER, MD, Robert G NS
3459 Fifth Avenue
Pittsburgh PA 15213
SELKOVITS, MD, Sidney GP
105 Beaver Street
Sewickley PA 15143
SELL, MD, Harry W PSS
500 Lewis Run Road
Pittsburgh PA 15236
SELTZER, MD, Harry FP
2005 Carson Street
Pittsburgh PA 15203
SELTZER, MD, William I PM
300 Fox Chapel Road
Pittsburgh PA 15238
SEMINS, MD, Howard GS
1327 Windemere Drive
Pittsburgh PA 15218
SEN, MD, Chandra N NS
3459 Fifth Avenue
Pittsburgh PA 15213
SENAN, MD, Pushpendra GS
950 Osage Road
Pittsburgh PA 15243
SENITA, MD, G Robert OPH
Box 754 Bayne-Wexford Road
Wexford PA 15090
SENKO, DARLENE S ST
4010 Mount Tobin Court
Norco CA 91760
SENTER, MD, Howard J NS
4815 Liberty Avenue
Pittsburgh PA 15224
SERAFY, MD, Michael M FP
5903 Penn Avenue Mall
Pittsburgh PA 15206
SERENE, MD, Harry E GS
1000 Bower Hill Road
Pittsburgh PA 15243
SESKI, MD, Jan C ON
4660 Twin Oaks Lane
Murrysville PA 15668
SETH, MD, Prabhat IM
2908 Mcclintock Road
Mckeesport PA 15131
SHAFFER, MD, Walter L OBG
3520 Forbes Avenue
Pittsburgh PA 15213
SHAH, MD, Ajit N NM
701 Olde Ingomar Ct
Pittsburgh PA 15237
SHAH, MD, Mukesh V GE
1050 Bower Hill Road
Pittsburgh PA 15243
SHAH, MD, Shirish N GS
6648 Fifth Avenue
Pittsburgh PA 15206

SHAH, MD, Vinod H ON
Saint Francis Medical Center
Pittsburgh PA 15201
SHAMBLIN, MD, Jerry D OTO
9104 Babcock Blvd
Pittsburgh PA 15237
SHANK, MD, Irene A GER
1152 Pinewood Drive
Pittsburgh PA 15243
SHAPERA, MD, Richard P OS
P O Box 11460 Guys Run Road
Pittsburgh PA 15238
SHAPIRA, MD, Edith L P
6550 Beacon Street
Pittsburgh PA 15217
SHAPIRO, MD, Alvin P IM
Shadyside Hosp Dept Of Med
Pittsburgh PA 15232
SHAPIRO, MD, Lester F OTO
1501 Lincoln Way
Mckeesport PA 15131
SHAPIRO, MD, Morry IM
P O Box 485
Braddock PA 15104
SHARMA, MD, Usha IM
9917 Frankstown Road
Pittsburgh PA 15235
SHARRA, MD, William G OS
4313 Trouthaven Drive
Murrysville PA 15668
SHARRER, MD, Margaret C OPH
1110 Centre City Tower
Pittsburgh PA 15222
SHATTEN, MD, Thomas A PD
4141 Brownsville Road
Pittsburgh PA 15227
SHAUGHNESSY, MD, Michael J U
Nine Patrice Court
Pittsburgh PA 15221
SHAVER, MD, James A CD
7412 Presbyterian-Univ Hosp
Pittsburgh PA 15213
SHAVER, MD, John C IM
2747 Espy Avenue
Pittsburgh PA 15216
SHAVER, MD, Timothy R GS
100 Denniston Street #2
Pittsburgh PA 15206
SHAVER, MD, Verne C CD
1400 Locust Street
Pittsburgh PA 15219
SHAY, MD, Paul L AN
St Francis General Hospital
Pittsburgh PA 15201
SHEARER, MD, James E DR
8290 Remington Drive
Pittsburgh PA 15237
SHEDD, MD, Ann C OBG
6702 Edgerton Street
Pittsburgh PA 15208
SHEEHAN, MD, John H GYN
3534 Laketon Road
Pittsburgh PA 15208
SHEFFO, GREGORY S ST
6455 Rosemoor Street
Pittsburgh PA 15217
SHEPARD, MD, Kathleen A PD
2474 Citation Court
Wexford PA 15090
SHEPTAK, MD, Peter E NS
3471 Fifth Avenue
Pittsburgh PA 15213
SHERMAN, MD, Cynthia A GE
400 Penn Center Blvd
Pittsburgh PA 15235
SHERMAN, MD, Randall L NS
Allegheny General Hospital
Pittsburgh PA 15212
SHERMAN, MD, Samuel PM
3500 Fifth Avenue
Pittsburgh PA 15213
SHERRY, MD, Michael M ON
701 Broad Street
Sewickley PA 15143
SHESTAK, MD, Kenneth C PS
1117 Scaife Hall
Pittsburgh PA 15261
SHIPKOVITZ, MD, Harvey D FP
1024 Main Street
Pittsburgh PA 15215
SHOEMAKER, MD, Margrit M IM
333 South Highland Ave #70
Pittsburgh PA 15206
SHOENER, MD, John A CD
701 Broad Street
Sewickley PA 15143
SHOGRY, MD, Robert N IM
659 Maryland Avenue
Pittsburgh PA 15232
SHOLDER, MD, Arnold J U
303 East Chicago Avenue
Chicago IL 60611
SHONBERG, MD, Irving L CRS
60 Alexander Place
Pittsburgh PA 15243
SHOOK III, MD, Willis D PS
Central Medical Center
Pittsburgh PA 15219
SHORE, MD, George R OM
Two Oliver Plaza
Pittsburgh PA 15222

SHORE, MD, Roger J FP
7175 Saltsburg Road
Pittsburgh PA 15235
SHOTKIN, MD, Alan M PD
806 College Avenue #C2
Pittsburgh PA 15232
SHUTTLEWORTH, MD, FP
Lamont V
524 Beltzhoover Avenue
Pittsburgh PA 15210
SICONOLFI, MD, Ernest P R
330 Hays Road
Pittsburgh PA 15241
SIEBER, MD, William K PDS
4415 Fifth Avenue
Pittsburgh PA 15213
SIEGEL, MD, David M IM
2008 Garrick Drive
Pittsburgh PA 15235
SIEGEL, MD, Joel D
306 Schealy Road
Pittsburgh PA 15217
SIEGEL, MD, Selma F END
2008 Garrick Drive
Pittsburgh PA 15235
SIEWERS, MD, Christiane CHP
135 Freeport Road
Pittsburgh PA 15215
SIEWERS, MD, Ralph D TS
Univ Of Pgh School Of Med
Pittsburgh PA 15261
SIHA, MD, Victor L IM
935 Thorn Run Road
Coraopolis PA 15108
SIKER, MD, Ephraim S AN
Mercy Hospital
Pittsburgh PA 15219
SILBERMAN, MD, Leslie J PD
1220 Lincoln Way
Mckeesport PA 15131
SILVAGGIO, MD, Vincent J GS
1254 Morningside Avenue
Pittsburgh PA 15206
SILVER, MD, Saul J CD
The Imperial House
Pittsburgh PA 15217
SILVERBERG, MD, Jay H HEM
3471 Fifth Avenue
Pittsburgh PA 15213
SILVERBLATT, MD, Bernard L OTO
145 Westland Drive
Pittsburgh PA 15217
SILVERBLATT, MD, Marvin L CD
3600 Forbes Avenue
Pittsburgh PA 15213
SILVERMAN, MD, Alan R D
239 Fourth Avenue
Pittsburgh PA 15222
SILVERMAN, MD, Alexander D
535 Medical Arts Bldg
Pittsburgh PA 15213
SILVERMAN, MD, Jerry D PUD
204 Fifth Avenue
Pittsburgh PA 15222
SILVERMAN, MD, Mendel PD
5540 Darlington Road
Pittsburgh PA 15217
SILVERSTEIN, MD, Alan J OBG
6 Jaycee Drive
Pittsburgh PA 15243
SILVERSTEIN, MD, Charles E PD
1699 Washington Road
Pittsburgh PA 15228
SILVERSTEIN, MD, Judith L D
3315 Beechwood Blvd
Pittsburgh PA 15217
SIMASEK, MD, Madeline PD
4815 Liberty Avenue
Pittsburgh PA 15224
SIMKINS, MD, Jo M PVD
9104 Babcock Boulevard
Pittsburgh PA 15237
SIMMONDS, MD, Robert T OBG
Magee Womens Hospital
Pittsburgh PA 15213
SIMMONS, MD, Rob D IM
5821 Collowhill Street
Pittsburgh PA 15206
SIMMS, MD, Aaron D GP
129 Ambleside Dr
Pittsburgh PA 15237
SIMONE, MD, Samuel T VS
1350 Locust Street
Pittsburgh PA 15219
SINCHIOCO, MD, Ceferino S AN
Magee Womens Hospital
Pittsburgh PA 15213
SINGER, JEFFREY L ST
120 Ruskin Avenue
Pittsburgh PA 15213
SINGH, MD, Daljit IM
4401 Penn Avenue
Pittsburgh PA 15224
SINGH, MD, Datar OBG
1001 Ninth And Morgan Streets
Brackenridge PA 15014
SINGH, MD, Rupinder D ID
St Francis Medical Center
Pittsburgh PA 15201
SINGH, TEJINDER P ST
624 College Avenue
Pittsburgh PA 15232

SINGHAL, MD, Anupam K DR
320 East North Avenue
Pittsburgh PA 15212
SINOR, MD, Bakhti IM
346 Station Street
Bridgeville PA 15017
SISITSKY, MD, Michael H OBG
6743 Wilkins Avenue
Pittsburgh PA 15217
SITARIK, JOHN J ST
29 Warren Street
Pittsburgh PA 15205
SKAROTE, MD, Samuel J IM
5551 Centre Avenue
Pittsburgh PA 15232
SKEZAS, MD, Marion GS
1615 Coursin Street
Mckeespoet PA 15132
SKINNER, MD, Douglas V FP
2420 Grennock-Buena Vista Dr
Mckeesport PA 15135
SKOLNICK, MD, Kenneth B OTO
1106 Ohio River Blvd
Sewickley PA 15143
SKRENTA, MD, Richard J PS
One Allegheny Square
Pittsburgh PA 15212
SLADEN, MD, Arnold AN
Montefiore Hospital
Pittsburgh PA 15213
SLAGLE, MD, Edward H P
540 North Neville Street
Pittsburgh PA 15213
SLAMOVITS, MD, Thomas L OPH
230 Lothrop Street
Pittsburgh PA 15213
SLATER, MD, Harvey GS
4815 Liberty Avenue
Pittsburgh PA 15224
SLAVKIN, MD, Marvin D GP
519 Brookline Blvd
Pittsburgh PA 15226
SLAYTON, MD, Robert I P
Murrysville Medical Building
Murrysville PA 15668
SMITH, CHARLES E ST
1199 Tidewood Drive
Bethel Park PA 15102
SMITH, MD, Earl B GS
4401 Penn Ave Ste 1250
Pittsburgh PA 15224
SMITH, MD, Gary L ORS
417 Maple Lane
Sewickley PA 15143
SMITH, MD, Glenn O IM
12401 Gayton Road
Richmond VA 23233
SMITH, DO, James A IM
401 Amberson
Shadyside PA 15232
SMITH, MD, John W GS
405 Iroquois Bldg
Pittsburgh PA 15213
SMITH, MD, Mary F OS
401 Shady Avenue
Pittsburgh PA 15206
SMITH, MD, Walter E FP
519 Penn Avenue
Turtle Creek PA 15145
SMITH, MD, Warren S FP
710 Thompson Avenue
Mckees Rocks PA 15136
SMITH, MD, William T GS
1515 Penn Avenue #612
Pittsburgh PA 15221
SMITH JR, MD, Benjamin V GS
301 Ohio River Boulevard
Sewickley PA 15143
SMITH JR, MD, Daniel E CHP
5437 Ellsworth Avenue
Pittsburgh PA 15232
SMITH JR, JOHN F ST
120 Ruskin Avenue
Pittsburgh PA 15213
SMITH JR, MD, Ross H R
P O Box 38186
Pittsburgh PA 15238
SMOLAR, BEN R ST
547 Linden Lane
Pittsburgh PA 15208
SMYTHE, MD, Peggy A D
105 West Mahoning Street
Punxsutawney PA 15767
SNITZER, MD, Arnold J FP
748 North Negley Avenue
Pittsburgh PA 15206
SNODGRASS JR, MD, W Homer PD
3520 Laketon Road
Pittsburgh PA 15235
SNYDER, MD, Allen P GS
P O Box 111596
Pittsburgh PA 15238
SNYDER, MD, James V AN
Presbyterian Univ Hospital
Pittsburgh PA 15213
SNYDER, MD, Richard C GP
850 California Avenue
Pittsburgh PA 15202
SNYDERMAN, MD, Carl H OTO
Eye And Ear Hospital
Pittsburgh PA 15213

SNYDERMAN, MD, Ruben IM
410 South Craig Street
Pittsburgh PA 15213
SOBER, MD, Diane M OBG
2580 Beechwood Blvd
Pittsburgh PA 15217
SOBOL, MD, Bernard H OPH
P O Box 135
Charleroi PA 15022
SOFFRONOFF, MD, Pierce OBG
3742 Windover Road
Murrysville PA 15668
SOLANO JR, MD, Francis X IM
10050 Timbarra Court
Wexford PA 15090
SOLOFF, MD, Cynthia H P
750 Washington Square
Pittsburgh PA 15228
SOLOFF, MD, Paul H P
3811 Ohara Street
Pittsburgh PA 15213
SOLOMON, MD, Neil J DR
8630 Woodwell Street
Pittsburgh PA 15217
SOLOSKO, MD, David AN
2264 Kingridge Road
Pittsburgh PA 15237
SOLOT, DO, Jerald A EM
5230 Centre Avenue
Pittsburgh PA 15232
SOLOW, MD, Irwin A A
Eight Darlington Court
Pittsburgh PA 15217
SOLTER, MD, Alan W D
9104 Babcock Blvd
Pittsburgh PA 15237
SOMANI, MD, Jagdish P IM
125 Knoedler Road
Pittsburgh PA 15236
SOMANI, MD, Nirmala IM
1807 West Street
Homestead PA 15120
SOMMER, MD, Deborah L OBG
55 Rushmore Drive
Pittsburgh PA 15235
SONBOLIAN, MD, Nasser AN
Eye And Ear Hospital
Pittsburgh PA 15213
SONGSANAND, MD, Prachark GS
104 Himalaya Road
Monroeville PA 15146
SORCE, MD, Richard C OBG
Magee Womens Hospital
Pittsburgh PA 15213
SORIANO, MD, Claver S OBG
482 Laredo Drive
Pittsburgh PA 15241
SORR, MD, Edward M OPH
1200 Centre Avenue
Pittsburgh PA 15219
SOTOODEHFAR, MD, Rahim GE
9104 Babcock Blvd
Pittsburgh PA 15237
SOTOS, MD, Steven N PUD
3120 Treeline Drive
Murrysville PA 15668
SPANARD, MD, Russell A GP
Ohio Valley General Hospital
Mckees Rocks PA 15136
SPEER, MD, Andrew B P
11122 Frankstown Road
Pittsburgh PA 15235
SPERLING, MD, Herbert V GE
4815 Liberty Avenue
Pittsburgh PA 15224
SPIEGEL, MD, Daniel OBG
White Oak Medical Bldg
White Oak PA 15131
SPOEHR, MD, Luther W GP
720 Perry Highway
Pittsburgh PA 15229
SPRINGER, SARAH HAMILTON ST
938 Lilac Street
Pittsburgh PA 15217
SPRITZER, MD, Susan M GYN
Nine Churchill Road
Pittsburgh PA 15235
SRINIVASAGAM, MD, FP
Narasimman
1813 West Street
Munhall PA 15120
SRODES, MD, Charles H ON
425 Locust Street
Pittsburgh PA 15218
ST ANDRE, MD, Mary L IM
4667 Hidden Pond Drive
Allison Park PA 15101
STAAB, JEFFREY P ST
90 Jeremias Street
Pittsburgh PA 15218
STACHURA, MD, Irene PTH
320 East North Avenue
Pittsburgh PA 15212
STAFFORD, MD, Regis W CD
1501 Locust Street
Pittsburgh PA 15219
STALEY, MD, Robert W N
910 Fox Chapel Road
Pittsburgh PA 15238
STALTER, MD, Ralph J IM
435 Linwood Drive
Bethel Park PA 15102

STAMAN, MD, Harry OPH
300 Fox Chapel Road
Pittsburgh PA 15238
STANDLER, NANCY A ST
4600 Bayard
Pittsburgh PA 15213
STANGER, MD, Robert H P
120 Daugherty Drive
Monroeville PA 15146
STANISH, MD, Frank X OPH
711 Penn Ave
Pittsburgh PA 15222
STANITSKI, MD, Carl L
5820 Centre Avenue
Pittsburgh PA 15206
STANKO, MD, Kenneth M CHP
135 Riverview Terrace
Pittsburgh PA 15215
STANTON JR, MD, James N OBG
705 South Linden Avenue
Pittsburgh PA 15208
STARZ, MD, Terence W RHU
3500 Fifth Avenue
Pittsburgh PA 15213
STARZL, MD, Thomas E TS
University Of Pittsburgh
Pittsburgh PA 15261
STASCHAK, MD, Michael C EM
308 Hallsborough Drive
Pittsburgh PA 15238
STAVRIDES, MD, Alexander PTH
Western Pennsylvaina Hospital
Pittsburgh PA 15224
STECHSCHULTE JR, MD, FP
Donald W
715 Shady Lane
Pittsburgh PA 15228
STECKEL, MD, Alan J IM
3471 Fifth Avenue
Pittsburgh PA 15213
STEELE, MD, Logan H GP
Six Saint James Place
Pittsburgh PA 15215
STEEN, MD, Oliver T DR
2401 James Street
Mckeesport PA 15132
STEIN, BRADLEY D ST
5836 Fifth Avenue
Pittsburgh PA 15232
STEINBERG, MD, Abraam OPH
54 Riverside Drive
New York City NY 10024
STEINER, MD, Craig M IM
Allegheny General Hospital
Pittsburgh PA 15232
STEINER, MD, Daniel R IM
112 Larchwood Drive
Turtle Creek PA 15145
STEINFELD, MD, Michael L IM
400 Penn Center Blvd
Pittsburgh PA 15235
STEINMAN, MD, Arnold M PD
1910 Cochran Road
Pittsburgh PA 15220
STEMPKOWSKI JR, MD, AN
Joseph J
St Francis Medical Center
Pittsburgh PA 15201
STEPHAN, MD, Thorsten DIA
532 South Aiken Avenue
Pittsburgh PA 15232
STEPT, MD, Leonard A U
580 South Aiken Avenue
Pittsburgh PA 15232
STEPT, MD, Raymond U
5048 5Th Avenue
Pittsburgh PA 15232
STEPT, MD, William J AN
180 Millview Drive
Pittsburgh PA 15238
STERN, MD, Robert M OBG
705 Devonshire Street
Pittsburgh PA 15213
STEWART, MD, Donald J GP
100 White Hampton Lane
Pittsburgh PA 15236
STEWART, MD, Ellen C OBG
5450 Guarino Road
Pittsburgh PA 15217
STEWART, MD, Mervin S P
230 North Craig Street
Pittsburgh PA 15213
STEWART, MD, William D AN
608 Morewood Avenue
Pittsburgh PA 15213
STINE, MD, Amy R FP
St Margaret Memorial Hospital
Pittsburgh PA 15215
STOCK, MD, Margaret E PDA
Suite 380 Gateway Towers
Pittsburgh PA 15222
STOKAR, MD, Lawrence M D
502 Fifth Avenue
Mckeesport PA 15132
STOLLER, MD, Ronald G ON
3471 Fifth Avenue
Pittsburgh PA 15213
STOLZER, MD, Bertrand L RHU
355 Fifth Avenue
Pittsburgh PA 15222

STONE JR, MD, Charles S ORS
5820 Centre Avenue
Pittsburgh PA 15206
STOOL, MD, Sylvan E OTO
125 Desoto Street
Pittsburgh PA 15213
STOTKA, MD, Victor L IM
Westinghouse Electric Corp
West Mifflin PA 15122
STOUT, MD, Richard R OPH
239 Fourth Avenue
Pittsburgh PA 15222
STRACCI, DO, Peter F CD
127 Arla Drive
Pittsburgh PA 15220
STRAKA, MD, John A OTO
400 Medical Arts Bldg
Pittsburgh PA 15213
STRAMAT, MD, John M IM
2550 Mosside Blvd
Monroeville PA 15146
STRAUB, MD, William H R
Central Imaging Services Inc
Pittsburgh PA 15213
STREISFELD, MD, David L OPH
300 Sixth Avenue
Pittsburgh PA 15222
STRELEC, MD, Stephen R AN
Allegheny General Hospital
Pittsburgh PA 15212
STREMPLE, MD, John F GS
V A Hospital
Pittsburgh PA 15240
STRIMLAN, MD, C Vaughn PUD
1350 Locust Street
Pittsburgh PA 15219
STRINE, MD, James A EM
R D 2 Box 287
Harmony PA 16037
STRONG, MD, Theressa B OPH
106 Fawnvue Drive
Mckeesport PA 15136
STROUD, MD, Hilary A FP
500 Blazier Drive
Wexford PA 15090
STUART, MD, John C OPH
1110 Centre City Tower
Pittsburgh PA 15222
STUART, MD, Scott P P
Western Psyc Inst And Clinic
Pittsburgh PA 15213
STUBBLEFIELD, MATTHEW S ST
5920 Walnut Street
Pittsburgh PA 15232
STUBBS, MD, John J GP
5025 Fifth Avenue
Pittsburgh PA 15232
STUEBBEN, KURT C ST
P O Box 19287
Pittsburgh PA 15213
STULLKEN JR, MD, Edward H AN
Western Pa Anesthia Assoc Ltd
Pittsburgh PA 15224
STUPI, MD, Angela M RHU
4221 Penn Avenue
Pittsburgh PA 15224
STURM JR, MD, Charles F FP
323 Altaview Drive
Monroeville PA 15146
STYPULA JR, MD, Richard W AN
1010 Wikens Heights Road
Pittsburgh PA 15217
SU, MD, Shyh-Min CD
532 South Aiken Avenue
Pittsburgh PA 15232
SUAREZ JR, MD, Jose A IM
1300 Virginia Avenue #501
Mckeesport PA 15135
SUATONI JR, MD, Frank J AN
Allegheny Outpatient
Pittsburgh PA 15212
SUGDEN, ANNE E ST
2223 Hampton Street
Pittsburgh PA 15218
SUKANICH, MD, Kriengsak GS
144 South 20th Street
Pittsburgh PA 15203
SUKAROCHANA, MD, PDS
Kamthorn
4415 Fifth Avenue
Pittsburgh PA 15213
SULLIVAN, MD, Daniel R AN
Mercy Hospital
Pittsburgh PA 15219
SULLIVAN, MD, Lawrence X GS
302 Fox Chapel Road
Pittsburgh PA 15238
SULLIVAN, MD, Mark F GS
5530 Raleigh Street
Pittsburgh PA 15217
SUN, NANCY ST
120 Ruskin Avenue
Pittsburgh PA 15213
SUNG, MD, Chun M OTO
2330 Golfview Drive
Pittsburgh PA 15241
SUNG, MD, Duk I ON
537 Old Mill Road
Pittsburgh PA 15238
SUSEN, MD, Anthony F NS
3471 Fifth Avenue
Pittsburgh PA 15213

SUTHERLAND, MD, Robert M AN
40 Holland Road
Churchill PA 15235
SUTTON, MD, Robert L IM
740 West Madison Circle
Pittsburgh PA 15229
SWAMY, MD, Mallekarjuna S CD
2003 East Carson Street
Pittsburgh PA 15203
SWAN, MD, Barbara E PM
D T Watson Rehab Hospital
Sewickley PA 15143
SWAN, MD, David M FP
935 Thorn Run Road
Coraopolis PA 15108
SWANSON, MD, Michael D OBG
1330 Old Freeport Road
Pittsburgh PA 15238
SWEENEY, MD, Dorothy M IM
5520 Fifth Avenue
Pittsburgh PA 15217
SWEENEY, DO, Edward W IM
131 North View Drive
Pittsburgh PA 15209
SWEENEY, MD, William F OBG
2566 Haymaker Road
Monroeville PA 15146
SWEGAL, MD, Otto F GP
1074 Greentree Road
Pittsburgh PA 15220
SWENSEN, MD, Harold E ORS
200 Meyran Avenue
Pittsburgh PA 15213
SWENSEN, MD, Nancy M AN
11 Old Timber Trail
Pittsburgh PA 15238
SWETERLITSCH, MD, Louis H FP
316 Tern Drive
Naples FL 33962
SWIDWA, MD, Denise M PUD
829 Wood Street
Pittsburgh PA 15221
SYED, MD, Aladdin Z IM
9102 Babcock Blvd
Pittsburgh PA 15237
TABACHNICK, MD, PYA
Theodore M
401 Shady Avenue
Pittsburgh PA 15206
TABAS, MD, Gary IM
5714 Howe Street #3-A
Pittsburgh PA 15232
TABAS, MD, Janet H DR
5631 Phillips Avenue
Pittsburgh PA 15217
TABOR, MD, Ellen K DR
Presbyterian Univ Hosp
Pittsburgh PA 15213
TAGGERT, MD, Charles FP
1118 Mccabe Street
Pittsburgh PA 15201
TAITELBAUM, MD, Ben P
6347 Waldron Street
Pittsburgh PA 15217
TAKAGI, BRIAN K ST
5562 Hobart
Pittsburgh PA 15217
TALBOTT, MD, John B N
3500 Fifth Avenue
Pittsburgh PA 15213
TALL, MD, Milton G PD
4143 Bigelow Blvd
Pittsburgh PA 15213
TALLERICO, MD, Samuel J IM
4815 Liberty Ave
Pittsburgh PA 15224
TAN, MD, Anthony H GS
3471 Fifth Avenue
Pittsburgh PA 15213
TANNEHILL, MD, Norman B R
1506 Beaver Grade Road
Coraopolis PA 15108
TANNING, MD, Howard M OPH
575 Coal Valley Road
Clairton PA 15025
TANTISIRA, MD, Boonrak AN
Magee Womens Hospital
Pittsburgh PA 15213
TANTISIRA, KELAN G ST
733 Broughton Street #3
Pittsburgh PA 15213
TANZER, MD, Peter P IM
3471 Fifth Avenue
Pittsburgh PA 15213
TARABISHI, MD, Farida N P
381 Oaklawn Drive
Pittsburgh PA 15241
TAUBER, MD, Joseph B OM
1423 Beaver Road
Sewickley PA 15143
TAUBERG, MD, Herbert R ORS
1203 Malvern Avenue
Pittsburgh PA 15217
TCHIRKOW, MD, George CRS
1501 Locust Street
Pittsburgh PA 15219
TECCE, MD, Marc A IM
1025 Sentry Lane
Gladwyne PA 19035
TEEPLE JR, MD, Edward AN
Allegheny General Hospital
Pittsburgh PA 15212

TEET, MD, Daniel A PS
12 Federal Drive
Pittsburg PA 15235
TEGZES JR, MD, George AN
1125 Near Ocean Drive
Vero Beach FL 32963
TEMELES, MD, Roy S ORS
3471 Fifth Avenue
Pittsburgh PA 15219
TENENOUSER, MD, Barry FP
2400 Ardmore Blvd
Pittsburgh PA 15221
TENICELA, MD, Ruben OS
Presbyterian-Univ Hospital
Pittsburgh PA 15213
TEREDESAI, MD, Pradip R NEP
Professional Office Center
Pittsburgh PA 15243
TERNER, MD, Irwin S OPH
527 Broad Street
Sewickley PA 15143
TESSARO, MD, Anne N R
Passavant Professional
Pittsburgh PA 15237
TETALMAN, MD, Bruce I PM
2280 Meadow Road
Pittsburgh PA 15237
TETRICK, MD, Elbert L OM
112 Hickory Hill Road
Pittsburgh PA 15238
THAETE, MD, Frank L DR
100 Frick Road
Pittsburgh PA 15238
THARP, MD, Michael D D
3601 Fifth Avenue
Pittsburgh PA 15213
THATCHER, MD, Jeffrey D IM
651 Holiday Drive
Pittsburgh PA 15220
THEERAKULSTIT, MD, Virachai TS
511 Perry Highway
Pittsburgh PA 15229
THEIS, MD, Steven W ORS
1121 Boyce Road
Pittsburgh PA 15241
THIERS, MD, George F PD
4120 Brownsville Road
Pittsburgh PA 15227
THIMONS, JOSEPH A ST
120 Ruskin Avenue
Pittsburgh PA 15213
THOFT, MD, Richard A OPH
230 Lothrop Street
Pittsburgh PA 15213
THOMAS, MD, David E P
211 North Whitfield Street
Pittsburgh PA 15206
THOMAS, MD, Henry W GYN
1019 Prospect Road
Pittsburgh PA 15227
THOMAS, MD, John W P
3700 Fifth Avenue
Pittsburgh PA 15213
THOMAS, MD, Robert D OBG
Magee Womens Hosp
Pittsburgh PA 15213
THOMAS, TERENCE N ST
202 Lehigh Street
Pittsburgh PA 15232
THOMAS, MD, Victor J ORS
Ten Allegheny Center
Pittsburgh PA 15212
THOMPSON, MD, Dan R CCM
Mercy Hospital
Pittsburgh PA 15219
THOMPSON, MD, Herbert P
291 Hawthorne Road
Pittsburgh PA 15209
THOMPSON, MD, James S GP
2911 Mount Royal Blvd
Glenshaw PA 15116
THOMPSON, MD, John W DR
220 Hunt Road
Pittsburgh PA 15215
THOMPSON, MD, Mark E CD
7411 Presbyterian University
Pittsburgh PA 15213
THOMPSON, MD, Robert L OBG
3471 Fifth Avenue
Pittsburgh PA 15213
THOMPSON, MD, William G GP
105 Ribaut Road #9
Beaufort SC 29902
THOMSON, MD, David P EM
1516 Denniston
Pittsburgh PA 15217
TICZON, MD, Andres R CD
St Francis Medical Offices
Pittsburgh PA 15224
TILLERY, KIMBERLY M ST
5326 Fifth Avenue
Pittsburgh PA 15232
TINKLEPAUGH, MD, Mark S OS
614 Field Club Road
Pittsburgh PA 15238
TIPPING, MD, James S IM
250 Outlook Drive
Pittsburgh PA 15228
TISHERMAN, MD, Samuel E GS
300 Cedar Blvd
Pittsburgh PA 15228

TITCHWORTH, MD, Roy L CD
1400 Centre Avenue
Pittsburgh PA 15219
TOBBEN, MD, Paul J DR
3908 Dowling Avenue
Pittsburgh PA 15221
TOLBERT-WALKER, DERRICK J ST
4179 Centre Avenue #4
Pittsburgh PA 15213
TOMARELLI, MD, Raymond C OPH
4629 West Lawnview Avenue
Pittsburgh PA 15227
TOME, MD, Julie A AN
230 Lothrop Street
Pittsburgh PA 15243
TOMLEY, MD, John E PD
7430 Washington Avenue
Pittsburgh PA 15218
TOOR, MD, Shaista N IM
1253 Holy Cross Drive
Monroeville PA 15146
TORPEY JR, MD, David J AN
930 Valleyview Road
Pittsburgh PA 15243
TOWNSEND, MD, Arlene B IM
250 North Highland Avenue
Pittsburgh PA 15206
TRACHTENBERG, MD, Lee A PS
575 Coal Valley Road #208
Clairton PA 15023
TRAINER, MD, Paul J PD
3950 William Penn Highway
Murrysville PA 15668
TRAN, MD, Nhung T PD
P O Box 81808
Pittsburgh PA 15217
TRANG, MD, Lien Bach IM
2107 Squires Manor Lane
Library PA 15129
TRANOVICH, MD, Michael A ORS
1321 Fifth Avenue
Mckeesport PA 15132
TRECHA, MD, Gregory T DR
515 1/2 Barclay Avenue
Pittsburgh PA 15221
TREGER, MD, Albert CD
9104 Babcock Blvd
Pittsburgh PA 15237
TRELLIS, MD, Emil S P
540 North Neville Street
Pittsburgh PA 15213
TRENTO, MD, Alfredo TS
1084 Scaife Hall
Pittsburgh PA 15261
TRIPOLI, MD, Louis C IM
90 West Chestnut Street
Washington PA 15301
TRIVUS, MD, Robert H
129 Dillon Drive
Pittsburgh PA 15243
TROEN, MD, Philip IM
3459 Fifth Avenue
Pittsburgh PA 15213
TROIANOS, MD, Christopher A AN
664 Carriage Circle
Pittsburgh PA 15205
TROMPETER, MD, Joseph I PD
100 Broadway Avenue
Carnegie PA 15106
TRUMBORE, MD, David J IM
128 North Craig Street
Pittsburgh PA 15213
TRUSNOVIC JR, WILLIAM D ST
120 Ruskin Avenue
Pittsburgh PA 15213
TRUXAL, MD, Blair D IM
1031 Blackridge Road
Pittsburgh PA 15235
TUCHINDA, MD, Jalit CD
Pine Hollow Rd At Fairhaven
Mckees Rocks PA 15136
TUCKER, MD, James N PD
100 Delafield Road
Pittsburgh PA 15215
TUMMALAPALLI, MD, CD
Krishnamurty V
532 South Aiken Avenue
Pittsburgh PA 15232
TUNG, MD, Alfred S AN
156 Riding Trail Lane
Pittsburgh PA 15215
TURNER, MD, Joseph OTO
3447 Forbes Avenue
Pittsburgh PA 15213
TURNER, MD, Morris E OBG
6830 Linden Lane
Pittsburgh PA 15208
TURNER, MD, Oliver E IM
825 Eisenhower Drive
Pittsburgh PA 15228
TUROCY, JOHN F ST
995 Oakville Drive
Pittsburgh PA 15220
TURTURRO, MD, Michael A EM
811 South Negley Avenue
Pittsburgh PA 15232
TUTTLE, MD, Alfred GS
532 South Aiken Avenue
Pittsburgh PA 15232
TUTTLE, MD, William B CD
532 South Aiken Avenue
Pittsburgh PA 15232

TYMCHAK, GREGORY T ST
415 South Aiken Avenue #6
Pittsburgh PA 15232
TYNDALL, MD, Christine S OBG
3520 Forbes Avenue
Pittsburgh PA 15213
ULICNY, MD, Thomas L N
2563 Corteland Drive
Pittsburgh PA 15219
ULIZIO, MD, Anthony R OTO
1501 Locust Street
Pittsburgh PA 15219
ULRICH, MD, Jack M IM
Duquesne Light Company
Pittsburgh PA 15279
UPDEGRAFF, MD, William C IM
4493 Fenton Road Lot 88
Burton MI 48529
URAM, MD, Herbert GS
6820 Juniata Place
Pittsburgh PA 15208
URBAN, MD, Rena L PH
103 Algonquin Drive
Pittsburgh PA 15241
URBAN, MD, Richard S FP
101 Drake Road
Pittsburgh PA 15241
URBANO, MD, Tomas H AN
240 Oak Entrance Drive
Clairton PA 15025
URREA, MD, Oscar P
110 Hidden Valley Road
Mcmurray PA 15317
UTBERG, MD, John R OBG
9104 Babcock Blvd #6107
Pittsburgh PA 15237
UY, MD, Nonita T AN
Magee Womens Hospital
Pittsburgh PA 15213
VAGLEY, MD, Richard T PS
532 So Aiken Ave Ste 500
Pittsburgh PA 15232
VALCARCEL, MD, Sofronio J AN
8057 Brittany Place
Pittsburgh PA 15237
VALENZA, MD, Thomas C EM
126 Wetzel Road
Glenshaw PA 15116
VALERIANO, MD, James P N
9971 Parkland Drive
Wexford PA 15090
VALKO, MD, Annemarie P S PM
Greater Pgh Rehab Hospital
Monroeville PA 15146
VALLIAPPAN, MD, Swaminathan ON
7407 Irvine Street
Pittsburgh PA 15218
VANKIRK JR, JAMES K ST
455 South Aiken Avenue #4
Pittsburgh PA 15232
VANKIRK JR, MD, John S AN
9579 Anderson Road
Pittsburgh PA 15237
VARGA, MD, Jeffrey M AN
11 Hillcrest Drive
Monroeville PA 15146
VARGO, MD, Karen S PD
124 Lexington Avenue
Aspinwall PA 15215
VARINDANI, MD, Mahesh GE
211 North Whitfield Street
Pittsburgh PA 15206
VARLEY, MD, William J R
53 Highland Road
Bethel Park 15102
VARMA, MD, Rajiv R CHN
1811 Blvd Of The Allies
Pittsburgh PA 15219
VARMA, MD, Swarna IM
5663 Glen Hill Drive
Bethel Park PA 15102
VASQUEZ, MD, Ramon A GP
1100 State Avenue
Corapolis PA 15108
VATES, MD, Charles W OS
1501 Locust Street
Pittsburgh PA 15219
VAUGHAN, MD, Paul M EM
86 Mayfair Drive
Pittsburgh PA 15228
VEENIS, MD, Cornelius Y OPH
135 Cumberland Road
Pittsburgh PA 15237
VENTRA, MD, Pamela C GP
129 Ambleside Dr
Pittsburgh PA 15237
VERGIS, EMANNUEL N ST
1727 New Haven Avenue
Pittsburgh PA 15216
VERGNE, MD, Raymond CD
4815 Liberty Avenue
Pittsburgh PA 15224
VERNINO, DO, Richard James IM
1317 Firwood Drive
Pittsburgh PA 15243
VERNINO, MD, Rocco A OBG
Five Grandview Avenue
Pittsburgh PA 15211
VEY, MD, Edwin K OPH
103 Buckingham Road
Pittsburgh PA 15215

VIERA, MD, Angel PM
1120 Fox Hill Drive
Monroeville PA 15146
VIJAYAMOHAN, MD, DR
Govindarajulu
1479 Spreading Oak Drive
Pittsburgh PA 15220
VILLELLA, MD, Edward R GS
1350 Locust Street
Pittsburgh PA 15219
VINSON, MD, Carey T FP
2566 Haymaker Road
Monroeville PA 15146
VISALE, MD, Albert T IM
5677 Hobart Street
Pittsburgh PA 15217
VIVERETTE JR, MD, Joseph F IM
400 Penn Center Blvd
Pittsburgh PA 15235
VLAHOS, DO, Patrick J AN
Pittsburgh Anesthesia Assoc
Pittsburgh PA 15219
VOGELEY, MD, Eva A PD
5363 Route 8
Gibsonia PA 15044
VOGT, BETH A ST
711 South Negley Avenue
Pittsburgh PA 15232
VOLKIN, MD, Leonard B PH
77 Ridgecrest Drive
Pittsburgh PA 15235
VOLKIN, MD, Robert L ON
860 Eisenhower Drive
Pittsburgh PA 15228
VONDERPORTEN, MD, Kenneth P P
405 Summit Drive
Mount Lebanon PA 15228
VUJAN, MD, Alexander S P
333 South Tamiami Trail
Venice FL 34285
VUJEVICH, MD, Marion M D
1000 Bower Hill Road
Pittsburgh PA 15243
VYAS, PRANAV K ST
101 North Dithridge Street
Pittsburgh PA 15213
WACHS, MD, Hirsh N
720 Pinetree Road
Pittsburgh PA 15243
WADHWA, MD, Rajindar K AN
Magee Womens Hospital
Pittsburgh PA 15213
WADHWA, MD, Saroj R OBG
4815 Liberty Avenue
Pittsburgh PA 15224
WAGNER, MD, James D IM
464 Beaver Road
Leetsdale PA 15056
WAHAL, MD, George A IM
400 Penn Center Blvd
Pittsburgh PA 15235
WALBERG, MD, Harry W IM
3723 Brighton Road
Pittsburgh PA 15212
WALD, MD, Michael E PUD
3356 Fifth Avenue
Pittsburgh PA 15213
WALD, MD, Niel PH
University Of Pittsburgh
Pittsburgh PA 15261
WALIGURA, DO, R Curtis IM
2302 High Ridge Drive
North Huntingdon PA 15642
WALKER, MD, John E OBG
1258 Fox Chapel Road
Pittsburgh PA 15238
WALKER, MD, Levi IM
211 North Whitfield
Pittsburgh PA 15206
WALL, MD, John N OBG
910 California Avenue
Pittsburgh PA 15202
WALLACE, MD, Homer D GP
117 Mason Drive
Glenshaw PA 15116
WALLER, MD, Louis C GP
6592 Frankstown Avenue
Pittsburgh PA 15206
WALLEY III, MD, Robert E AN
1005 West Sutter Road
Glenshaw PA 15116
WALLIA, MD, Rajni IM
112 Inverness Drive
Pittsburgh PA 15237
WALRATH III, MD, Martin H IM
Two Gateway Center
Pittsburgh PA 15222
WALSH, MD, Arthur C P
3708 Fifth Ave #500
Pittsburgh PA 15213
WALSH, CHRISTOPHER J ST
120 Ruskin Avenue
Pittsburgh PA 15213
WALSH, MD, John J U
130 Riding Trail Lane
Pittsburgh PA 15215
WALSH, MD, Nicholette C FP
1500 Fifth Avenue
Mckeesport PA 15132
WALSH, MD, Thomas F U
130 Riding Trail Lane
Pittsburgh PA 15215

WALTER, MD, C Lee CD
4815 Liberty Avenue
Pittsburgh PA 15224
WALTER, MD, Willard F GYN
270 George Lane
Pittsburgh PA 15235
WALTER, MD, William J OBG
4225 Northern Pike
Monroeville PA 15146
WALTZ, JOHN S ST
3812 Bates Street
Pittsburgh PA 15213
WANG, LEILEI ST
160 Tanglewood Drive
Pittsburgh PA 15221
WANG, MD, Scott E PTH
Allegheny General Hospital
Pittsburgh PA 15212
WARD, MD, W Timothy ORS
One Childrens Place
Pittsburgh PA 15213
WARDE, MD, Donal A CD
490 East North Avenue
Pittsburgh PA 15212
WARGO, MD, Peter J OBG
7439 Richland Manor Drive
Pittsburgh PA 15208
WARNER, MD, Robert E GYN
615 Washington Road
Pittsburgh PA 15228
WARNER, MD, Robert H OBG
615 Washington Road
Pittsburgh PA 15228
WASHBURN, MD, Virginia E OBG
747 Pinetree Road
Pittsburgh PA 15243
WATKINS, MD, Brenda E PD
1346 Spreading Oak Drive
Pittsburgh PA 15220
WATSON, MD, Charles G GS
3601 Fifth Avenue
Pittsburgh PA 15213
WATSON, MD, James R GS
10502 Sutters Gold Lane
Sun City AZ 85351
WATSON, MD, William Gray GS
532 South Aiken Avenue
Pittsburgh PA 15232
WATTENMAKER, MD, Bernard M P
401 Shady Avenue
Pittsburgh PA 15206
WATTERS, MD, Edmond C OPH
301 Fifth Avenue Building
Pittsburgh PA 15222
WAYLONIS, MD, J Robert OBG
3200 Forest Road
Bethel Park PA 15102
WAYNE, MD, Dennis O P
Medical Arts Bldg
Pittsburgh PA 15213
WEAVER, MD, Miles L GS
Two Allegheny Center
Pittsburgh PA 15212
WEAVER, MD, Thomas D GP
3604 Brighton Road
Pittsburgh PA 15212
WEBER, MD, John E OBG
1000 Bower Hill Road
Pittsburgh PA 15216
WEBER, MD, Lawrence AI
3708 Fifth Avenue
Pittsburgh PA 15213
WEBSTER, MD, John H R
Presbyterian Univ Hospital
Pittsburgh PA 15213
WEBSTER JR, MD, Marshall W GS
University Of Pgh Surg Dept
Pittsburgh PA 15261
WECHSLER, MD, Harry L D
502 Fifth Avenue
Mckeesport PA 15132
WECHSLER, MD, Lawrence R N
322 Scaife Hall
Pittsburgh PA 15261
WECHSLER, MD, Richard L GE
220 Meyran Avenue
Pittsburgh PA 15213
WECHSLER, MD, Sylvia M OBG
100 Norman Drive
Mars PA 16046
WECHT, MD, Cyril H LM
Cen Med Ctr & Hosp Path Dept
Pittsburgh PA 15219
WEDEMEYER, MD, Anne L PDC
1501 Locust Street
Pittsburgh PA 15219
WEIGEL, MD, A Linn GS
9394 Woodcrest Road
Pittsburgh PA 15237
WEIGEL JR, MD, John E OBG
67 Bowstone Road
Pittsburgh PA 15235
WEIGLER, MD, Richard R A
3520 Fifth Avenue
Pittsburgh PA 15213
WEIKERS, MD, Norbert J N
490 East North Avenue
Pittsburgh PA 15212
WEIN, MD, Thomas P IM
3471 Fifth Avenue
Pittsburgh PA 15213

WEINBAUM, MD, David L ID
2062 Beechwood Blvd
Pittsburgh PA 15217
WEINBERG, MD, Joel H IM
532 South Aiken Avenue
Pittsburgh PA 15232
WEINBERG, MD, Lee M IM
6401 Beacon Street
Pittsburgh PA 15217
WEINBERG, MD, Richard L IM
130 North Bellefield Avenue
Pittsburgh PA 15213
WEINBERGER, MD, Irving G OPH
520 Washington Road
Pittsburgh PA 15228
WEINFELD, MD, Mieczyslaw IM
563 Hobart Street
Pittsburgh PA 15217
WEINSTEIN, MD, Gary S OPH
211 Springhouse Lane
Pittsburgh PA 15238
WEISBAND, MD, Benjamin J GS
1524 California Avenue
Mckeesport 15131
WEISBERG, MD, Edward S OTO
2545 Mosside Blvd
Monroeville PA 15146
WEISKOPF, MD, Jay R OPH
301 Seventh Street
New Kensington PA 15068
WEISMAN, MD, Richard A R
3500 Fifth Avenue
Pittsburgh PA 15213
WEISS, MD, Elissa IM
224 Penn Avenue
Pittsburgh PA 15221
WEISS, MD, Herman A PM
Allegheny General Hospital
Pittsburgh PA 15212
WEISS, MD, James NEP
400 Penn Center Blvd
Pittsburgh PA 15235
WEISS, MD, Larry D EM
5903 Fifth Avenue B-111
Pittsburgh PA 15232
WEISS, MD, Malcolm S FP
4980 Wheaton Drive
Pittsburgh PA 15236
WEISS, MD, Michael W ORS
325 Gateway Towers
Pittsburgh PA 15222
WEISS, MD, Robert F ORS
575 Coal Valley Road
Pittsburgh PA 15236
WEISSER, MD, C William OPH
St Francis Medical Offices
Pittsburgh PA 15224
WEITZEL, MD, William K AN
11 Holland Road
Pittsburgh PA 15235
WENIGER, MD, Frederick C AN
506 Sandylynn Drive
Gibsonia PA 15044
WENIGER, MD, Frederick L P
108 Franklin Road
Pittsburgh PA 15209
WENZ, MD, Margie E OBG
Forbes Avenue And Halket St
Pittsburgh PA 15213
WENZ, MD, Robert E OS
518 Franklin Avenue
Pittsburgh PA 15221
WERNER, ALAN M ST
4677 Bayard Street
Pittsburgh PA 15213
WERNER, KATHLEEN M ST
333 Idlewood Road
Pittsburgh PA 15235
WESCHLER, MD, Barbara P
Ten Darlington Court
Square Hill PA 15217
WESTERMANN, MD, Carola J FP
11 New London Lane
Oakmont PA 15139
WETHERHOLD, DAVID W ST
3285 Kennett Square
Pittsburgh PA 15213
WETSCHLER, MD, Stanley S IM
3028 Brownsville Road
Pittsburgh PA 15227
WHALEN, MARK J ST
120 Ruskin Avenue
Pittsburgh PA 15213
WHAREN, MD, Robert E PM
Harmarville Rehab Ctr
Pittsburgh PA 15238
WHITE, MD, William L PS
P O Box 291
Washington PA 15301
WHITESIDE, MD, Virginia E PTH
123 Marion Avenue
Glenshaw PA 15116
WHITMAN, MD, Robert S IM
3301 William Penn Highway
Pittsburgh PA 15235
WHOLEY, MD, Mark H R
5230 Centre Avenue
Pittsburgh PA 15232
WIBLE, MD, Leroy C AN
199 Beall Drive
Pittsburgh PA 15236

WICKERHAM JR, MD, Earl P OPH
2225 William Penn Highway
Pittsburgh PA 15235
WIENER, MD, Eugene S PDS
4415 Fifth Avenue
Pittsburgh PA 15213
WIENER, DO, Harvey M R
Dept Of Radiology West Penn
Pittsburgh PA 15224
WILBERGER JR, MD, James E NS
Allegheny General Hosp-Neur
Pittsburgh PA 15212
WILDENHAIN, MD, Philip M GS
3256 Wainbell Avenue
Pittsburgh PA 15216
WILDER, MD, Bruce L NS
3471 Fifth Avenue
Pittsburgh PA 15213
WILEN, MD, Howard O GE
3515 Washington Road
Mcmurray PA 15317
WILFONG, MD, Donald J IM
105 Hill Avenue
Cheswick PA 15024
WILKINS, MD, Daniel M IM
4815 Liberty Avenue
Pittsburgh PA 15224
WILKINSON, MD, John H IM
3646 Forest Avenue
Munhall PA 15120
WILLIAMS, MD, Karl E PTH
Ellwood City Hospital
Ellwood City PA 16117
WILLIAMS, MD, Richard G R
1432 Lincoln Way
Mckeesport PA 15131
WILLIAMS, MD, Scott L GS
2541 Magee Womens Hospital
Pittsburgh PA 15213
WILLIAMS, MD, Steven C IM
6845 Northumberland Street
Pittsburgh PA 15217
WILLIAMS JR, MD, Philip D OPH
1507 Montgomery Road
Allison Park PA 15101
WILLIAMSON, MD, Mark E DIA
2721 Orlando Place
Pittsburgh PA 15235
WILLIS, MD, Deborah G IM
810 Wood Street
Pittsburgh PA 15221
WILLISON, MD, Robert W GP
P O Box 383
Sewickley PA 15143
WILSON, MD, Charles R IM
1704 Yorktown Place
Pittsburgh PA 15235
WILSON, MD, David O IM
532 South Aiken Avenue
Pittsburgh PA 15232
WILSON, MD, George W GS
409 East Waldheim Road
Pittsburgh PA 15215
WILSON, MD, Robert J PUD
410 South Craig Street
Pittsburgh PA 15213
WILSON, MD, W Lawrence IM
110 Fort Couch Road
Pittsburgh PA 15241
WINHELD, MARIKA R ST
204 Idris Road
Merion PA 19066
WINTER, MD, Peter M AN
1385 Scaife Hall
Pittsburgh PA 15261
WINZELBERG, MD, Gary G NR
5230 Centre Avenue Nm Dept
Pittsburgh PA 15232
WISHNEV, MD, Martin A GE
575 Coal Valley Road
Clairton PA 15025
WISNESKI JR, MD, John T IM
2706 Clearview Road
Allison Park PA 15101
WISSINGER, MD, H Andrew ORS
5820 Centre Avenue
Pittsburgh PA 15206
WITHERSPOON, MD, John S GP
Eight Cloverly Road
Pittsburgh PA 15202
WITTIG, MD, Robert L P
230 North Craig Street
Pittsburgh PA 15213
WOELFEL, MD, George F CDS
100 Broadway
Carnegie PA 15106
WOJCIAK, DO, Raymond J GP
275 Silver Lane
Mckees Rocks PA 15136
WOLFF, MD, Charles R OS
5900 Old Ocean Boulevard C5
Ocean Ridge FL 33435
WOLFF, MD, Regis A GE
10 Allegheny Center
Pittsburgh PA 15212
WOLFORD, MD, Jack A P
415 Avon Drive
Pittsburgh PA 15228
WOLFSON, MD, Bernard AN
Mercy Hospital
Pittsburgh PA 15219

WOLFSON JR, MD, Sidney K GS
3459 Fifth Avenue
Pittsburgh PA 15213
WOLINSKY, MD, Arthur P IM
620 E Ohio Street
Pittsburgh PA 15212
WOLK, MICHAEL D ST
2105 Wightman Street
Pittsburgh PA 15217
WOLLMAN, MD, Michael R PHO
3520 Fifth Avenue
Pittsburgh PA 15213
WOLMARK, MD, Norman GS
3459 Fifth Avenue
Pittsburgh PA 15213
WOOD, MD, John M GE
210 Ohara Manor Drive
Pittsburgh PA 15238
WORLEY, MD, Carl M PS
123 Central Square
Pittsburgh PA 15228
WORRALL, MD, V Thomas OS
5820 Centre Avenue
Pittsburgh PA 15206
WOZNEY, MD, Paul DR
244 Hazel Drive
Pittsburgh PA 15228
WRIGHT, BRUCE A ST
396 Newburn Drive
Pittsburgh PA 15216
WRIGHT, MD, David G N
4401 Penn Avenue
Pittsburgh PA 15224
WRIGHT, MD, L Alan P
St Clair Office Building
Pittsburgh PA 15243
WRIGHT, MD, Richard E GP
4141 Brownsville Drive
Pittsburgh PA 15227
WRIGHT JR, MD, George C GP
803 Miller Avenue
Clairton PA 15025
WRIGHT JR, MD, George J N
4401 Penn Ave
Pittsburgh PA 15224
WROBLESKI, MD, Harry F P
552 North Neville Street
Pittsburgh PA 15213
WU, JULIA ST
120 Ruskin Avenue
Pittsburgh PA 15213
WU, SHIJEI ST
307 Meyran Avenue
Pittsburgh PA 15213
WUSYLKO, MD, Michael IM
Cranberry Medical Arts
Evans City PA 16033
YABLONSKI, JEFFREY A ST
120 Ruskin Avenue
Pittsburgh PA 15213
YACONO, MD, John V IM
913 River Oaks Drive
Pittsburgh PA 15215
YALOM, MD, Eve F OBG
5632 Woodmont Street
Pittsburgh PA 15217
YANG, MD, Jau-Hsin AN
112 Marshall Drive
Pittsburgh PA 15228
YANKURA, MD, John A DR
145 Glenfield Drive
Pittsburgh PA 15235
YAO, TIMOTHY C ST
120 Ruskin Avenue
Pittsburgh PA 15213
YATES, MD, Adolph J TS
939 East Brady St Prof Bldg
Butler PA 16001
YATES, MD, Anthony P IM
125 Seventh Street
Pittsburgh PA 15222
YEASTED, MD, G Alan IM
300 Cedar Blvd
Pittsburgh PA 15228
YEE, LAURENCE F ST
120 Ruskin Avenue
Pittsburgh PA 15213
YELLENIK, MD, Andrew C GP
812 Cedar Avenue
Pittsburgh PA 15212
YELLENIK, MD, Robert F FP
508 Sangree Road
Pittsburgh PA 15237
YETSCONISH, MD, Charles A PM
R D 1 Box 525a
Belle Vernon PA 15012
YING, MD, Shun C IM
500 Blazier Drive
Wexford PA 15090
YINGVORAPANT, MD, Somchao PD
2585 Washington Road
Pittsburgh PA 15241
YONAS, MD, Howard NS
Presby University Hospital
Pittsburgh PA 15213
YOO, MD, Young-Kul IM
138 Abbeyville Road
Pittsburgh PA 15228
YOUNG, MD, Cheng Dong GP
7405 Irvine Street
Pittsburgh PA 15218

YOUNG, GREGORY R ST
6625 Ridgville Street
Pittsburgh PA 15217
YOUNG, MICHELLE P ST
1006 Mirror Street
Pittsburgh PA 15217
YUNKUN, MD, Jeffrey A OS
381-6 Harbor Drive
Claymont DE 19703
ZAHORCHAK, MD, Joseph A PS
3447 Forbes Avenue
Pittsburgh PA 15213
ZAK, MD, Paula M IM
3324 Ward Street
Pittsburgh PA 15213
ZANGRILLI, MD, James G U
1200 Centre Avenue
Pittsburgh PA 15219
ZANGWILL, MD, Donald P IM
3600 Forbes Avenue
Pittsburgh PA 15213
ZAPP, JOHN J ST
R D 1 Box 393
West Newton PA 15089
ZAVADAK, DANIEL G ST
512 Pleasantview Drive
Apollo PA 15613
ZEHEL, MD, Wendell E GS
1000 Bower Hill Road
Pittsburgh PA 15243
ZEILER, MD, William B PTH
778 Osage Road
Pittsburgh PA 15243
ZELKOVIC, MD, Audrey A PD
St Francis Medical Center
Pittsburgh PA 15201
ZELLER, MD, Harry R AN
214 Allen Avenue
Pittsburgh PA 15210
ZELT, MD, Roger P OPH
200 Iroquois Road
Pittsburgh PA 15241
ZEMEL, MD, Gerald DR
Presbyterian University
Pittsburgh PA 15213
ZEMEL, MD, Reuben GS
Two Allegheny Center
Pittsburgh PA 15212
ZERNICH, MD, Milas IM
123 Meadow Heights Drive
Pittsburgh PA 15215
ZEROOGIAN, JOHN M ST
615 Summerlea Street
Pittsburgh PA 15232
ZIDO, MD, Albert J FP
123 Merrie Woode Drive
Pittsburgh PA 15235
ZIGROSSI, MD, Richard J OBG
9102 Babcock Blvd #LI4
Pittsburgh PA 15237
ZIGUN, MD, Jeffrey R P
2321 Eldridge Street
Pittsburgh PA 15217
ZIKRIA, MD, Emir A TS
532 South Aiken Avenue
Pittsburgh PA 15232
ZIMMER, MD, Ben P
3811 Ohara Street
Pittsburgh PA 15213
ZIMMERMAN, GREG A ST
2811 Rollins Drive
Allison Park PA 15101
ZIMMERMAN, MD, Karl CRS
10525 Grubbs Road
Wexford PA 15090
ZIMMERMAN, ROBERT L ST
3021 Brereton Avenue
Pittsburgh PA 15219
ZIMMERMAN, MD, Ronald L PM
4412 Penn Avenue
Pittsburgh PA 15224
ZISKIND, MD, Zelda GP
1101 Highland Building
Pittsburgh PA 15206
ZITELLI, MD, John A D
90 Woodland Drive
Pittsburgh PA 15228
ZITNER, MD, George L CHP
St Francis Hospital
Pittsburgh PA 15201
ZIVIC, MD, Edward J FP
105 Riding Trail Lane
Pittsburgh PA 15215
ZNOY, MD, Josesph M GS
110 Fort Couch Road
Pittsburgh PA 15241
ZORUB, MD, David S NS
5230 Centre Avenue
Pittsburgh PA 15232
ZUBRITZKY, MD, Paul M OBG
6201 Steubenville Pike
Mckees Rocks PA 15136
ZUBRITZKY, MD, Stephen A CD
St Francis Medical Center
Pittsburgh PA 15201
ZUCKERMAN, MD, Katalin D FP
2419 Baldwick Road
Pittsburgh PA 15220
ZUCKERMAN, MD, Myles H FP
2419 Baldwick Road
Pittsburgh PA 15205

ZWEIG, MD, Neal IM
300 Cedar Blvd
Pittsburgh PA 15228

ARMSTRONG

ALTMAN, MD, Harold A PD
245 Vine
Kittanning PA 16201
BALASH, MD, William R IM
1623 Union Avenue
Natrona Heights PA 15065
BAUER, MD, James E R
902 Freeport Road
Freeport PA 16229
BIERER, MD, Edward D GP
206 North Jefferson Street
Kittanning PA 16201
BLOCK, MD, Michael A DR
R D 8 Box 50
Kittanning PA 16201
BONO, MD, John OTO
125 North Mckean Street
Kittanning PA 16209
BRANDON, MD, Phyllis K AN
2273 Clairmont Drive
Pittsburgh PA 15241
BUCK, MD, Keith K FP
310 Market Street
Kittanning PA 16201
BUSH, MD, Alton J FP
R D 2 Box 96
Leechburg PA 15656
CHILDS, MD, James E PTH
Armstrong Memorial Hospital
Kittanning PA 16201
CHOWDHRY, MD, Zafar I NS
347 Burtner Road
Natrona Heights PA 15065
CORDOBA, MD, Diego R IM
R D 8 Box 56
Kittanning PA 16201
CROSS JR, MD, Samuel GS
155 Mulberry Street
Kittanning PA 16201
CROYLE EXEC, SEC, Mrs Luann US
416 Pine Hill Road
Kittanning PA 16201
DAJANI, MD, Taher A GS
320 Second Avenue
Tarentum PA 15084
DAVID, MD, Jeffrey W OBG
Womens Hlth Care Armstrong Co
Kittanning PA 16201
DOERFLER JR, MD, Frederick B IM
260 South Jefferson Street
Kittinning PA 16201
EDMONSTON, MD, George F GYN
410 East Sixth Avenue
Tarentum PA 15084
FOX, MD, Charles F US
Box 240
Vandergrift PA 15690
FRALEY, MD, Henry W GP
147 Main Street
Leechburg PA 15656
FREDERICK, MD, Paul L TS
R D 8 Medical Arts Bldg #2
Kittanning PA 16201
GALLAGHER, MD, John E GP
Box 305
Apollo PA 15613
GARROTT, MD, John W FP
R D 1 Box 48
Cowansville PA 16218
GELACEK, MD, Philip A FP
834 Main Street
Ford City PA 16226
GENOVESE, MD, Frank N OPH
R D 7
Kittanning PA 16201
GERSTBREIN, MD, Harry L PTH
R D 1 Box 268
Cowansville PA 16218
GILLIS, MD, Victoria A IM
1366 Hillsdale Drive
Monroeville PA 15146
GREENBAUM, MD, James K PD
R D 8 Box 57b
Kittanning PA 16201
GROOMES, MD, Roderick B IM
252 Harbison Road
Sarver PA 16055
HENRY, MD, Leland T OS
305 South Second Street
Apollo PA 15613
KAHN, MD, Y Raymond GS
415 Fourth Avenue
Tarentum PA 15084
KANG, MD, Se-Boo AN
R D 3
Kittanning PA 16201
KEIM, MD, Peter J FP
Allegheny Drive
Natrona Heights PA 15065
KELLY, MD, Robert W GS
301 Riverview First Avenue
Tarentum PA 15084
KOCH, MD, Pamela J DR
1638 Beechwood Blvd
Pittsburgh PA 15217
KOHL, MD, David H PS
Three Medical Arts Building
Kittanning PA 16201
KOST, MD, Kenneth R TS
R D 8 Medical Arts Bldg #2
Kittanning PA 16201
LEAR, MD, Benjamin F GP
223 Franklin Street
Vandergrift PA 15690
LOSASSO, MD, Dominic E OPH
Box 336
Vandergrift PA 15690
MACDONALD, MD, Allan R FP
P O Box 246B
Kittanning PA 16201
MAJEWSKI, MD, Jerzy U
Armstrong Memorial Hospital
Kittanning PA 16201
MALIK, MD, Khalid M IM
810 Fourth Avenue
Ford City PA 16226
MCNUTT, MD, Frank H GP
208 North Jefferson Street
Kittanning PA 16201
MERCURIO, MD, Richard A FP
Petroleum Valley Medical Ctr
Petrolia PA 16050
MIECKOWSKI, MD, Gregory C DR
220 Primrose Drive
Sarver PA 16055
MILLER, MD, Calvin E EM
R D 7
Kittanning PA 16201
MINTEER JR, DO, Donald W FP
R D 1 Box 70
Worthington PA 16262
MONTGOMERY, MD, Ernest J GS
726 Freeport Road
Brackenridge PA 15014
MOORE, MD, James P FP
710 Fourth Avenue
Ford City PA 16226
MOORE, MD, Terence E FP
710 Fourth Avenue
Ford City PA 16226
NESBITT, MD, Alexander R FP
R D 5 Box 246-B
Kittanning PA 16201
OWCZYKOWSKY, MD, GP
Bernard J
2954 Old Freeport Road
Natrona Heights PA 15065
PACEK, MD, Robert F GP
Allegheny Valley Med Clinic
Tarentum PA 15084
PITTS, MD, William H GP
825 Main Street
Rural Valley PA 16249
PUGLIESE, MD, August A FP
1107 Tennyson Drive
Vandergrift PA 15690
REDDY, MD, Pushpamala P NM
2123 Shady Avenue
Pittsburgh PA 15217
ROGERS JR, MD, Robert M OBG
831 Evergreen Road
Ford City PA 16226
SCHULTHEIS, MD, Clyde J R
27 Irving Street #4
Worcester MA 01609
SIM, MD, Hyun S AN
106 Blackthorn Drive
Kittanning PA 16201
SLEASE, MD, Cyrus B GP
P O Box 370
Kittanning PA 16201
SOTOS, MD, L Nicholas ORS
R D 8 Box 40
Kittanning PA 16201
SOTOS, MD, Peter N ORS
R D 8 Box 40
Kittanning PA 16201
STITT, MD, Hugh I OS
412 Glade Park East
Kittanning PA 16201
SUWAN, MD, Nipapan PD
415 Market Street
Freeport PA 16229
SUWAN, MD, Sakdidej IM
415 Market Street
Freeport PA 16229
TOLMAN, MD, Leon M IM
709 South Pike Road
Sarver PA 16055
VEGA, MD, Rogelio E U
R D 7
Kittanning PA 16201
VOGAN, MD, Clifford R IM
Box 168
Cowansville PA 16218
WHITE, MD, Steven J EM
Armstrong County Mem Hosp
Kittanning PA 16201
WILSON, MD, Arthur R FP
211 Willow Valley Square
Lancaster PA 17602
WILSON, MD, Richard A PM
227 Cole Road
Sarver PA 16055
WINGARD, MD, Larry B IM
R D 8 Box 57
Kittanning PA 16201
YANG, MD, Jae-Taek GS
443 Butler Road
Kittanning PA 16201
YOCKEY, MD, Robert H OPH
248 East Brady Road
Kittanning PA 16201

BEAVER

ALBERTS, MD, Nancy K FP
980 Collins Avenue
Baden PA 15005
ANTICO, MD, Dominic A DR
2190 Ben Franklin Drive
Pittsburgh PA 15237
APPLEGATE, DO, David J FP
161 Sunview Drive
Beaver Falls PA 15010
ARBITMAN, MD, Michael DR
475 Bradys Ridge Road
Beaver PA 15009
BALDWIN, MD, Thomas M OPH
P O Box 723
Beaver Falls PA 15010
BANSIDHAR, MD, Bhadrasine EM
R D R Mcclain Road
Beaver Falls PA 15010
BASKA, MD, John K IM
Beaver Internal Medicine
Beaver PA 15009
BAYUK, MD, John D FP
R D 1 Box 239-A
Clinton PA 15026
BELICH, MD, Stephen C GS
1301 Riverside Drive
Bridgewater PA 15009
BELL, MD, Lawrence D ORS
309 Seventh Street Extension
Beaver Falls PA 15010
BELL, MD, Michael C OTO
701 Broad Street
Sewickley PA 15143
BENNIGHOF, MD, David C US
303 South Church Street
Sharptown MD 21861
BERKMAN, MD, Eugene F HS
160 Elm Street
Beaver PA 15009
BIRKEL, MD, Paul A IM
1487 Wilson Street
Glenshaw PA 15116
BOAL, MD, Erwin S GP
398 12Th Street
Freedom PA 15042
BOAL JR, MD, John H OBG
385 Second Street
Beaver PA 15009
BONTEMPO, MD, Franklin A OPH
186 Beaver Street
Beaver PA 15009
BOOK, MD, Morris M GS
1520 Third Avenue
New Brighton PA 15066
BORKOVIC, MD, Embrie J GP
3808 Third Avenue
Beaver Falls PA 15010
BRABSON, MD, Howard W GP
401 State Street
Baden PA 15005
BRANDT, MD, Robert I GS
Morrow Road
Beaver Falls PA 15010
BRENNAN, MD, Richard E DR
R D 1 Blackburn Road
Sewickley PA 15143
BRETT III, MD, George W IM
Beaver Internal Medicine
Beaver PA 15009
BRODSKY, MD, Steven G IM
961 Brodhead Road
Coraopolis PA 15108
BULSECO, MD, Joseph L GS
133 Route 30
Imperial PA 15126
BURGER, MD, Joseph G OBG
320 College Avenue
Beaver PA 15009
BURKE, MD, Marshall L GS
3442 37Th Street
Beaver Falls PA 15010
BUSH, MD, Herman FP
299 North Riverside Drive Apt
Pompano Beach FL 33062
CAMPBELL, MD, G Robert D
Maplewood Drive
Beaver PA 15009
CAREY, MD, John T N
1450 Dutch Ridge Road
Beaver PA 15009
CARLSON, MD, Kenneth E PTH
110 Round Key Circle
Naples FL 33962
CHAMOVITZ, MD, Bruce N IM
1000 Dutch Ridge Road
Beaver PA 15009
CHORAZY, MD, Zdzislaw J U
Aliquippa Medical Center
Aliquippa PA 15001
CHRISTENSON, MD, FP
Catherine M
P O Box 51602
Jacksonville FL 32240
COLAVINCENZO, MD, John W AN
Four Windycrest Road
Beaver Falls PA 15010
COLELLA, MD, Joseph J GS
2035 Brodhead Road
Aliquippa PA 15001
CONRADY, MD, William E R
307 Seventh Street Ext
Beaver Falls PA 15010
CONTE, MD, Anthony A OS
2608 Calibogue Club
Hilton Head SC 29928
COSSROW, MD, Joel I DR
848 Foxland Drive
Pittsburgh PA 15243
COZZA JR, MD, Michael R PM
P O Box 475
Beaver PA 15009
CRAIN, MD, Richard H DR
307 Meadow Lane
Sewickley PA 15143
CRUMRINE, MD, Richard S OTO
5230 Tuscarawas Road
Beaver PA 15009
CUDDY, MD, Vincent D GS
1300 Fifth Street Ext
Beaver PA 15009
CULLEY, MD, Andrew W PTH
198 Oak Street
Beaver PA 15009
CULYBA, MD, Michael J IM
Beaver Internal Medicine
Beaver PA 15009
DAMAZO, MD, Elpidio D GP
619 15Th Street
Beaver Falls PA 15010
DAMAZO, MD, Natividad S GP
619 15Th Street
Beaver Falls PA 15010
DAVIS JR, MD, Edward T GP
402 Vermont Avenue
Rochester PA 15074
DEJESUS JR, MD, Roman Y AN
P O Box 302
Enon Valley PA 16120
DETWEILER, DO, Thelma M OS
388 Laura Street
Beaver PA 15009
DHAGAT, MD, Satishchandra U
701 Fifth Street
Beaver PA 15009
DOUGHTY, DO, Paul F FP
848 Second Street
Beaver PA 15009
DUGAN JR, MD, Thomas M N
112 North Brodhead Road
Monaca PA 15061
ELYADERANI, MD, Morteza K R
922 Beaver Street
Sewickley PA 15143
EMANUEL, MD, Abraham OBS
P O Box 480
Beaver PA 15009
ESKENDRI, MD, Nasser OBG
336 College Avenue
Beaver PA 15009
FADDEN, MD, Robert J GE
701 Sharon Road
Beaver PA 15009
FAZIOLI, MD, Lawrence A FP
301 Division Avenue
Ellwood City PA 16117
FEICHT, DO, Charles M EM
2945 Tuscarawas Road
Beaver PA 15009
FELDMEIER, MD, Curtis J IM
1307 Sixth Avenue
Beaver Falls PA 15010
FIDEN JR, MD, William J FP
Center Place Medical Offices
Aliquippa PA 15001
FINLEY III, MD, Robert K GS
1520 Third Avenue
New Brighton PA 15066
FLORES, MD, Concepto M IM
219 Third Street
Beaver PA 15009
FLORES, MD, May R FP
1022B North Main Street
Butler PA 16001
FROMAN, MD, Stephen M OTO
701 Broad Street
Sewickley PA 15143
FUNKHOUSER, MD, Jay L FP
721 Fifth Avenue
New Brighton PA 15066
GAYDOS, MD, John D GP
1098 Kennedy Drive
Ambridge PA 15003
GEBUS, MD, George R OM
Medical Department
Conway PA 15027
GOGGIN, MD, Leon D GP
620 Beaver Avenue Box 266
Midland PA 15059
GRAY, MD, Herbert M GP
P O Box 218
Beaver PA 15009
GRIECO, MD, Robert L FP
1416 Sixth Avenue
Beaver Falls PA 15010
HAGES, MD, Foster FP
2300 Sheffield Road
Aliquippa PA 15001
HAVER, MD, Paul M GP
559 Maplewood Avenue
Ambridge PA 15003
HEINLE JR, MD, Edward W ON
The Medical Ctr Beaver Pa Inc
Beaver PA 15009
HELMICK, MD, Wayne W FP
349 New York Avenue
Rochester PA 15074
HELSING, MD, Walter J ORS
1270 Barclay Hill Road
Beaver PA 15009
HERALD, MD, Geoffrey R GS
1301 Riverside Drive
Bridgewater PA 15009
HERTFORD, MD, Joann F FP
2505 Anna Street
Beaver Falls PA 15010
HERTFORD, MD, Steve C FP
2505 Anna Street
Beaver Falls PA 15010
HETZLER, MD, Norman A GS
1100 Washington Avenue
Rochester PA 15074
HINEMAN, MD, Marquis W GS
5060 Tuscarawas Road
Beaver PA 15009
HIRSCH, MD, Bernard ORS
P O Box 816
Beaver Falls PA 15010
HONG, MD, Sung H DR
2300 Ben Franklin Drive
Pittsburgh PA 15237
HORCHAK, MD, Alex M U
3011 Cherry Lane Boulevard
Columbus OH 43220
HORMOZDI, MD, Fraydoon OBG
99 Murray Drive
Beaver PA 15009
HUDZINSKI, MD, Lori D FP
38 Rauch Drive
Springville NY 14141
JAMSHIDI, MD, Javad OBG
309 Ninth Street
Monaca PA 15061
KASI, MD, Krishnakumar A PD
103 Jenny Lind Drive
Aliquippa PA 15001
KASI, MD, Nagamani K GP
2315 Mill Street
Aliquippa PA 15001
KENNEDY, MD, Nelson M GP
R D 3 Box 173
Darlington PA 16115
KEPLER, DO, H Todd FP
167 George Street
Rochester PA 15074
KILPATRICK, MD, Gertrude E FP
1318 Sixth Street
Beaver Falls PA 15010
KLAG, DO, Joseph V CD
2370 Hospital Drive
Aliquippa PA 15001
KNAPP, MD, Robert C END
701 Sharon Road
Beaver PA 15009
KO, MD, Jehoon DR
2213-A Ben Franklin Drive
Pittsburgh PA 15237
KONRAD, MD, Mark G R
437 Maple Lane
Sewickley PA 15143
KRAYER JR, MD, Nicholas H IM
444 Drano Avenue
Beaver PA 15009
KUZMA JR, MD, Paul M OPH
1100 Brodhead Road
Monaca PA 15061
LANCASTER, MD, Stewart L IM
701 Fifth Street
Beaver PA 15009
LEHMAN, MD, John W ORS
P O Box 816
Beaver Falls PA 15010
LEW, MD, Chung M GP
1414 Pennsylvania Avenue
Monaca PA 15061
LO, MD, Fredric T EM
554 Clair Drive
Pittsburgh PA 15241
LUDKIEWICZ, MD, Wayne S FP
One Van Lane
Beaver PA 15009
LUSTBADER, MD, Michael L U
214 Woodview Drive
Beaver PA 15009
MADDER, DO, Robert D IM
Three Bonnie View Drive
Beaver Falls PA 15010
MALLINGER, MD, Samuel H GP
706 Hemlock Drive
Aliquippa PA 15001
MANN, MD, Orrin EM
312 Chestnut Ridge Drive
Pittsburgh PA 15205
MANTICA, MD, Robert P ORS
301 Grant Street
Sewickley PA 15143

MARCUS, MD, Gary J PTH
120 Ridgeview Drive
Beaver PA 15009
MARION, MD, Roy H GP
628 Market Street
Bridgewater PA 15009
MARKSON, MD, Victor I CD
1001 City Avenue
Philadelphia PA 19151
MARSHALL, MD, John S IM
701 Fifth Street
Beaver PA 15009
MARTSOLF, MD, John GS
P O Box 34
New Brighton PA 15066
MAZUR-ELLIS, MD, Paula M PD
710 Straight Street
Sewickley PA 15143
MCCANN, DO, James E NEP
1821 Taper Drive
Pittsburgh PA 15241
MCCLURE, MD, Jonathan K IM
1307 Sixth Avenue
Beaver Falls PA 15010
MCCORMICK, MD, Mark W OBG
614 13Th Street
Beaver Falls PA 15010
MCCREARY III, MD, Thomas W IM
1030 River Road
Beaver PA 15009
MCGUIRE, MD, Francis E GS
215 Shafer Road
Coraopolis PA 15108
MCKENNA, MD, James P FP
Center Place Medical Offices
Aliquippa PA 15001
MEDICH, MD, George F ORS
4685 Dutch Ridge Road
Beaver PA 15009
MERRIMAN, MD, W Clair PD
Franklin Towers
Beaver Falls PA 15010
MIANO, MD, Lidia GP
P O Box 96
New Brighton PA 15066
MICHEL, MD, John P FP
1416 Sixth Avenue
Beaver Falls PA 15010
MILLS EXECUTIVE SEC, MRS CAROLINE
244 College Avenue
Beaver PA 15009
MIN, MD, Jung T PTH
106 Maplewood Drive
Beaver PA 15009
MIN, MD, Tae C IM
106 Maplewood Drive
Beaver PA 15009
MITCHELL, MD, Michael J D
Mitchell Associates
Ambridge PA 15003
MONYAK, MD, John G GP
199 Ninth Street
Monaca PA 15061
MOSKOVITZ, MD, Morry GE
Sharon Place Prof Blvd
Beaver PA 15009
NADIGA, MD, Chandrasekhara OM
910 Third Avenue
New Brighton PA 15066
NAM, MD, Lam V PTH
2567 Giant Oaks Drive
Pittsburgh PA 15241
NEELEY, MD, Steven W AN
122 Jenny Lynn Drive
Aliquippa PA 15001
NOTARO, MD, John FP
2349 Mill Street
Aliquippa PA 15001
OCONNOR, MD, William F AN
100 Sixth Street Ext
Beaver Falls PA 15010
ORSINI, MD, Michael A OTO
301 Ohio River Boulevard
Sewickley PA 15143
PAGE JR, MD, Edwin H EM
128 Westfield Drive
Aliquippa PA 15001
PALLONE, DO, Leslie T GP
426 Green Street
Sewickley PA 15143
PANTALONE, MD, Albert GS
2315 Mill Street
Aliquippa PA 15001
PARK, MD, Joon O IM
1081 Brodhead Road
Aliquippa PA 15001
PARULIS, MD, Albert C EM
204 Orchard Place
Sewickley PA 15143
PASCUA, MD, Alexander V GS
2400 Darlington Road
Beaver Falls PA 15010
PATEL, MD, Manojkumar R OPH
2500 Hospital Drive
Aliquippa PA 15001
PATRICK, MD, David B U
1700 Third Street
Beaver PA 15009
PATRICK, MD, David R U
255 College Avenue
Beaver PA 15009
PEINDL, MD, Paul M EM
2018 Kentucky Lane
Rochester PA 15074
PERRY, MD, Lee C OBG
97 Saint Andrews Drive
Beaver Falls PA 15010
PRENDERGAST, MD, Maurice D IM
1307 Sixth Avenue
Beaver Falls PA 15010
PUPI, MD, Paul A GS
1300 Fifth Street Ext
Beaver PA 15009
RADLER, MD, John K ORS
1925 Tuscarawas Road
Beaver PA 15009
RAFALKO, MD, David M OTO
304 Trail Side Drive
Sewickley PA 15143
RAGOOWANSI, MD, Tulsidas N CD
113 Windy Ghoul
Beaver PA 15009
REYES, MD, Saturnino M GS
1360 Sharon Road
Beaver PA 15009
REZNICK, MD, Barry R N
118 Glenfield Drive
Beaver PA 15009
RICHARDSON, MD, Harrison H III
1530 River Road
Beaver PA 15009
RODGERS, MD, Edson R OBG
335 Beaver Street
Beaver PA 15009
ROONEY, MD, Joseph W CD
500 Sharon Road
Beaver PA 15009
RUTH, MD, D Henry FP
Center Place Medical Offices
Aliquippa PA 15001
SANKAR, MD, Naganathan S IM
1024 Clay Avenue
Scranton PA 18509
SCIBILIA, MD, James P PD
758 River Road
Beaver PA 15009
SEGAL, MD, Allan GS
1301 Riverside Drive
Bridgewater PA 15009
SHAFFER, MD, Donald Y GP
1000 Sixth Street
New Brighton PA 15066
SHETTY, MD, K Narayan CD
2349 Mill Street
Aliquippa PA 15001
SHETTY, MD, Ratnakar S IM
1307 Sixth Avenue
New Brighton PA 15066
SHUGERT, MD, Guy S GP
Windy Ghoul Estates
Beaver PA 15009
SHUGERT, MD, John H GS
175 Orchard Street
Beaver PA 15009
SIA, MD, Jose K GP
3978 Brodhead Road Box 1187
Aliquippa PA 15001
SIMPSON, MD, Richard A IM
500 Sharon Road
Beaver PA 15009
SINGH, MD, Amarjeet R CD
109 Paula Drive
Aliquippa PA 15001
SLEMENDA, MD, William D CD
183 Taylor Avenue
Beaver PA 15009
SMITH JR, MD, James W FOP
Six Saint Andrews Drive
Beaver Falls PA 15010
SPANIER, MD, Gail J FP
Medical Center Of Beaver Cty
Beaver PA 15009
STIEGEL, MD, Robert M D
701 Fifth Street
Beaver PA 15009
STURM, MD, Patrick W IM
1425 Third Street
Beaver PA 15009
SUTTON JR, MD, John C GP
C-22 Patterson Arms
Beaver Falls PA 15010
SWICK II, MD, J Howard GP
137 Naugle Lane
Beaver Falls PA 15010
TAPYRIK, MD, Nicholas PUD
1425 Third Street
Beaver PA 15009
TATUM, MD, James K FP
161 Hopewell Plaza
Aliquippa PA 15001
TAYLOR, MD, Morgan F U
110 Windy Ghoul Drive
Beaver PA 15009
THEL JR, MD, Henry C OPH
930 Third Street
Beaver PA 15009
THOMAS JR, MD, Harold D OBG
2113 Irwin Street
Aliquippa PA 15001
THOMPSON, MD, Bradford R GS
1300 Fifth Street Ext
Beaver PA 15009
THOMPSON, MD, Linda L ORS
109 Woodlawn Drive
Beaver PA 15009
TOMASI, MD, Samuel J D
1119 Sixth Avenue
Beaver Falls PA 15010
TRITSCHLER, MD, Joseph P GP
615 Darlington Road
Beaver Falls PA 15010
TROIANO, MD, Richard S PS
255 Third Street
Beaver PA 15009
TSUNG, MD, Wen-Han PD
290 Third Street
Beaver PA 15009
TUNICK, MD, Stephen E CD
1155 Merchant Street
Ambridge PA 15003
VOGEL JR, MD, Julius A PD
250 College Avenue
Beaver PA 15009
WALLIA, MD, Tegendra S CD
6509 Coventry Court
Bethel Park PA 15102
WARE, MD, William B GS
3978 Brodhead Road
Aliquippa PA 15001
WEIGEL, MD, Joseph H P
914 Atlantic Avenue
Monaca PA 15061
WIBULOUTAI, MD, Boonterm GP
104 Roosevelt Drive
Monaca PA 15061
WILCOX, MD, Simmon L FP
1100 Brodhead Road
Monaca PA 15061
WILSON, MD, Ruth W A
638 Corporation Street
Beaver PA 15009
WRIGHT II, MD, John C Y OBG
100 Oak Street
Beaver PA 15009
YAKISH, MD, Samuel D ORS
78 Tuscarawas Road
Beaver PA 15009
YUKEVICH, MD, John P GP
1312 Royal Oak Drive
Pittsburgh PA 15222
ZALAMEA, MD, Petronio F PD
216 Evans Drive
Ellwood City PA 16117
ZAMBELLI JR, MD, George R OPH
380 Adams Street
Rochester PA 15074
ZDUNEK, DO, Jay R FP
21-7Th Street
Midland PA 15059
ZERNICH, MD, Michael R ORS
Hospital Drive
Aliquippa PA 15001
ZERNICH, MD, Wallace FP
Hospital Drive
Aliquippa PA 15001
ZERNICH JR, MD, Stephen GS
Hospital Drive
Aliquippa PA 15001
ZIMMERMAN, MD, Edward M FP
Center Place Medical Offices
Aliquippa PA 15001

BEDFORD

BAER, MD, David G FP
R D 4 Box 97
Bedford PA 15522
COLVIN, MD, Victor G GP
Schellsburg PA 15559
CONN, MD, Frank W GS
617 South Juliana Street
Bedford PA 15522
DELASALAS, MD, Ernesto M IM
118 South Anderson Street
Bedford PA 15522
EYLER, MD, J Albert GP
112 South Bedford Street
Bedford PA 15522
FOOR, MD, Jeffrey L PD
14 East Third Avenue
Everett PA 15537
GLAH, DO, James J ORS
909 South Juliana Street
Bedford PA 15522
GORDON, MD, James K OBG
R D 5 Box 67
Bedford PA 15522
GRANA, MD, Philip C OPH
R D 1 Box 563
Everett PA 15537
HARTLE, MD, John E FP
145 South Street
Everett PA 15537
ILLINGWORTH, DO, William A AN
432 South Juliana Street
Bedford PA 15522
KERSTETTER, MD, David L PD
R D 1 Pennwood
Everett PA 15537
KUTZ, MD, Eugene R DR
P O Box 662
Bedford PA 15522
MAYLOCK, MD, John H PTH
J C Blair Memorial Hospital
Huntingdon PA 16652
MCCAHAN, MD, Wesley F GP
39 North Spring Street
Everett PA 15537
MELKUS, MD, Daniel J DR
516 Lafayette Avenue
Bedford PA 15522
NEWMAN, MD, William R R
300 South Juliana Street
Bedford PA 15522
PALIN, MD, William E GS
P O Box 637
Bedford PA 15522
POMPILIO, MD, Kenneth J OPH
Pennwood Road
Everett PA 15537
RINARD, MD, Graffious L GP
345 East John Street
Bedford PA 15522
SLICK, MD, Gregory IM
R D 5 Box 28
Bedford PA 15522
TORRES, MD, Flora M FP
220 West Main Street
Everett PA 15537
TORRES, MD, Robin G OBG
220 West Main Street
Everett PA 15537
TOUSI, MD, Abbas H OBG
R D 6 Box 760
Bedford PA 15522
VREELAND, MD, James H GS
R D 1 Box 343b
Everett PA 15537
WHITMORE, MD, John T IM
P O Box 3675
Lavale MD 21504

BERKS

AGNEW, MD, Edward A GP
1544 Rose Virginia Road
Wyomissing PA 19610
AGOURIDIS, MD, Nicholas T OBG
25 Imittou Street
Glyfada Greece I6674
AITA, MD, Paul C GS
301 South Seventh Avenue
West Reading PA 19611
ALEXANDER, MD, R William R
544 Elm Street
Reading PA 19601
ALLEY, MD, Samie A GS
1146 Elm Street
Reading PA 19604
ANDERSON, MD, John B OBG
1340 West Penn Avenue
Wyomissing PA 19610
ARNDT, MD, James L CHP
38 Upland Road
Wyomissing Hills PA 19609
ASHWORTH, MD, Halbert E TS
1235 Penn Avenue
Wyomissing PA 19610
AURANDT, MD, Henry N OBG
301 South Seventh Avenue
West Reading PA 19611
AVELLA, MD, Berard N IM
301 South Seventh Avenue
West Reading PA 19611
AYNARDI, MD, J Marc IM
1512 Concord Road
Wyomissing PA 19610
BADEEN, MD, Steven J IM
317 North Sixth Street
Reading PA 19601
BANEY JR, MD, Charles M FP
P O Box 488
Hamburg PA 19526
BARKE, MD, James N FP
200 North 13th Street
Reading PA 19604
BARRETT, MD, James P AN
1304 Farr Road
Reading PA 19611
BARRETT, MD, John S CD
301 South Seventh Avenue
West Reading PA 19611
BARRIOS, MD, Mario F FP
530 Lauers Lane
Reading PA 19610
BATCHELDER, MD, Barron M AN
910 Oak Lane
Wyomissing PA 19610
BECKER, MD, Ward G FP
The Lutheran Home
Topton PA 19562
BEEM, MD, John W OPH
206 South Sixth Avenue
West Reading PA 19611
BEETEL, MD, Christopher J GS
301 South Seventh Avenue
West Reading PA 19611
BELL, MD, Richard T PUD
301 South Seventh Avenue
West Reading PA 19611
BENDER, DO, John H FP
3535 North Fifth Street
Reading PA 19605
BENSHOFF, MD, Ericha R DR
50-5 Holly Drive
Exeter PA 19606
BERTOLET, MD, Charles B GP
39 North 23rd Street
Reading PA 19606
BERTOLETTE, MD, Richard D P
810 Kenhorst Blvd
Reading PA 19611
BIALAS, MD, Henry N GP
727 Penn Avenue
West Reading PA 19611
BIGOS, MD, Edward T FP
2339 Spring Street
West Lawn PA 19609
BITETTO, MD, Nicola CD
200 North 13th Street
Reading PA 19604
BLAUSER, MD, Robert B FP
260 State Street
Hamburg PA 19526
BOEHMLER, MD, William J P
200 North 13th Street
Reading PA 19604
BOHNENBLUST JR, MD, Walter R IM
512 Stephen Road
Reading PA 19601
BONACCORSI, MD, Diane T FP
Park Road Plaza Rt 10 & 176
Reading PA 19607
BONNER, MD, James J OBG
4949 Kutztown Road
Temple PA 19560
BONNER, MD, Mary J IM
101 West Lancaster Avenue
Shillington PA 19607
BOWER, MD, John R OBG
2640 Westview Drive
Wyomissing PA 19610
BOWER SR, MD, John R P
1669 Garfield Avenue
Wyomissing PA 19610
BOWERS, MD, David N PM
R D 1 Box 250
Reading PA 19607
BRACKBILL, MD, Elizabeth J GP
Berks Heim
Reading PA 19603
BROCK, MD, David C FP
Bernville Family Practice Ctr
Bernville PA 19506
BRZOZOWSKI, MD, Lawrence A N
200 North 13th Street
Reading PA 19604
BUB, MD, Barry FP
1800 Hampden Blvd
Reading PA 19604
BUCH, MD, Sandhya Y FP
413 North Fifth Street
Reading PA 19601
BULATAO, MD, Agapito V GS
P O Box 70
Towanda PA 18848
BURINSKY, DO, Ronald L FP
4965 Apple Drive
Reading PA 19606
BURNS, MD, Donald T OPH
1500 Penn Avenue
Wyomissing PA 19610
BUSH, MD, William M GYN
5601 Crayton Road
Naples FL 33963
BUTTERWORTH, MD, Thomas D
411 Walnut Street
Reading PA 19601
BUZAS, MD, Jerome W D
2650 Westview Drive
Wyomissing Hills PA 19610
CALATA, MD, Eliseo R PM
Reading Rehabilitation Hosp
Reading PA 19607
CAMARDESE-CRANDALL, MD, Tonie L OBG
301 South Seventh Avenue
West Reading PA 19611
CAMMARANO III, DO, Dominic J OBG
250 North 12th Street
Reading PA 19604
CANNER, MD, Gary C ORS
1150 Berkshire Blvd
Wyomissing PA 19610
CAPPA, MD, Robert J FP
R D 2 Box 323-A
Oley PA 19547
CARABELLO, MD, Charles A PD
316 South Fifth Street
Reading PA 19602
CARIM, MD, Hyder M PD
1981 Bern Road
Wyomissing PA 19610
CARIM, MD, Moiz M OPH
1638 Farr Road
Wyomissing PA 19610
CARLSON, MD, John E DR
301 South Seventh Avenue
Reading PA 19611
CARLSON, MD, Stephen E GE
606 Court Street
Reading PA 19601
CATLIN, MD, Robin J O FP
2017 Ormond Boulevard
Destrehan LA 70047

CEFARATTI, MD, Michael D OPH
606 Court Street
Reading PA 19601
CHAUDHRY, MD, Sanjay IM
12B St Andrews Circle
Reading PA 19607
CHELIUS, MD, Alan B FP
536 Franklin Street
Reading PA 19602
CHENSEE, MD, Jasper G PTH
St Joseph Hospital
Reading PA 19603
CHETT, MD, Nicholas J GP
203 Noble Avenue
Shoemakersville PA 19555
CHIRIELEISON, MD, Rocco F IM
301 South Seventh Avenue
West Reading PA 19611
CHOWDHURY, MD, A Rab GE
Eight North 11Th Street
Reading PA 19601
CHRIST, MD, Nicholas J GP
141 North Walnut Street
Birdsboro PA 19508
CHRIST, MD, Peter J PTH
St Joseph Hospital
Reading PA 19603
CHRISTENSEN, MD, David W FP
East First And Spruce Sts
Birdsboro PA 19508
CINELLI, MD, Cleto G OS
200 North 13th Street
Reading PA 19604
CITRO, MD, Laurence A DR
145 North Sixth Street
Reading PA 19601
CLOSE, MD, Richard A NS
301 South Seventh Avenue
West Reading PA 19611
CLYMER JR, MD, Robert H U
301 South Seventh Avenue
West Reading PA 19611
COHEN, MD, Bruce A FP
337 West Main Street
Birdsboro PA 19508
COHN, MD, C Harold TS
301 South Seventh Avenue
West Reading PA 19611
COLMENARES, MD, Ruperto F CLP
26 Pine Woods Court
Reading PA 19607
COMESS, MD, Raymond R GS
1801 Eckert Avenue
Reading PA 19604
CONNERTON, MD, George E PTH
R D 3 Box 3096
Mohnton PA 19540
CONSOLI, MD, Deborah P NPM
601 Penn Street
Reading PA 19601
COPE, MD, David A OTO
301 South Seventh Avenue
West Reading PA 19611
CRAIG, MD, Paul C OPH
Pennswood Village D-113
Newtown PA 18940
CRAMP, MD, Lloyd L GS
15 East Congressional Circle
Reading PA 19607
DALY, MD, David G IM
110 North Quarry Street
Ithaca NY 14850
DASHE, MD, Myer M GP
1700 Hampden Boulevard
Reading PA 19604
DEBENEDICTIS, MD, Kenneth J A
600 Museum Road
Reading PA 19611
DELLINGER, MD, Robert K EM
Ten Estates Drive
Reading PA 19606
DELVECCHIO, MD, Leonard M FP
308 Old Airport Road
Douglassville PA 19518
DENBY, MD, Robert A GP
25 Stevens Ave
West Lawn PA 19609
DENGLER, MD, Ernest H OPH
713 North Fifth Street
Reading PA 19601
DERR, MD, Craig A IM
560 Van Reed Road
Wyomissing PA 19610
DERSH, MD, Jerome OPH
606 Court Street Suite 200
Reading PA 19601
DESANCTIS JR, MD, Joseph J IM
301 South Seventh Avenue
West Reading PA 19611
DESJARDINS, MD, George P PTH
504 Carsonia Avenue
Reading PA 19606
DETHOFF, MD, John C ORS
200 North 13th Street
Reading PA 19604
DIETRICH, DO, Leonard M GP
610 East Main Street Box 243
Kutztown PA 19530
DIETRICH, DO, Marcia C GP
48 Pine Lane
Douglassville PA 19518

DIRENZO, MD, Dennis P PD
105 Wyoming Avenue
Wyomissing PA 19610
DONLY, MD, Donovan L GP
232 North Fifth Street
Reading PA 19601
DONNELLY JR, MD, Joseph C CDS
200 North 13th Street
Reading PA 19604
DONOVAN, MD, Robert S FP
R D 8050
Sinking Spring PA 19608
DREAZEN, MD, Jonathan R FP
270 Friedensburg Road
Reading PA 19606
DUDA, MD, Andrew M TS
11 Phoebe Drive
Wyomissing PA 19610
DUFFY, MD, Scott S IM
301 South Seventh Avenue
West Reading PA 19611
EAGER, MD, J Michael OBG
1340 Penn Avenue
Wyomissing PA 19610
EARLY JR, MD, Robert F AN
1800 Bern Street
Reading PA 19604
EASTLAND, MD, Theodore W GP
420 College Boulevard
Kutztown PA 19530
EBERSOLE, MD, Thomas M OBG
601 Penn Street
Reading PA 19601
EDMUNDS, MD, Elizabeth H FP
One West Prospect Street
Reading PA 19606
EMES, MD, William R FP
Kutztown Area Medical Center
Kutztown PA 19530
EMKEY, MD, Kenneth D GE
301 South Seventh Avenue
West Reading PA 19611
EMKEY, MD, Ronald D RHU
401 Buttonwood Street
West Reading PA 19611
ERICKSEN, MD, Arthur N GP
1836 Salem Road
Reading PA 19610
ERMOLD, MD, Donald R GP
425 East Lancaster Avenue
Shillington PA 19607
FALLON III, MD, Edward C DR
Reading Hospital
Reading PA 19603
FARBER, MD, David N OPH
606 Court Street
Reading PA 19601
FARBER, MD, Eric B OPH
R D 1 Eight Hessian Boulevard
Reading PA 19607
FARBER, MD, Harold I IM
308 North Fifth Street
Reading PA 19601
FAUST, MD, Donald S TR
Reading Hospital & Med Center
Reading PA 19603
FEASTER, MD, Marshall M CDS
1235 Penn Avenue
Wyomissing PA 19610
FEHNEL, MD, Stephen H OBG
301 South Seventh Avenue
West Reading PA 19611
FEICK, MD, Ralph H GP
111 Dorianne Drive
Willow Street PA 17584
FERRY, MD, Gerald W OBG
200 North 13th Street
Reading PA 19604
FISCHER, MD, Edward C R
The Reading Hospital
Reading PA 19603
FLEISCHER, MD, Alan N U
200 North 13th Street
Reading PA 19604
FLORES, MD, Evelyn R N
200 North 13th Street
Reading PA 19604
FOLDES-ROTH, MD, Elisabeth GYN
105 South Fifth Street
Reading PA 19602
FOLEY JR, MD, Francis L FP
832 Cherry Hill Lane
Pottstown PA 19464
FRANCO, MD, Frank A IM
102 North 11th Street
Reading PA 19601
FRANCOIS, MD, Max B GP
2021 Franklin Place
Wyomissing PA 19610
FRANGIPANE, MD, Leo G GS
R D 4 Box 4290
Mohnton PA 19540
FRANK, MD, Jeffrey B OBG
301 South Seventh Avenue
West Reading PA 19611
FRANTZ, MD, Robert C OM
532 South Park Road
Wyomissing PA 19610
FRIEDMAN, MD, Ellis F ORS
320 Abington Drive
Wyomissing PA 19610

FUSCO-RIPKA, MD, Giovanna D OS
1216 Meade Street
Reading PA 19611
GAGLIARDI, MD, Lisa G FP
St Joseph Hospital
Reading PA 19604
GALLEN, MD, John H GP
2950 Van Reed Road
Sinking Spring PA 19608
GARCIA, MD, Antonio S GP
Box 185
Hamburg PA 19526
GATTUSO, MD, Robert L FP
355 Lackawanna Street
Reading PA 19601
GEHMAN, MD, M Jack GP
38 East Lancaster Avenue
Shillington PA 19607
GEHRIS, MD, Leroy A FP
808 North Third Street
Reading PA 19601
GEORGE, MD, David L IM
401 Buttonwood Street
West Reading PA 19611
GERHART, MD, George R FP
3351 Perkiomen Avenue
Reading PA 19606
GIACCIA, MD, Amato GP
600 Schuylkill Avenue
Reading PA 19601
GIESECKE, MD, Susan B DR
1634 Meadowlark Road
Wyomissing PA 19610
GILFILLAN III, MD, A George PD
1981 Bern Road
Wyomissing PA 19610
GILMORE, MD, Irvin W GP
5313 Allentown Pike
Temple PA 19560
GINSBERG, MD, Gary U
318 North Fifth Street
Reading PA 19601
GLOSSER, MD, William E EM
1240 Dauphin Avenue
Wyomissing PA 19610
GOODMAN, MD, Gerald A R
301 South Seventh Avenue
West Reading PA 19611
GOODSON, MD, Bruce M FP
2055A Alsace Road
Reading PA 19604
GORDON, MD, Michael E R
145 North Sixth Street
Reading PA 19601
GRABIAS, MD, Stanley L ORS
301 South Seventh Avenue
West Reading PA 19611
GRAHAM, MD, Barry E OBG
1340 Penn Avenue
Wyomissing PA 19610
GRANADOS, MD, Nicanor G IM
1555 Schuylkill Avenue
Reading PA 19601
GRANADOS, MD, Suzita N PD
130 Prospect Street
Reading PA 19606
GREENBERG, MD, Robert N GS
200 North 13th Street
Reading PA 19604
GREENE, MD, Lucille T GP
412 North 12th Street
Reading PA 19604
GREGORY, MD, George W CDS
R D 1 Box 360-C
Reading PA 19607
GRETH, MD, Warren E RHU
401 Buttonwood Street
West Reading PA 19611
GRIM, MD, Mark D GP
Main Street
Oley PA 19547
GROSS, MD, Lawrence S PD
R D 3 Box 3481b
Reading PA 19606
GRUBB, MD, Willard Y FP
Route 100
Bally PA 19503
GRUBER, MD, John W CD
301 South Seventh Avenue
West Reading PA 19611
HANGEN, MD, Norman M GP
Four Allison Road
Reading PA 19601
HANJURA, MD, Girdhari L ON
120 Prospect Street
Reading PA 19606
HANNA, MD, Ezzat A FP
600 High Boulevard
Kenhorst PA 19607
HARRIS, MD, Lawrence K CD
Community General Hospital
Reading PA 19601
HASSAN, MD, Joseph R IM
4201 Kutztown Road
Temple PA 19560
HAUSER, MD, Raymond J FP
The Lutheran Home
Topton PA 19562
HAWKE, MD, William AN
29 Flint Ridge Road
Shillington PA 19607

HEFFERNAN, MD, John M IM
560 Van Reed Road
Wyomissing PA 19610
HEINBACH, MD, Wilfred F IM
P O Box 88
Oley PA 19547
HEISEY, MD, John C IM
Route 422 & Old Airport Road
Douglassville PA 19518
HELLER, MD, Fredericka S M OBG
939 Penn Avenue
Wyomissing PA 19610
HENNINGER, MD, William H AN
189 Oakmont Drive
Reading PA 19607
HERBERT, MD, David W IM
114-E Colonial Drive
Shillington PA 19607
HERMANOVICH JR, MD, John CD
301 South Seventh Avenue
West Reading PA 19611
HEY JR, MD, E Berry CD
301 South Seventh Avenue
West Reading PA 19611
HEYDT, MD, John A FP
St Josephs Hospital
Reading PA 19604
HIEHLE, MD, John F R
301 South Seventh Avenue
West Reading PA 19611
HIGH, MD, Bertrand J IM
270 Elizabeth Avenue
Sinking Spring PA 19608
HIMMELSTEIN, MD, Fred R EM
825 Redwood Avenue
Wyomissing PA 19610
HINRICHS, MD, Thomas F PM
Reading Hospital & Med Center
Reading PA 19603
HIPPERT, DO, Robert K GP
805 North Richmond
Fleetwood PA 19522
HIRSH, MD, Paul D CD
200 North 13th Street
Reading PA 19604
HOFFMAN, MD, David A GYN
1330 Penn Avenue
Wyomissing PA 19610
HOFFMAN, MD, Neil A CLP
Reading Hospital
Reading PA 19603
HOLLIMAN, MD, Cecil J EM
18 Shady Hollow Lane
Shillington PA 19607
HOLM, MD, Eric K NS
606 Museum Road
Reading PA 19611
HORST, MD, Elmer L N
715 Lake Avenue
Wyomissing PA 19610
HOYT, MD, Ralph C GE
R D 3 Box 2082
Birdsboro PA 19508
HUNTER, MD, John S GP
117 Philadelphia Avenue
Shillington PA 19607
IMBER, MD, Irving IM
428 Walnut Street
Reading PA 19601
IMPINK, MD, Robert R GS
P O Box 176
Shillington PA 19607
INNIS, MD, Patricia A FP
900 North Fifth Street
Reading PA 19601
IZZO, MD, Domenic C OPH
560 Van Reed Road
Wyomissing PA 19610
JACKSON, MD, T Scott OBG
R D 7
Reading PA 19606
JACOBSON, MD, Martin A IM
4201 Kutztown Road
Temple PA 19560
JAXHEIMER, MD, Eric C VS
1610 Lorraine Road
Reading PA 19604
JAY JR, MD, W Thomas IM
600 Museum Road
Reading PA 19611
JENCKES III, MD, George A IM
1325 Girard Avenue
Wyomissing PA 19610
JEWELL JR, MD, James H CDS
301 South Seventh Avenue
West Reading PA 19611
JIMERSON, MD, Cedric C GS
R D 5 Box 364
Sinking Spring PA 19608
JOHNSON, MD, Alfred T FP
2240 Penn Avenue
West Lawn PA 19609
JOHNSON, MD, Craig H NS
301 South Seventh Avenue
West Reading, PA 19611
JOHNSON, MD, Herbert C NS
601 Spruce Street
West Reading PA 19611
JOHNSON, MD, William T AN
170 Whitehall Road
Reinholds PA 17569

KAPLAN, MD, Lawrence M DR
Community General Hospital
Reading PA 19601
KAPLAN, MD, Robin L PUD
36 North 11th Street
Reading PA 19601
KARABELNIK, MD, Don GP
325 East Lancaster Avenue
Shillington PA 19607
KASE, MD, James J IM
112 North 11th Street
Reading PA 19601
KASTENBAUM, MD, Michael IM
101 West Lancaster Avenue
Shillington PA 19607
KEARNEY, MD, John M GS
120 Prospect Street
Reading PA 19606
KEFFER, MD, William H OS
1424 Monroe Avenue
Wyomissing PA 19610
KEISER, MD, E Lee GP
256 West Douglass Street
Reading PA 19601
KELLER, MD, John E OPH
1955 Lincoln Avenue
Wyomissing PA 19610
KELLER, MD, Linwood V GP
1334 Girard Avenue
Reading PA 19610
KERSHNER, MD, Marilyn S R
Reading Hospital & Med Center
Reading PA 19603
KILLIAN III, MD, Calab L FP
2508 Hampden Blvd
Reading PA 19604
KIM, MD, Chung S IM
140 West Windsor Street
Reading PA 19601
KIMMEL, MD, Craig A OTO
301 South Seventh Avenue
West Reading PA 19611
KING, MD, Weir L IM
P O Box 48
Limekiln PA 19535
KIRCHDOERFER, MD, Elaine J FP
22 Trebor Place
Reading PA 19610
KLEIN, MD, Raymond A OBG
3611 Perkiomen Avenue
Reading PA 19606
KLEIN JR, MD, William J NEP
301 South Seventh Avenue
West Reading PA 19611
KLEINER, MD, Anton J OBG
301 South Seventh Avenue
West Reading PA 19611
KLEPPINGER, MD, Richard K GYN
301 South Seventh Avenue
West Reading PA 19611
KLUFT, MD, Richard P P
301 South Seventh Avenue
West Reading PA 19611
KNAPPMAN, MD, John W FP
819 Elm Street
Riverview Park PA 19605
KNIAZER, MD, Barry OBG
613 Davis Road
Cheltenham PA 19012
KOCHU, MD, Steve END
Route 422 & Old Airport Road
Douglassville PA 19518
KOHL, MD, Stephen D OBG
601 Penn Street #1000
Reading PA 19601
KOLTON, MD, Vladimir J GP
1448 Spruce Street
Reading PA 19602
KOREY JR, MD, Joseph J OBG
250 North 12th Street
Reading PA 19604
KOVALSKY, MD, Kenneth FP
Nine Bristol Court
Wyomissing Hills PA 19610
KRALJEVIC, MD, Juan E IM
403 North 13th Street
Reading PA 19604
KRAMER, MD, Randall K FP
226 East Wyomissing Avenue
Mohnton PA 19540
KRAYNACK, MD, Barry J AN
29 Goldfinch Drive
Wyomissing PA 19610
KRIEBEL, MD, Dorothy E GP
Meadowland At Worcester
Lansdale PA 19446
KRING, MD, Carroll S GP
Seven Allison Road
Reading PA 19601
KROL, MD, Ronald C PUD
36 North 11th Street
Reading PA 19601
KUSSMAUL, MD, William G CD
200 North 13th Street
Reading PA 19604
KUTSCHER, MD, Harlan A U
200 North 13th Street
Reading PA 19604
LABOSH, MD, Timothy J FP
5E Saint Andrews Circle
Reading PA 19607

LAKSHMIN, MD, Murali AN
29 Pinehurst Court
Reading PA 19607
LAMANNA, MD, John V PS
301 South Seventh Avenue
West Reading PA 19611
LAMBERT, MD, Kenneth P GP
233 West Main Street
Kutztown PA 19530
LANE, MD, C Darrell PTH
Reading Hosp & Medical Ctr
Reading PA 19603
LATMAN, MD, Stephen F ORS
2130 Penn Avenue
West Lawn PA 19609
LATTIN, MD, Gary M CD
200 North 13th Street
Reading PA 19604
LAVANIER, MD, Gregory L DR
603F Lake Drive
Douglassville PA 19518
LEE, MD, Jung S FP
24 North 11th Street
Reading PA 19601
LEE, MD, Jung-Pil U
318 North Fifth Street
Reading PA 19601
LEISAWITZ, MD, Elliott G IM
101 West Lancaster Avenue
Shillington PA 19607
LEISAWITZ, MD, Paul A GP
1817 Linden Street
Reading PA 19604
LENGEL, MD, Gary P GS
120 Prospect Street
Reading PA 19606
LEONI, MD, Joseph U
931 Penn Avenue
Wyomissing PA 19610
LEVAN, MD, John B IM
1415 Old Wyomissing Road
Wyomissing PA 19610
LEVINE, MD, Alan P IM
1400 Ridge Avenue A-208
Reading PA 19607
LEVY, MD, Paul F IM
Eight North 11Th Street
Reading PA 19601
LIGNELLI, MD, Gregory J NS
Tri County Neurosurgery Assoc
Pottstown PA 19464
LLOYD, MD, Edgar C AN
Reading Hospital-Anes Dept
West Reading PA 19603
LODER, DO, Donald I FP
143 East Wall Street
Leesport PA 19533
LOEPER, MD, Donald J FP
Route 100
Bally PA 19503
LONGENECKER, MD, FP
Benjamin E
901 Elnore Avenue
Temple PA 19560
LONGENECKER, MD, Roger N FP
East Penn Medical Center
Blandon PA 19510
LORD, MD, William H FP
918 Elizabeth Avenue
Reading PA 19605
LOUGH, MD, Frederick C TS
1235 Pennsylvania Avenue
Wyomissing PA 19610
LOUGHEAD JR, MD, John R GYN
223 East Lancaster Avenue
Shillington PA 19607
LUSCH, MD, Charles J HEM
301 South Seventh Avenue
West Reading PA 19611
LYNCH, MD, James D CD
515 Weidman Avenue
Sinking Spring PA 19608
LYONS, MD, Clifford H FP
R D 4 Box 4221
Hamburg PA 19526
LYONS, MD, Daniel C FP
P O Box 488 260 State Street
Hamburg PA 19526
MAGGIONCALDA, MD, AN
Joseph A
1423 Old Wyomissing Road
Wyomissing PA 19610
MAHMOOD, MD, Edna Z OPH
206 South Sixth Avenue
West Reading PA 19611
MAIORANA, MD, S Leroy OBG
1153 Penn Avenue
Wyomissing PA 19610
MALICK, MD, Gerald P OBG
301 South Seventh Avenue
West Reading PA 19611
MANUBAY, MD, Marcelo A EM
1510 Eckert Avenue
Reading PA 19602
MARCUS, MD, Jerome I CLP
Omega Health Care
Wyomissing PA 19610
MARIGLIO JR, MD, Joseph A IM
36 North 11th Street
Reading PA 19601
MARSHALL, MD, John E GP
R D 1 Box 70
Richland PA 17087
MARTINEZ, MD, Zeferino ORS
640 Walnut Street
Reading PA 19601
MARYNIAK, MD, Girard M OBG
Nine Bristol Court
Wyomissing PA 19610
MASSENGALE, MD, OBG
Alexander T
301 South Seventh Avenue
West Reading PA 19611
MATTHEWS, MD, George R R
1310 Museum Road
Reading PA 19611
MAZUZ, MD, Meir CD
R D 4 Box 110d
Reading PA 19606
MAZZA JR, MD, Patrick A FP
533 North Tenth Street
Reading PA 19604
MCCRAE, MD, Charles R ORS
1235 Penn Avenue
Wyomissing PA 19610
MCCRAE, MD, Marcia G PD
1235 Penn Avenue
Wyomissing PA 19610
MCLEAN, MD, James J IM
Saint Joseph Hospital
Reading PA 19603
MCTAMMANY, MD, J Robert OBG
102 Tasker Avenue
Shillington PA 19607
MEHARG JR, MD, John G IM
39 East Lancaster Avenue
Shillington PA 19607
MELLON, MD, Robert CHP
701 East Neversink Road
Reading PA 19606
MENDELSOHN, MD, Eugene OBG
911 North 26th Street
Reading PA 19606
MENGEL, MD, Roger G PUD
301 South Seventh Avenue
West Reading PA 19611
MENGES JR, MD, Job F ORS
1424 Penn Avenue
Reading PA 19610
MENICHINO, MD, Anthony J GS
234 North Fifth Street
Reading PA 19601
MERCURIO, MD, Teresa ON
301 South Seventh Avenue
West Reading PA 19611
MEYERS, MD, John L EM
320 East Fourth Street
Shillington PA 19607
MICHAEL, MD, Nicole V PD
R D 3 Box 3070
Mohnton PA 19540
MILES, MD, Michael A EM
R D 1 Box 154
Birdsboro PA 19508
MILLER, MD, Jay B U
301 South Seventh Avenue
West Reading PA 19611
MINEHART, MD, Charles R CD
200 North 13th Street
Reading PA 19604
MINTZ, MD, Paul S AN
Reading Hosp & Medical Center
Reading PA 19603
MITNICK, MD, Paul D NEP
301 South Seventh Avenue
West Reading PA 19611
MOFFITT, MD, Vincent J PD
1258 Penn Avenue
Wyomissing PA 19610
MOLL, MD, Thomas B OPH
Van Reed Professional Bldg
Wyomissing PA 19610
MONDALA-OCBO, MD, Elisa V AN
Two Chip Lane
Shillington PA 19607
MORRIS, MD, Vernon R ORS
210 North Sixth Street
Reading PA 19601
MORRISSEY JR, MD, E James ORS
1121 Penn Avenue
Wyomissing PA 19610
MORROW, MD, Bert A GS
301 South Seventh Avenue
West Reading PA 19611
MOSER, MD, John C FP
Tvmc Box 529
Morgantown PA 19543
MOSER, MD, Manny H PS
301 South Seventh Avenue
West Reading PA 19611
MUALLEM, MD, Nabil S OBG
2303 Wassner Drive Whitefield
Reading PA 19609
MUHLENBERG, MD, John P PD
1981 Bern Road
Wyomissing PA 19610
MULLIGAN, MD, Robert L NM
600 Brobst Street
Shillington PA 19607
MURPHY, DO, Pamela D FP
623 North Fifth Street
Reading PA 19601
MUVDI, MD, B Charles IM
120 Prospect Street
Reading PA 19606
NAGLE, MD, Arlington A GP
Route One
Womelsdorf PA 19567
NAGY, MD, Robert D
150 North 11th Street
Reading PA 19601
NASE, MD, P Kenneth OPH
206 South Sixth Avenue
West Reading PA 19611
NICHOLAS JR, MD, Peter D IM
Medical Office Building
Pottsville PA 17901
NIEBAUM, MD, Albert H GP
R D 1 Box 363
Cresco PA 18326
NIEHLS, MD, Beverly J FP
549 Linden Street
Reading PA 19604
ODONNELL, MD, Peter B FP
13Th And Walnut Streets
Reading PA 19606
OPLINGER, MD, Arthur F FP
2509 Perkiomen Avenue
Reading PA 19606
OROURKE, MD, David B FP
560 Van Reed Road
Wyomissing PA 19610
ORQUIZA, MD, Clodualdo S U
931 Penn Avenue
Wyomissing PA 19610
PACIULLI, MD, Raffaele ORS
200 North 13th Street
Reading PA 19604
PADIYAR, MD, Ramdas B AN
14 Thornbury Road
Reading PA 19606
PAN, MD, Edward L ORS
200 North 13th Street
Reading PA 19604
PAOLINI, MD, Mauro J PD
1981 Bern Road
Wyomissing PA 19610
PARCELLA, MD, Phyllis A AN
Reading Hospital
Reading PA 19611
PARIKH, MD, Shirish N IM
73 South Hampton Drive
Wyomissing Hills PA 19610
PARKER JR, MD, James H OPH
41 Cardinal Road
Wyomissing PA 19610
PATADIA, MD, Chandrakant IM
2309 Alsace Road
Reading PA 19604
PEARAH, MD, J David OPH
455 Penn Avenue
Sinking Spring PA 19608
PEARSON, MD, Harold W ORS
640 Walnut Street
Reading PA 19601
PELLEGRINI, MD, Vincent A OBG
119 Gail Circle
Wyomissing PA 19610
PENTA, MD, John M OTO
200 North 13th Street
Reading PA 19604
PERILSTEIN, MD, Michael D RHU
200 North 13th Street
Reading PA 19604
PERLMUTTER, MD, Gordon S R
301 South Seventh Avenue
West Reading PA 19611
PEW, MD, Joseph N IM
75 Park Road
West Lawn PA 19609
PIEGARI, MD, Guy N CD
110 Deborah Drive
Wyomissing Hills PA 19610
PIFER, DO, John F FP
63 North Fourth Street
Hamburg PA 19526
PIXLER, MD, Mary G IM
Boxwood Paths
Fleetwood PA 19522
PLYMYER, MD, Ray E IM
600 Museum Road
Reading PA 19611
POLITZER, MD, Frank E CD
16 Magaw Place #31c
New York NY 10033
POMERANTZ, MD, Philip A NEP
403 North 13th Street
Reading PA 19604
POTKONSKI, MD, Leopold A P
245 Rosedale Drive
Pottstown PA 19464
PROBST, MD, Susan J OBG
740 Penn Avenue
West Reading PA 19611
PROSERPI, MD, Sergio V PS
301 South Seventh Avenue
West Reading PA 19611
PUJARA, MD, Devi M AN
145 North Sixth Street
Reading PA 19601
QUEREAU, MD, J Van Dyke OPH
1113 Reading Blvd
Reading PA 19610
RAMSEY JR, MD, Harry E HEM
301 South Seventh Avenue
West Reading 19611
REBER, MD, Howard F U
1310 East Wyomissing Blvd
Reading PA 19611
REED, MD, Clifford A N
301 South Seventh Avenue
West Reading PA 19611
REED, MD, Mark S CLP
333 Wheatland Avenue
Shillington PA 19607
REES, MD, David B ORS
401 Buttonwood Street
West Reading PA 19611
REICHARD, MD, Richard C GP
112 South Home Avenue
Topton PA 19562
REIDENBERG, MD, Leon US
C-01 1801 Cambridge Avenue
Wyomissing PA 19610
REIFSNYDER, MD, William H IM
560 Van Reed Road
Wyomissing PA 19610
REIGH, MD, Ernest E NS
601 Spruce Street
West Reading PA 19611
REINSEL, MD, Richard C GS
1314 Monroe Avenue
Wyomissng PA 19610
RENKERT, MD, Elizabeth E FP
P O Box 218
Eiverson PA 19520
RESTREPO, MD, James P OTO
13Th And Walnut Streets
Reading PA 19604
REUBEN, MD, Mark S PD
State Hl Rd & Wellington Blvd
Wyomissing PA 19610
RIGHTMYER, MD, John N GP
122 North Fourth Street
Hamburg PA 19526
RIGHTS, MD, Theodore H GP
1164 North 13th Street
Reading PA 19604
ROBERTSON, MD, John J GP
30 East Main Street
Kutztown PA 19530
ROBINSON, MD, Gary FP
Saint Joseph Hospital
Reading PA 19603
ROBINSON, MD, Michael L DR
60 Downing Drive
Wyomissing PA 19610
RODRIGUEZ, MD, Adolfo E GS
301 South Seventh Avenue
West Reading PA 19611
ROKE, MD, Albert D FP
2304 Bell Drive
Reading PA 19609
ROMIG, MD, Ronald S CRS
301 South Seventh Avenue
West Reading PA 19611
ROSENZWEIG, MD, Seth E GE
301 South Seventh Avenue
West Reading PA 19611
ROTENBERG, MD, Larry A P
560 Van Reed Road
Wyomissing PA 19610
ROWAN, MD, Noel M IM
1661 Garfield Avenue
Wyomissing PA 19610
ROWAN, MD, Sandra K PD
310 North 11th Street
Reading PA 19604
ROZANSKI, MD, Stanley J OM
941 Franklin Street
Reading PA 19602
RUBRIGHT, MD, George L GP
R D 2 Box 2069
Wernersville PA 19565
RUDOLPH, MD, Robert I D
1134 Penn Avenue
Wyomissing PA 19610
RUNYEON, MD, William K GS
301 South Seventh Avenue
West Reading PA 19611
SACKS, MD, David R
Reading Hospital
Reading PA 19603
SAHOO, MD, Kashinath TR
St Josephs Hospital
Reading PA 19603
SANTORO, MD, William FP
1416 Rose Virginia Road
Reading PA 19611
SARKER, MD, Muhammad A R FP
728 S Hyannis Drive
Richmond VA 23236
SCHAEBLER, MD, M Lee FP
701 Jefferson Blvd
Reading PA 19609
SCHARTEL, DO, Albert P GP
451 Douglass Street
Reading PA 19601
SCHWARTZ, MD, Peter A OBG
The Reading Hospital
Reading PA 19603
SCHWEIZER, MD, Robert R FP
137 East Penn Avenue
Robesonia PA 19551
SCORNAVACCHI, MD, Joseph M U
R D 2 Box 112
Bernville PA 19506
SCORNAVACCHI JR, MD, ORS
Joseph M
401 Buttonwood Street
West Reading PA 19611
SCULLY, MD, John P D
Box 422 R D 2
Douglassville PA 19518
SEDA, MD, Hector J OTO
301 South Seventh Avenue
West Reading PA 19611
SEIDEL, MD, Eric C FP
155 East Lincoln Street
Robesonia PA 19551
SELLERS, MD, Robert W GP
805 North Richmond Street
Fleetwood PA 19522
SEO, MD, Jin S AN
Berks Anesthesia Assoc Inc
Reading PA 19604
SEXTON JR, MD, George L OBG
301 South Seventh Avenue
West Reading PA 19611
SHAFFER, MD, Eugene M GS
301 South Seventh Avenue
West Reading PA 19611
SHAFFER, MD, Irvin G AN
2200 Lorraine Road
Reading PA 19604
SHAH, MD, Harnish V PD
501 Warwick Drive
Reading PA 19610
SHAPIRO, MD, John A PUD
301 South Seventh Avenue
West Reading PA 19611
SHEARS, MD, Mark C DR
R D 8 Box 170
Reading PA 19608
SHEFFER, MD, M Leonard GP
R D 3 Box 3616
Reading PA 19606
SHELBY, MD, John H OTO
200 North 13th Street
Reading PA 19604
SHEMANSKI, MD, Clem J GER
32 Fairway Road
Reading PA 19607
SHIPPEN, MD, Eugene R FP
Seven East Lancaster Avenue
Shillington PA 19607
SHUGAR, MD, Gary L PTH
Mds Laboratories
Reading PA 19605
SHULTZ, MD, Barry S U
Box 8207-A
West Reading PA 19611
SHUMAN, MD, John F PUD
301 South Seventh Avenue
West Reading PA 19611
SHUMAN, MD, Nancy A IM
301 South Seventh Avenue
West Reading PA 19611
SIDHWA, MD, Dinshaw B FP
536 Franklin Street
Reading PA 19602
SILVERBERG, MD, Robert L FP
1706 Reading Blvd
Wyomissing PA 19610
SILVERMAN, MD, Edward J IM
301 South Seventh Avenue
West Reading PA 19611
SMITH, MD, Barton L GE
301 South Seventh Avenue
West Reading PA 19611
SMITH, MD, Hobert L FP
Medical Office Center Ste 100
Reading PA 19603
SMITH, MD, Raymond L PS
926 Penn Avenue
Wyomissing PA 19610
SMITH, MD, Ronald E AN
960 Wayne Avenue
Wyomissing PA 19610
SOTOMAYOR, MD, Antonio E N
1569 Medical Drive
Pottstown PA 19464
SOTOMAYOR, MD, Matilde R FP
523 Carsonia Ave
Reading PA 19606
SOUDERS, MD, Thomas B OPH
Van Reed Professional Bldg
Wyomissing PA 19610
SOUTHWORTH, MD, Patricia A IM
2005 Cypress Lane
Wyomissing PA 19610
SPANGLER, DO, Martin L GP
Community General Hospital
Reading PA 19601
SPANNUTH, MD, John R IM
500 Sycamore Road
West Reading PA 19611
STAEBLER, MD, Robin J FP
200 North 13th Street
Reading PA 19603
STAVISH, MD, Philip C FP
R D 4 Box 112a
Reading PA 19606
STEINER, MD, Victoria E FP
200 North 13th Street
Reading PA 19604

STELLA, MD, Victoria G FP
200 North 13th Street
Reading PA 19604
STELMACH, MD, Peter IM
1500 Oak Lane
Reading PA 19604
STELMACH, MD, W Peter FP
1500 Oak Lane
Reading PA 19604
STEWART, MD, Thomas A FP
R D 2 Box 105
Bernville PA 19506
STOLZ, MD, John C R
R D 3 Box 365
Fleetwood PA 19522
STOLZ, MD, Jonathan L R
145 North Sixth Street
Reading PA 19601
STOUDT, MD, Donald E N
301 South Seventh Avenue
West Reading PA 19611
STOUDT, DO, Kathy J FP
711 North Fifth Street
Reading PA 19601
STRANGARITY, MD, Joseph W FP
R D 1
Denver PA 17517
STRAUSE JR, MD, Harold L OPH
530 Centre Avenue
Reading PA 19601
STROBEL JR, MD, George E AN
R D 1 Box 61
Wernersville PA 19565
STUARD, MD, I Donald PTH
Reading Hospital & Med Center
Reading PA 19603
SUMMONS, MD, Howard J U
R D 8 Box 203
Sinking Spring PA 19608
SUWAN, MD, Manee PM
Reading Rehab Hospital
Reading PA 19607
SWEET, MD, William A GS
301 South Seventh Avenue
West Reading PA 19611
SZARKO, MD, Carol J AN
R D 1
Oley PA 19547
SZARKO, MD, Frank J TR
Reading Hosp & Medical Center
Reading PA 19603
TALLMAN, MD, Edwin H GP
R D 3 Box 126
Oley PA 19547
TASE, MD, Douglas S ORS
200 North 13th Street
Reading PA 19604
TIETBOHL JR, MD, Ralph H FP
25 Stevens Avenue
West Lawn PA 19609
TOME, MD, Robert E FP
750 Summit Chase Dr
Reading PA 19611
TOSO, MD, Gianfranco F OTO
301 South Seventh Avenue
West Reading PA 19611
TRACHTE, MD, Thomas P FP
Denver Reamstown Road
Denver PA 17517
TREXLER, MD, Ethan L FP
15 South Franklin Street
Fleetwood PA 19522
TUCKMAN, MD, Glenn A R
2337 Spring Street
West Lawn PA 19609
TUKE, MD, Gregory C FP
Berks Family Medical Center
Leesport PA 19533
VALENCIA, MD, Celedonio C EM
357 Pennsylvania Avenue
Shillington PA 19607
VANDENBOSCH, MD, John T IM
301 South Seventh Avenue
West Reading PA 19611
VENIER, MD, Leon H PM
200 North 13th Street
Readiing PA 19604
WADEMAN, MD, Ross L GS
301 South Seventh Avenue
West Reading PA 19611
WAGNER, MD, John B FP
Family Health Care Ctr #320
West Reading PA 19611
WAGNER, DO, Mark E FP
623 North Fifth Street
Reading PA 19601
WANCZYK, MD, Casimir J OBG
R D 3 Box 455-A
Reading PA 19606
WEAVER, MD, Kent E FP
2509 Perkiomen Avenue
Reading PA 19606
WEAVER, MD, Mary F GP
Community Health Center
Reading PA 19604
WEIDMAN EXEC DIR, BRUCE R
429 Walnut Street
Reading PA 19601
WEIDMAN EXEC DIR, BRUCE R
429 Walnut Street
Reading PA 19601
WEISBERG, MD, Jerome S RHU
401 Buttonwood Street
West Reading PA 19611
WELSH, MD, James F PTH
Community General Hospital
Reading PA 19601
WESTCOTT, MD, Richard J GS
640 Walnut Street
Reading PA 19601
WIENER, MD, Stephen G D
1212 Liggett Avenue
Reading PA 19611
WIEST, MD, Philip R OPH
1146 Garfield Avenue
Wyomissing PA 19610
WILLIAMS, MD, Herman J GP
1801 Cambridge Avenue
Wyomissing PA 19610
WILLIAMS, MD, John J GP
1907 Meadow Lane
Reading PA 19610
WILLWERTH, MD, James W R
Ephrata Community Hospital
Ephrata PA 17522
WINANS, MD, Lewis E IM
560 Van Reed Road
Wyomissing PA 19610
WINN, MD, Randall S DR
63 Downing Drive
Wyomissing PA 19610
WINSTON, MD, Joseph M R
12Th And Walnut Streets
Reading PA 19603
WINSTON, MD, Norman J R
323 North Fifth Street
Reading PA 19601
WIRTH, MD, Timothy M IM
120 Kent Way
West Reading PA 19611
WITTELS, MD, Emanuel FP
409 Oley Street
Reading PA 19601
WOLF, MD, Franklin M GS
200 North 13th Street
Reading PA 19604
WONG, MD, James IM
403 North 13th Street
Reading PA 19604
WOODRING, MD, Leonard R GP
1155 Penn Avenue
Wyomissing PA 19610
WORNAS, MD, Christian G IM
227 North Sixth Street
Reading PA 19601
WOTRING, MD, John M OPH
632 Waverly Street
Shillington PA 19607
WOYNAROWSKI, MD, John A FP
826 North Fifth Street
Reading PA 19601
WUMMER, MD, Brian A FP
R D 1 Route 422
Womelsdorf PA 19567
YEAGLEY, MD, Heber E DR
301 South Seventh Avenue
West Reading PA 19611
YOH, MD, Harold N GP
32 Larchwood Road
Wyomissing PA 19610
YOUNDT, MD, Luke B R
112 North Poplar Street
Adamstown PA 19501
YOUNG EXEC DIR, SHERWOOD C
347 West Walnut Street
Shillington PA 19607
YOUNGBERG, MD, Russell E PM
Route 1 Box 54 Z
Mohrsville PA 19541
ZAPATA, MD, William A IM
2020 Gring Drive
Wyomissing PA 19610
ZELNICK, MD, Eric B GE
301 South Seventh Avenue
West Reading PA 19611
ZENEL JR, MD, Joseph A PD
1258 Penn Avenue
Wyomissing PA 19610
ZERBY, MD, Jeffrey C OBG
601 Penn Street
Reading PA 19601
ZIENTEK, MD, Leon T GP
120 Prospect Street
Reading PA 19606
ZISCHKAU, MD, Douglas D FP
1001 South Fourth Street
Hamburg PA 19526
ZOBIAN, MD, Edward J OPH
206 South Sixth Avenue
West Reading PA 19611
ZOLGHADRI, MD, Siavash IM
606 Court Street
Reading PA 19601

BLAIR

AGARWAL, MD, Ramesh K OTO
716 24Th Street
Altoona PA 16602
AIGNER, MD, William J GP
2301 Broad Avenue
Altoona PA 16601
AMBROSE, MD, David N FP
501 Howard Avenue
Altoona PA 16601
ANTHONY, MD, Andrew M FP
501 Howard Avenue
Altoona PA 16602
ARANEDA, MD, Luis O AN
100 Aggie Street
Hollidaysburg PA 16648
AYERS, MD, Lloyd R IM
509 Allegheny Street
Hollidaysburg PA 16648
AYRES, MD, John A GP
1659 Madison Avenue
Tyrone PA 16686
BASILE, MD, Joseph ORS
1710 Sixth Avenue
Altoona PA 16602
BECKER, MD, Stephen E FP
311 Union Street
Hollidaysburg PA 16648
BEERS, MD, Kenneth L GP
501 Howard Avenue
Altoona PA 16601
BEGLEY, MD, Christopher J PUD
R D 2 Box 32a
Hollidaysburg PA 16648
BELIS, MD, Theodore E U
501 Howard Avenue
Altoona PA 16601
BENITEZ, MD, Francisco W EM
P O Box 528
Altoona PA 16603
BETTON, MD, Gregory W FP
501 Howard Avenue
Altoona PA 16601
BIESINGER, MD, George J OBG
501 Howard Avenue
Altoona PA 16601
BISACCO, MD, Stephen J OBG
P O Box 912
Altoona PA 16603
BISHOP, MD, David W OM
R D 4 Box 165-A
Altoona PA 16601
BOWERS, MD, Leroy W FP
P O Box 203
Tyrone PA 16686
BOWMAN, MD, David H OPH
14 Wicklow Court
Hollidaysburg PA 16648
BRADLEY, MD, Vernon F OBG
1212 13Th Avenue
Altoona PA 16601
BRIDENBAUGH, MD, Robert P IM
Cove Medical Center
Roaring Spring PA 16673
BULGER, MD, Donald W FP
R D 1 Box 579
Claysburg PA 16625
BULGER, MD, Richard H GP
New Enterprise PA 16664
BURKET, MD, Louis C PD
322 Fifth Avenue
Altoona PA 16602
BURKET, MD, Ramon C FP
Cove Medical Center
Roaring Spring PA 16673
BYRNES, MD, Paul M OBG
Clay Avenue Extended
Tyrone PA 16686
CASSIDY, MD, Joseph A GP
309 Powell Avenue
Cresson PA 16630
CATTON, MD, Domenic J AN
P O Box 275
Martinsburg PA 16662
CHEUNG, MD, Hoo J GP
1113 Penn Street
Hollidaysburg PA 16648
CHO, MD, Doo W P
615 Howard Avenue
Altoona PA 16601
CHOPRA, MD, Ramesh K PD
1224 Seventh Avenue
Altoona PA 16602
CONNOLE, MD, John F OPH
141 Larch Street
Hollidaysburg PA 16648
COTTLE, MD, Betty L AN
25 Sylvan Drive
Hollidaysburg PA 16648
COTTLE, MD, Harold R PTH
25 Sylvan Drive
Hollidaysburg PA 16648
CRAWFORD JR, MD, Ralph W GYN
3505 Baker Boulevard
Altoona PA 16602
CRIDER, MD, Donald B P
501 Howard Avenue
Altoona PA 16601
DCRUZ, MD, Joseph F PD
615 Sixth Avenue
Altoona PA 16601
DEFRANCISCO, MD, Lance C GE
Executive 1-Annex
Altoona PA 16601
DEKONING, MD, Johannes L FP
5144 West Chestnut Avenue
Altoona PA 16601
DELERME, MD, Augusto N HNS
600 Chestnut Avenue
Altoona PA 16601
DELERME-MORILLO, MD, OS
Jacquelyn W
50 Sylvan Heights Drive
Holidaysburg PA 16648
DIBERT, MD, Lawrence W OM
306 Plum Street
Williamsburg PA 16693
DIETRICK, MD, Ronald A OBG
615 Howard Avenue
Altoona PA 16601
DIPPERY, MD, Lee M FP
1212 Logan Avenue
Tyrone PA 16686
DLUZANSKY, MD, James J U
7617 East Minnezona
Scottsdale AZ 85251
DOWLUT, MD, Mohammad N IM
1400 Logan Boulevard
Altoona PA 16602
ENGLAND, MD, Kenneth B GP
501 Church Street
Roaring Spring PA 16673
ENGLISH, MD, James B CD
1106 13Th Avenue
Altoona PA 16601
ERVIN, MD, Lawrence M GP
931 Main Street
Coalport PA 16627
FABINYI, MD, Geza T OPH
1331 12Th Avenue
Altoona PA 16603
FALL, MD, Michael H U
1209 14Th Avenue
Altoona PA 16601
FEES JR, MD, Arch W GP
501 Howard Avenue
Altoona PA 16601
FERNANDO, MD, Michael F PM
1109 Robin Lane
Duncansville PA 16635
FLYNN, MD, J Dennis R
Nason Hospital
Roaring Spring PA 16673
FOCHLER, MD, Francis J GS
501 Howard Avenue
Altoona PA 16601
FORSE JR, MD, David P GS
321 Barnwell Road North
Fernandina Bc FL 32034
FRIDAY, MD, Daniel M OBG
Clay Avenue Ext
Tyrone PA 16686
FULCHIERO, MD, Gregory J ORS
2727 Beale Avenue
Altoona PA 16601
GATTUSO JR, MD, Joseph W IM
2613 Eithth Avenue
Altoona PA 16602
GEITGEY, MD, William I IM
1310 Seventh Avenue
Duncansville PA 16635
GIBBONS, MD, William P PS
1211 14Th Avenue
Altoona PA 16601
GOSHORN, MD, Roy W P
521 Bellview Avenue
Bellwood PA 16617
GRAB, MD, Edmundo M OBG
501 Howard Avenue Bldg E
Altoona PA 16601
GURMAN, MD, Andrew W ORS
515 26Th Street
Altoona PA 16603
GWIRTZ, MD, Kenneth H AN
705 Hillsdale Drive
Duncansville PA 16635
HAAS, MD, Charles M PTH
Mercy Hospital
Altoona PA 16603
HADLOCK, MD, Daniel C ON
1915 Valley View Boulevard
Altoona PA 16602
HADUCK, MD, Leonard A FP
1414 Eighth Avenue
Altoona PA 16602
HAGGE, MD, Maryhelen AN
1251 Lincoln Avenue
Tyrone PA 16686
HARKER EXEC SEC, MRS
MARJORIE E
503 East Plank Road
Altoona PA 16602
HASABNIS, MD, Suhas P OBG
501 Howard Avenue
Altoona PA 16601
HASSEN, MD, Irfan W FP
2500 Fifth Street
Altoona PA 16601
HEATON, MD, Vincent W GP
912 Franklin Street
Roaring Spring PA 16673
HEIMBACH, MD, James A IM
607 Seventh Street
Altoona PA 16601
HELFFRICH, MD, Richard S FP
Executive House Ii
Altoona PA 16601
HIGGINS, MD, David E OTO
1010 East Atlantic Avenue
Altoona PA 16601
HILL, MD, Robert J ORS
501 Howard Avenue
Altoona PA 16601
HILLEMEIR, MD, Herbert EM
1909 Norwood Lane
State College PA 16801
HIMES JR, MD, Ralph F OPH
Gables Office Building
Altoona PA 16601
HOFFMAN, MD, Salee L ON
219 Logan Boulevard
Altoona PA 16602
HOOVLER, MD, Philip W FP
1414 Eighth Avenue
Altoona PA 16602
HURST, MD, John W R
1215 23Rd Avenue
Altoona PA 16601
JACOBUS, MD, Judith L FP
124 Mountain Avenue
Hollidaysburg PA 16648
JANAKIRAMAN, MD, Vijyayara G IM
501 Howard Avenue
Altoona PA 16602
JENKINS, MD, Benjamin C FP
809 Second Street
Altoona PA 16601
JONES, MD, Larry W OPH
99 Nason Drive
Roaring Spring PA 16673
JOSEPH, DO, Mitchell W FP
R D 5 Box 1011
Altoona PA 16601
JOURDAIN, MD, Luis M PTH
Altoona Hospital
Altoona PA 16603
KACZOR, MD, Stanley F GP
2608 Broad Avenue
Altoona PA 16601
KANSAL, MD, Kusum R OBG
714 Sixth Avenue
Altoona PA 16601
KANSAL, MD, Raj G U
714 Sixth Avenue
Altoona PA 16601
KAPLAN, MD, Stephen M GE
615 Howard Ave Exec House #1
Altoona PA 16601
KARUNARATNE, MD, Esiri R DR
Altoona Hospital
Altoona PA 16603
KEAGY, MD, R Marvel PD
3510 Baker Blvd
Altoona PA 16602
KIHM, MD, Ronald H R
Howard Avenue And Seventh St
Altoona PA 16603
KING, MD, S Victor ORS
R D 5 Box 287a
Tyrone PA 16686
KIRSCH, MD, William J PTH
Mercy Hospital Dept Of Path
Altoona PA 16603
KIVITZ, MD, Alan J RHU
711 Logan Blvd
Altoona PA 16602
KURIAN, MD, Santhamma PTH
14 Hickory Hill
Hollidaysburg PA 16648
KWON, MD, Jong D R
Howard Avenue And Seventh St
Altoona PA 16601
LEWIS, MD, Kathryn A PD
Tyrone O P Clinic
Tyrone PA 16686
LIEBERMAN, MD, Lance A GS
2613 Eighth Avenue
Altoona PA 16602
LOVELL, MD, Donald R GP
401 Main Street
Bellwood PA 16617
LOYCHIK, MD, Sandra G N
2700 Eighth Avenue
Altoona PA 16602
LUGO, MD, Steven J FP
801 Appledale Lane
Duncansville PA 16635
LYNCH, MD, David A PDR
Mercy Hospital
Altoona PA 16603
MACEK, MD, Ralph C FP
116 Union Avenue
Altoona PA 16602
MAGEE, MD, Richard S GS
501 Howard Avenue
Altoona PA 16601
MANIGLIA, MD, Angelo J CD
702 18Th Street
Altoona PA 16602
MANIGLIA, MD, Anthony J IM
702 18Th Street
Altoona PA 16602
MASCETTA, DO, Peter J R
Howard Avenue & Seventh St
Altoona PA 16603
MATTAS, MD, Oliver E U
1213 14Th Avenue
Altoona PA 16601

MCCLAIN, DO, James B FP
R D 1 Box 561
Duncansville PA 16635
MCKINNEY, MD, Henry D D
501 Howard Avenue
Altoona PA 16601
MELOY, MD, John H ON
R D 2 Box 246
Hollidaysburg PA 16648
MONCMAN, DO, Michael-Gerard NS
501 Howard Avenue
Altoona PA 16601
MOUSSA, MD, Mohamad PD
615 Sixth Avenue
Altoona PA 16601
MUHLFELDER, MD, Warren J P
1003 East Walton Avenue
Altoona PA 16602
OPIDA, MD, Ciceron L N
1915 Valley View Boulevard
Altoona PA 16602
OPIDA, MD, Marina OBG
P O Box 912
Altoona PA 16603
OPILA, MD, Loretta A IM
201 Park Lane
Edensburg PA 15931
OSGOOD, MD, Carroll P NS
501 Howard Avenue
Altoona PA 16601
PARENTE, MD, Romulo Q EM
104 Linwood Drive
Altoona PA 16602
PERSING JR, MD, Harry M OPH
2508 Broad Avenue
Altoona PA 16601
POLLACK, MD, David S GS
909 East Main Street
Roaring Spring PA 16673
POLLOCK, MD, Arthur E GP
1217 14Th Avenue
Altoona PA 16601
PONTZER, MD, Peter F FP
1414 Eighth Avenue
Altoona PA 16602
PROSSER, MD, John O GP
224 Allegheny Street
Hollidaysburg PA 16648
RAINEY, MD, Edward C OBG
1414 Third Avenue
Duncansville PA 16635
RAJU, MD, Rudraraju P TR
501 Howard Avenue
Altoona PA 16601
RICE, MD, Donald H DR
P O Box 34
Bakers Summit PA 16614
ROBINSON, MD, Jay A FP
R D 4 Box 806
Altoona PA 16601
RODRIGUEZ, MD, Julio A ORS
805 Chestnut Avenue
Altoona PA 16601
ROSCH, MD, Julius C IM
2300 Broad Avenue
Altoona PA 16601
SALTZBURG, DO, Michael C ORS
501 Howard Avenue
Altoona PA 16601
SANKARAN, MD, Manickam EM
1625 E Pleasant Valley Blvd
Altoona PA 16602
SANTILLAN, MD, Victor H GS
71 Clover Drive
Hollidaysburg PA 16648
SARP, MD, Edward J GER
122 Clover Drive
Hollidaysburg PA 16648
SCHATANOFF, MD, David TR
990 Newry Lane
Duncansville PA 16635
SCHMIDT, MD, Stephen L GS
909 E Main Street
Roaring Spring PA 16673
SCHOCKER, MD, Jack D TR
2500 Seventh Avenue
Altoona PA 16603
SCHULTZ, MD, Edward D GP
Claysburg PA 16625
SCHULTZ, MD, Edward J GP
Claysburg PA 16625
SHAHEEN, MD, Robert G IM
2633 Broad Avenue
Altoona PA 16601
SHAUB JR, MD, Howard G CLP
817 Penn Street
Hollidaysburg PA 16648
SHINDEL, MD, James H R
R D 3 Box 212
Altoona PA 16602
SILVERMAN, MD, Joseph S P
4304 Lynndale Road
Altoona PA 16602
SKRENTNY, MD, Thomas T OS
1214 13Th Avenue Rear
Altoona PA 16601
SMITH, MD, Victoria T PM
516 Allegheny Street
Hollidaysburg PA 16648
SNEFF, MD, Eugene M CLP
Altoona Hospital
Altoona PA 16603
SOMMER, MD, Vicki M PD
18 Woodlawn Terrace
Hollidaysburg PA 16648
STEM, MD, Lawrence R FP
Two Gallitzin Road
Cresson PA 16630
STOKER, MD, John W GYN
615 Howard Avenue
Altoona PA 16601
STOWELL, MD, Joseph M GS
501 Howard Avenue
Altoona PA 16601
SULLIVAN, MD, Robert D IM
2300 Broad Avenue
Altoona PA 16601
SUTTON, MD, Charles A R
903 Lawrence Drive
Duncansville PA 16635
SWAIN, MD, Asha L FP
R D 2 Box 61-A
Hollidaysburg PA 16648
SWAIN, MD, Pradip K EM
R D 2 Box 61-A
Hollidaysburg PA 16648
SWAMI, MD, S Chandra US
1110 Clay Avenue
Tyrone PA 16686
SYMONS, MD, John T FP
501 Howard Avenue
Altoona PA 16601
TOLIS, MD, Basile D GS
112 Union Avenue
Altoona PA 16602
TSAI, MD, Ming C IM
P O Box 67 R D 2
Hollidaysburg PA 16648
TUSHIM, MD, Joseph N GP
R D 4 Box 210 Juniata Gap
Altoona PA 16601
ULUS, MD, Fuat P
24 Locust Court
Hollidaysburg PA 16648
URBANSKI, DO, Leonard F IM
P O Box 401
Coalport PA 16627
WAIBEL, MD, John T OBG
501 Howard Avenue Bldg E
Altoona PA 16601
WALDMAN, MD, Clifford R FP
Allegheny Family Physicians
Altoona PA 16601
WALKER, MD, Leon R GP
5767 Tornwood Court
Jupiter FL 33458
WEAVER, MD, Lunda E FP
P O Box 247
Martinsburg PA 16662
WERTZ, MD, Robert E GS
501 Howard Ave
Altoona PA 16601
WETZEL, MD, Marie A OBG
1191 Forrest Street
Coalport PA 16627
WILEY, MD, Bert C PM
R D 4 Box 215
Bedford PA 15522
WINGERT JR, MD, J Paul IM
1414 Eighth Avenue
Altoona PA 16602
WINIARSKI, MD, Janusz AN
2500 Seventh Avenue
Altoona PA 16603
WUSTROW, MD, H Juergen PD
4329 Sixth Avenue
Altoona PA 16602
YOUSHAW, MD, Dennis G GS
501 Howard Avenue
Altoona PA 16601
ZAVAHIR, MD, M Feizal PD
Two North Juniata Street
Hollidaysburg PA 16648
ZIMMERMAN, MD, A Leonard OTO
501 Howard Avenue
Altoona PA 16601

BRADFORD

ABRAHAM, MD, George P EM
125 Center Street
Troy PA 16947
ALLEN, MD, Robert L ORS
Guthrie Clinic Ltd
Sayre PA 18840
ANNEST, MD, Stephen J CDS
Guthrie Clinic
Sayre PA 18840
ANTOS, MD, John M DR
11 Lancaster Drive
Endicott NY 13760
ARONSTAM, MD, Robert H OPH
Guthrie Clinic Ltd
Sayre PA 18840
BECK, MD, Jan GS
Guthrie Clinic Ltd
Sayre PA 18840
BECK, MD, William C GS
Guthrie Clinic Ltd
Sayre PA 18840
BEDNAREK, MD, Thomas F DR
116 Highland Avenue
Sayre PA 18840
BENNETT, MD, Edward V TS
Guthrie Clinic Ltd
Sayre PA 18840
BERNETT, MD, Timothy M EM
Guthrie Clinic Ltd
Sayre PA 18840
BISHOP, MD, Poni S EM
Robert Packer Hospital
Sayre PA 18840
BISHOP, MD, Richard L EM
617 South Main Street
Athens PA 18810
BLAKE, MD, Monroe O EM
Guthrie Clinic Ltd
Sayre PA 18840
BLAUM JR, MD, Louis C TS
Guthrie Clinic
Sayre PA 18840
BLOOD JR, MD, Joseph B IM
Guthrie Clinic
Sayre PA 18840
BOSELLI, MD, Bruce D ON
Guthrie Clinic Ltd
Sayre PA 18840
BOWERS, MD, Roger P R
Guthrie Clinic Ltd
Sayre PA 18840
BOYEK, MD, Michael F FP
Medical Arts Building
Towanda PA 18848
BREITE, MD, Herbert J EM
Guthrie Clinic Ltd
Sayre PA 18840
BROWN, MD, Doyle H ORS
Guthrie Clinic Ltd
Sayre PA 18840
BUCKTHAL, MD, Paul E N
Guthrie Clinic
Sayre PA 18840
BUNAO, MD, Romulo M IM
Guthrie Clinic Ltd
Sayre PA 18840
CADY, MD, Joseph B CD
23 Pitney Street
South Waverly PA 18840
CADY, MD, William W NEP
Guthrie Clinic
Sayre PA 18840
CAMA, MD, Joseph FP
Medical Arts Building
Towanda PA 18848
CAREY, MD, Kevin V GE
Guthrie Clinic Ltd
Sayre PA 18840
CARTAGINESE, MD, Peter IM
R D 2 Box 185
Dushore PA 18614
CHADWICK, MD, Harold H GP
Wysox PA 18854
CHARLTON, MD, Brian L GS
Guthrie Clinic Ltd
Sayre PA 18840
CHENG, MD, Mei-Chang TR
Guthrie Clinic Ltd
Sayre PA 18840
CHISDAK, MD, Michael W PUD
Guthrie Clinic Ltd
Sayre PA 18840
CHOI, MD, Samuel K R
Guthrie Clinic Ltd
Sayre PA 18840
COBB, MD, Blaine W GE
Guthrie Clinic Ltd
Sayre PA 18840
COHEN, MD, Robert ORS
Guthrie Clinic Ltd
Sayre PA 18840
CONKLIN, MD, Stanley D IM
506 South Elm Avenue
Sayre PA 18840
CONNELL, MD, Mark O GS
125 Center Street
Troy PA 16947
DANZI, MD, Joseph T GE
Guthrie Clinic Ltd
Sayre PA 18840
DESHMUKH, MD, Narayan GS
Guthrie Clinic Ltd
Sayre PA 18840
DESIO, MD, Felix J IM
Guthrie Clinic Ltd
Sayre PA 18840
DEVINE, MD, Terence M OPH
Guthrie Clinic Ltd
Sayre PA 18840
DIENHART, MD, Karl J CD
Guthrie Clinic Ltd
Sayre PA 18840
EVANS II, MD, Lewis C CD
Guthrie Clinic Ltd
Sayre PA 18840
FALKENBERG, MD, K Jorg OTO
Guthrie Clinic Ltd
Sayre PA 18840
FEDELE, MD, Charles R D
Guthrie Clinic Ltd
Sayre PA 18840
FISHER, MD, Philip C EM
Guthrie Clinic Ltd
Sayre PA 18840
FLOOD, MD, James M D
Guthrie Clinic Ltd
Sayre PA 18840
FLYNN, MD, Richard J N
Guthrie Clinic Ltd
Sayre PA 18840
GAIDYS, MD, William G PD
Guthrie Clinic Ltd
Sayre PA 18840
GARMAN, MD, Ray F PUD
Guthrie Clinic Ltd
Sayre PA 18840
GERGEN, MD, Werner A OBG
Guthrie Clinic Ltd
Sayre PA 18840
GILLOTT, MD, Anthony R GS
Guthrie Clinic Ltd
Sayre PA 18840
GOOD, MD, Vance A IM
R D 1 Box 121
Troy PA 16947
GU, MD, Jeng Y R
Robert Packer Hospital
Sayre PA 18840
HAHN, MD, Kurt R P
Guthrie Clinic Ltd
Sayre PA 18840
HINSMAN JR, MD, John A IM
Guthrie Clinic Ltd
Sayre PA 18840
HOCHMAN, MD, Rodney F IM
Guthrie Clinic
Sayre PA 18840
HUDOCK, MD, Stephen A OPH
Guthrie Clinic Ltd
Sayre PA 18840
HUNTLY, MD, Jacqueline E FP
Guthrie Clinic Ltd
Sayre PA 18840
HUNTLY, MD, Michael R GS
Guthrie Clinic Ltd
Sayre PA 18840
JACOBSON, MD, Horace H TR
802 South Main Street
Athens PA 18810
JOHNSON, MD, Elting C IM
12 Walnut Street
Towanda PA 18848
JOHNSON, MD, Glen AN
Guthrie Clinic Ltd
Sayre PA 18840
JONES, MD, Edward L FP
Guthrie Clinic Ltd
Sayre PA 18840
JUOZEVICIUS, MD, John L IM
Guthrie Clinic Ltd
Sayre PA 18840
KAHN, MD, Ronald L IM
Guthrie Clinic Ltd
Sayre PA 18840
KALKUNTE, MD, Jagdish R CDS
Guthrie Clinic Ltd
Sayre PA 18840
KELLY, MD, John A PTH
Guthrie Clinic Ltd
Sayre PA 18840
KENNEDY, MD, Barbara L P
Guthrie Clinic Ltd
Sayre PA 18840
KERSTING, MD, John W P
Guthrie Clinic Ltd
Sayre PA 18840
KIKKAWA, MD, Kazutoshi R
Guthrie Clinic Ltd
Sayre PA 18840
KING, MD, Arthur B NS
728 South Main Street
Athens PA 18810
KING, MD, Joseph T PTH
Robert Packer Hospital
Sayre PA 18840
KULCZYCKI, MD, Edward OPH
721 South Main Street
Athens PA 18810
LANDOLF, MD, Michael J IM
R D 2 Box 140
Owego NY 13827
LANGAN III, MD, Eugene M GS
468 Cayuta Avenue
Waverly NY 14892
LEE, MD, Ferrol J IM
Guthrie Clinic Ltd
Sayre PA 18840
LEE, MD, Samuel AN
Guthrie Clinic Ltd
Sayre PA 18840
LENOX, MD, Robert J PUD
Guthrie Clinic Ltd
Sayre PA 18840
LEVY, MD, Karen R US
10 Bromby Drive
Blue Bell PA 19422
LIM, MD, Rebecca B AN
Guthrie Clinic
Sayre PA 18840
LIVELY, MD, Henry S A
Guthrie Clinic Ltd
Sayre PA 18840
LLINAS, MD, Alfredo J GS
R D 5 Box 156b
Towanda PA 18848
LU, MD, Ta Shung AN
1805 Azalea Lane
Laverock PA 19118
LUFT, MD, William C PTH
Guthrie Clinic Ltd
Sayre PA 18840
MACKAY, MD, Bruce R END
Guthrie Clinic Ltd
Sayre PA 18840
MACKLER, MD, Gerald L ON
Guthrie Clinic Ltd
Sayre PA 18840
MAHON JR, MD, Frank B U
Guthrie Clinic Ltd
Sayre PA 18840
MALVICA, MD, Robert P R
Guthrie Clinic Ltd
Sayre PA 18840
MARINO, MD, Joseph V FP
Guthrie Clinic Ltd
Sayre PA 18840
MATTA, MD, Isaac I OTO
Guthrie Clinic Ltd
Sayre PA 18840
MCCLINTIC, DO, William R FP
Guthrie Clinic
Sayre PA 18840
MEIKLE, MD, Charles E GP
417 North Main Street
Athens PA 18810
MEYER, MD, Kenneth K GS
Guthrie Clinic Ltd
Sayre PA 18840
MICHAELS, MD, Robert M RHU
Guthrie Clinic Ltd
Sayre PA 18840
MICHALAK, MD, Dennis M W CDS
Guthrie Clinic Ltd
Sayre PA 18840
MIKAYA, MD, Martin L GS
R D 2 Box 222
Columbia Cros PA 16914
MINIELLY, MD, Richard W OBG
Guthrie Clinic Ltd
Sayre PA 18840
MOODY, MD, Robert A NS
Guthrie Clinic Ltd
Sayre PA 18840
MURTLAND, MD, Albert M ORS
Guthrie Clinic Ltd
Sayre PA 18840
MUSSELMAN, MD, Kirk F CD
436 Beatty Road
Monroeville PA 15146
NAEGELE, MD, Karl T IM
331 Pennsylvania Avenue
South Waverly PA 18840
NAGLE, MD, Warren C U
Guthrie Clinic Ltd
Sayre PA 18840
NARAYANAN, MD, Edathil K PD
208 Lambert Street
Sayre PA 18840
NAZAR, MD, Jose E ORS
306 West Cherry
Wenonah NJ 08090
NOLL, MD, Kathleen R AN
Guthrie Clinic Ltd
Sayre PA 18840
NOONE, MD, James P GP
Medical Arts Building
Towanda PA 18848
NOVESKE, MD, F Gregory CHP
Guthrie Clinic Ltd
Sayre PA 18840
ORTEGA, DO, Kenneth D ORS
Guthrie Clinic Ltd
Sayre PA 18840
PACANOWSKI, MD, John P PD
Guthrie Clinic Ltd
Sayre PA 18840
PATEL, MD, Hareshkumar D AN
Guthrie Clinic Ltd
Sayre PA 18840
PATEL, MD, Kiran B AN
Guthrie Clinic Ltd
Sayre PA 18840
PELKOWSKI, MD, David J IM
36 Rivercrest
Hanover NH 03755
PERRY, MD, Raymond A IM
R D 1 Box 197
Towanda PA 18848
PHILLIPS, MD, William J IM
Guthrie Clinic
Sayre PA 18840
PRICE, MD, Karen A AN
Guthrie Clinic Ltd
Sayre PA 18840
RAMAN, MD, Gita S AN
Guthrie Clinic Ltd An Dept
Sayre PA 18840
RANCK, MD, Sidney G OBG
Guthrie Clinic Ltd
Sayre PA 18840
REDDING, MD, Willis A FP
10165 42Nd Terrace St South
Boynton Beach FL 33436
REDDY, MD, V Saraswathi AN
Guthrie Clinic Ltd
Sayre PA 18840

RENSIMER, MD, Wayne T OPH
C/O Guthrie Clinic Ltd
Sayre PA 18840
RENTSCHLER, MD, Henry D OPH
720 South Main Street
Athens PA 18810
RICHARDS, MD, Frederick H FP
P O Box 166
Boyertown PA 19512
RIZK, MD, Toufic A GS
116 Washington Street
Sayre PA 18840
ROBINSON JR, MD, Elliott S OBG
Guthrie Clinic Ltd
Sayre PA 18840
ROSE, MD, Frederick B ID
Guthrie Clinic
Sayre PA 18840
ROUSE, MD, Steven B OBG
Guthrie Clinic Ltd
Sayre PA 18840
RUPP, MD, Michael D IM
120 Vista Drive
Sayre PA 18840
RUSSELL, DO, James A N
Guthrie Clinic Ltd
Sayre PA 18840
RYAN, MD, Debra A IM
Guthrie Clinic Ltd
Sayre PA 18840
RYAN, MD, John B GS
Robert Packer Hospital
Sayre PA 18840
SCOPELLITI, MD, Joseph A GE
Guthrie Clinic Ltd
Sayre PA 18840
SHELLING, MD, Richard E IM
Guthrie Clinic Ltd
Sayre PA 18840
SHENFIELD, MD, Henry T D
Guthrie Clinic Ltd
Sayre PA 18840
SKEIST, MD, Barry P R
Guthrie Clinic Ltd
Sayre PA 18840
SKEZAS, MD, Jacob W IM
323-C Hayden Street
Sayre PA 18840
SMAHA, MD, Lynn A IM
Guthrie Clinic Ltd
Sayre PA 18840
SODUMS, MD, Marcis T CD
First Street
Athens PA 18810
SWEIGART, MD, Gene M U
Guthrie Clinic Ltd
Sayre PA 18840
TAMA, MD, Lawrence GS
R D 1
Towanda PA 18848
TERWILLIGER, MD, Jerry W PD
Guthrie Clinic Ltd
Sayre PA 18840
THOMAS, MD, John M CDS
Guthrie Clinic Ltd
Sayre PA 18840
TKACH, MD, John S IM
Guthrie Clinic Ltd
Sayre PA 18840
TOLHURST, MD, Kirk D OTO
Guthrie Clinic Ltd
Sayre PA 18840
VESOULIS, MD, Zissis PTH
Guthrie Clinic Ltd
Sayre PA 18840
WANAMAKER, MD, John L CD
Guthrie Clinic Ltd
Sayre PA 18840
WAYE, MD, Robert D OBG
Guthrie Clinic Ltd
Sayre PA 18840
WEAVER, MD, Donald R PTH
Guthrie Clinic Ltd
Sayre PA 18840
WEBB III, MD, Paul R IM
Wyalusing Family Health Ctr
Wyalusing PA 18853
WEIG, MD, Spencer G N
Guthrie Clinic Ltd
Sayre PA 18840
WEIS, DO, John H FP
Guthrie Clinic Canton Office
Canton PA 17724
WERT, MD, Roy E ORS
212 North Pennsylvania Avenue
Sayre PA 18840
WINSTEAD, MD, Welby OTO
Guthrie Clinic Ltd
Sayre PA 18840
WINSTON, MD, Ralph B CD
R D 1 Box 250
Towanda PA 18848
WOLFE, MD, David W IM
Guthrie Clinic Ltd
Sayre PA 18840
YANCEY, MD, Michael V NS
Guthrie Clinic Ltd
Sayre PA 18840
YOON, MD, Hee J R
Guthrie Clinic Ltd
Sayre PA 18840

YOUNGWIRTH, MD, Lewis D DR
Guthrie Clinic Ltd
Sayre PA 18840
ZEHR, MD, Ralph D R
Guthrie Clinic Ltd
Sayre PA 18840
ZELLEM, MD, Ronald T NS
Guthrie Clinic
Sayre PA 18840

BUCKS

ABIR, MD, Isaac PD
Richboro Newtown Road
Richboro PA 18954
ADIBI, MD, Fereydoon OBG
1534 Park Avenue
Quakertown PA 18951
ADLER, DO, Donald J D
Court & Clinton Streets
Doylestown PA 18901
ADRID, MD, Augusto S GS
1723 Woodbourne Road
Levittown PA 19057
AIELLO, MD, Stephen A IM
P O Box 308
Holicong PA 18928
AIMETTE, MD, Alexander A OPH
404 East Broad Street
Souderton PA 18964
AKBARI, MD, Saeed U
264 West State Street
Doylestown PA 18901
ALDERFER, MD, Arthur J OBG
Eight Hillendale Road
Perkasie PA 18944
ANDRONICO, DO, Kenneth C OPH
34201 Delaire Landing Road
Philadelphia PA 19114
APPLESTEIN, MD, Bruce CD
303 West State Street
Doylestown PA 18901
ARIF, MD, Gholam IM
Saint Mary Hospital
Langhorne PA 19047
ATRI, MD, Srinivas S CD
2230 Oxford Valley Road
Levittown PA 19057
BAISAS, MD, Roger C NS
827 Whitehorse Avenue
Trenton NJ 08610
BAKSHI, MD, Kinnari K OPH
4241 Willow Avenue
Trevose PA 19047
BARBA III, MD, William P PD
140 East Butler Avenue
Chalfont PA 18914
BARNES, MD, Denice M PD
Oxford Square Suite 502
Langhorne PA 19047
BARNES, DO, Donald J OS
One Madison Avenue
Warminster PA 18974
BARONE, MD, Frances A PD
131 South 11th Street
Quakertown PA 18951
BARRER, MD, Mitchell J AN
108 Holly Drive
Lansdale PA 19446
BARRIS, MD, Bruce J IM
545 East Church Road
Elkins Park PA 19117
BARTUSIS, MD, Mary A P
1007 North Pennsylvania Ave
Morrisville PA 19067
BEDDINGS, MD, Alejandro HS
170 Middletown Boulevard
Langhorne PA 19047
BERNARDINO, MD, Evelina A D
St Mary Medical Bldg #211
Langhorne PA 19047
BERNARDINO JR, MD, OPH
Vitaliano B
St Mary Medical Bldg #211
Langhorne PA 19047
BERNSTEIN, DO, Henry H PD
Box 112 Lawn Avenue
Sellersville PA 18960
BIUCKIANS, MD, Edward P
1517 Durham Road
Penndel PA 19047
BLACKBURN JR, MD, OM
Laurence H
22 Watercrest Drive
Doylestown PA 18901
BLOCK, MD, Steven OBG
920 Lawn Avenue Summit North
Sellersville PA 18960
BLORE JR, MD, James P FP
Route 611
Plumsteadville PA 18949
BLUE, MD, Vincent P IM
1723 Woodbourne Road
Levittown PA 19054
BOLAND JR, MD, Francis B ORS
71 East Ashland
Doylestown PA 18901
BOLANOWSKI, MD, Deborah J PD
422 North Fourth Street
Souderton PA 18964
BONNER, MD, Dennis J PM
1327 Heller Drive
Yardley PA 19067

BONNER, MD, William F PM
919 Ourham Road
Penndel PA 19047
BORAH, MD, Bishnu C PD
1400 New Rodgers Rd-104
Levittown PA 19056
BRACKIN, MD, George G R
Doylestown Hospital
Doylestown PA 18901
BRASLOW, DO, Daniel GP
834 Dolington Acres Road
Newtown PA 18940
BRECHER, MD, Jeffrey A IM
225 Newtown Road
Warminster PA 18974
BRENNEMAN, MD, Paul G FP
365 East Butler Street
New Britain PA 18901
BRISTER, MD, Randy PD
The Atrium Suite 17
Newtown PA 18940
BROAD, MD, Todd H AN
3708 St George Circle
Doylestown PA 18901
BRODIE, MD, Donald E FP
Second General Hospital
New York NY 09180
BRONFMAN, MD, Alexander GP
1240 Melody Lane
Southampton PA 18966
BROWN 5TH, MD, Thomas W GS
750 South West End Blvd
Quakertown PA 18951
BROWN JR, MD, William C OPH
38 Bailey Drive
Wash Crossing PA 18977
BRYAN JR, MD, John S ORS
800 West State Street
Doylestown PA 18901
BUCH, MD, David L P
Penn Foundation
Sellersville PA 18960
BUCHER, MD, Robert G GP
Cherry Lane
Wycombe PA 18980
BUCKWALTER, MD, Jeffrey A OTO
Franklin Building
Doylestown PA 18901
BULKLEY, MD, Andrew D EM
2690 South Camino Lorco
Green Valley AZ 85614
BUMGARDNER, MD, James L ORS
Lawn Avenue Professional Ctr
Sellersville PA 18960
BURGOYNE, MD, Andrew S D
1213 Forest Hill Drive
Gwynedd Valley PA 19437
BURMEISTER, MD, Charles W GP
Plumsteadville PA 18949
BYER, MD, Harold H OPH
P O Box 2019
Doylestown PA 18901
CAHILL, MD, John M FP
515 Olds Blvd
Fairless Hills PA 19030
CAMPBELL, MD, Charles E M OPH
328 West Broad Street
Quakertown PA 18951
CAMPBELL, MD, Neil P OBG
Richboro Professional Center
Richboro PA 18954
CAPPIELLO, MD, William A GS
57 Rust Hill Road
Levittown PA 19056
CARLIN, MD, Marie C D
Village Shires
Holland PA 18966
CARLOS, MD, Hector D PS
920 Lawn Avenue
Sellersville PA 18960
CARROLL, DO, Edmund T AI
1621 Farragut Avenue
Bristol PA 19007
CARUSO JR, MD, John OM
1083 Glen Oak Drive
Yardley PA 19067
CARVAJAL, MD, Roberto T IM
2105 Yardley Road
Yardley PA 19067
CASALE, MD, Louis J PD
450 East Street
Doylestown PA 18901
CAUFFMAN, MD, William J IM
1723 Woodbourne Road
Levittown PA 19057
CEVALLOS, MD, Eduardo A PD
541 South West End Blvd
Quakertown PA 18951
CHAI, MD, Chiu L FP
256 Trumbauersville Road
Quakertown PA 18951
CHAMBERLAIN, MD, William H TS
715 Old Orchard Lane
Bristol PA 19007
CHARNEY, MD, Richard H U
511 Danielle Drive
Hatboro PA 19040
CHAWLA, MD, Harish C GS
1339 Woodbourne Road
Levittown PA 19057

CHAWLA, MD, Shanta IM
1339 Woodbourne Road
Levittown PA 19057
CHIN, MD, Byoung Kwon IM
763 Grove Avenue
Southampton PA 18966
CHIVUKULA, MD, Aruna AN
Front And Lehigh Streets
Philadelphia PA 19125
CHOBY, MD, John J OBG
14-A Memorial Drive
Doylestown PA 18901
CHOI, MD, Byong L AN
55 Nancy Drive
Richboro PA 18954
CIANFRANI, MD, Peter M FP
925 Main Street
Pennsburg PA 18073
CLARKE, MD, Franklyn R P
376 South Bellevue Avenue
Langhorne PA 19047
CLIPP, MD, Samuel W R
364 Oak Drive
Souderton PA 18964
COFF, MD, Philip M GE
896 Harding Circle
Warrington PA 18976
COHEN, MD, Martin A ORS
St Mary Medical Bldg
Langhorne PA 19047
COLETTA, MD, Daniel J OBG
730 Spring Valley Road
Doylestown PA 18901
CONAHAN, MD, Bernardin Q PD
327 Dorset Court
Doylestown PA 18901
CONCOOL, MD, Barry M OPH
Woodbourne Eye Association
Levittown PA 19057
CONNOLLY JR, MD, John M CRS
201 Renfrew Avenue
Trenton NJ 08618
CONNORS JR, MD, Earl K FP
118 West Richardson Avenue
Langhorne PA 19047
CONRAD, MD, James L GP
1301 North Fifth Street
Perkasie PA 18944
COOK, MD, Richard P FP
201 North Fifth Street
Perkasie PA 18944
COSTANTINO, MD, George N GS
402 Middletown Boulevard
Langhorne PA 19047
COVERDALE, MD, Edward J IM
5153 Woodward Drive
Doylestown PA 18901
COVERDALE, MD, Paul J IM
The Atrium Suite 2 North
Doylestown PA 18901
COVERDALE III, MD, Edward J IM
R D 2 Watson Drive
Doylestown PA 18901
COYNE, MD, Veronica E IM
The Landmark Building 3Rd Fl
Doylestown PA 18901
CRITTENDEN, MD, Donald W GP
424 Grandview Avenue
Perkasie PA 18944
CULOTTA, MD, Dominic A OTO
Box 105
Feasterville PA 19047
CURCI, MD, Joseph J GS
16 Golfview Road
Doylestown PA 18901
DADDARIO, MD, Richard T N
920 Lawn Avenue
Sellersville PA 18960
DANZIS, DO, Jeffrey J U
202 North Main Street
Chalfont PA 18914
DARNELL, MD, Richard I GP
130 North Main Street
New Hope PA 18938
DAVIS, DO, David J FP
204 North West Street
Doylestown PA 18901
DAVIS, MD, Harriet J PDA
Pennswood Village C-113
Newtown PA 18940
DAVIS, MD, Robert A FP
128 Wigton Circle
Perkasie PA 18944
DEFEO, MD, Joseph W GS
205 Newtown Road
Warminster PA 18974
DEGROOF, MD, Ellen P L AN
343 Finland Road
Green Lane PA 18054
DELONG, MD, Philip L FP
66 North Main Street
Sellersville PA 18960
DELVECCHIO, MD, GP
Fredesuinda P
2392 Dixon Avenue
Croydon PA 19020
DEOCERA, MD, Rodolfo M GS
359 Upper Holland
Richboro PA 18954
DERRICK, MD, Bruce M CDS
Franklin Building
Doylestown PA 18901

DERSHAW, MD, Bruce B PUD
1339 Woodbourne Road
Levittown PA 19057
DESANTIS, MD, Luigi IM
97 West Trenton Avenue
Morrisville PA 19067
DESANTOS, MD, Marcelino A PD
St Mary Medical Bldg
Langhorne PA 19047
DETWEILER EXEC SEC, JOHN S
328 West Broad Street
Quakertown PA 18951
DEVENUTO JR, MD, Joseph J OPH
Sugar Road Box 154
Solebury PA 18963
DIGREGORIO, DO, Eileen R GP
1404 Brownsville Road
Trevose PA 19047
DIMOIA, MD, Margaret M PD
301 Fairview Avenue
Langhorne PA 19047
DIRIENZO, MD, Enrico J FP
833 Durham Road
Penndel PA 19047
DOBROTA, MD, John S GE
817 Lawn Avenue
Sellersville PA 18960
DOWNS, DO, Carolyn R IM
119 Chapel Road
New Hope PA 18938
DOWRAY, MD, Ramesh GP
8525 Ridgeway Street
Philadelphia PA 19111
DRAGANOSKY, MD, Eugene A OBG
1288 New Rodgers Road
Levittown PA 19056
DREZNER, MD, Malcolm E GS
Saint Mary Medical Building
Longhorne PA 19047
DSILVA, MD, Henry I IM
702 Hood Boulevard
Fairless Hills PA 19030
DULCEY JR, MD, John J IM
80 North Main Street
Sellersville PA 18960
EBERHART, MD, Joseph C FP
824 Duchess Drive
Yardley PA 19067
EHMANN, MD, Carl W D
Johnson & Johnson Baby Prod
Skillman NJ 08558
EICHER, MD, Wendell P GS
750 South West End Boulevard
Quakertown PA 18951
ENNIS, DO, John A US
993 Browning Place
Warminster PA 18974
ETTENSON, MD, John S OPH
220 Locust Street
Philadelphia PA 19106
EVANGELISTA, MD, Cleofe P IM
1122 Brain Court
Yardley PA 19067
EVES, MD, John H OTO
R D 1 Pine Run Road
Doylestown PA 18901
FALCO, MD, Frank G IM
5105 Landisville Road
Doylestown PA 18901
FALINO, DO, Michele J EM
91 Everett Drive
Newtown PA 18940
FAST, MD, Willis B GS
157 Willow Drive
Levittown PA 19054
FAUNCE III, MD, James G OBG
R D 7 Gordon Road
Doylestown PA 18901
FEIGLEY, MD, Donald M GP
32 South Tenth Street
Quakertown PA 18951
FEINMAN, DO, Larry J GS
Penn Square Suite 112
Langhorne PA 19047
FERNANDEZ, MD, Werner M GP
203 Parry Road
Cinnaminson NJ 08077
FERRARA, MD, Joseph D FP
Route 611
Plumsteadville PA 18949
FERRY, MD, Nicholas J GP
238 Willow Drive
Levittown PA 19054
FINKELSTEIN, MD, Gary S GS
P O Box 330
Sellersville PA 18960
FINLEY, MD, John G NM
440 Lawrence Road
Huntingdon Valley PA 19006
FLACCO, MD, Albert J PD
Oxford Square Suite 502
Langhorne PA 19047
FLANAGAN, MD, James W FP
1844 Street Road
Southampton PA 18966
FLYNN JR, DO, Joseph D R
200 Oxford Valley Road
Langhorne PA 19047
FODERARO, MD, Anthony E DR
Grandview Hospital
Sellersville PA 18960

FORD, MD, Francis W GS
Franklin & Wood Streets
Doylestown PA 18901
FRANKLIN, MD, Irvin D GS
225 Newtown Road
Warminster PA 18974
FREDRICKSON, MD, Victor J GP
48 Darien Street
New Hope PA 18938
FRIEDBERG, MD, Jay G OPH
172 Middletown Boulevard
Langhorne PA 19047
FRIEDMAN, MD, Irwin OBG
Riverview Plaza Suite 103
Yarkley PA 19067
FRIEDMAN, MD, Phillip GP
131 South Bellevue Avenue
Langhorne PA 19047
GALIETTA, MD, Maryann C GER
1063 Buck Creek Circle
Yardley PA 19067
GALLAGHER, MD, John T OTO
275-E Street Road
Feasterville PA 19047
GARNER, MD, Blaine R GP
309 East Washington Avenue
Newtown PA 18940
GARRETT, MD, Paul R DR
248 Wood Stream Court
Langhorne PA 19047
GAUL, MD, James J N
211 Eagle Road
Newtown PA 18940
GEETTER, MD, Philip H OPH
711 Lawn Avenue
Sellersville PA 18960
GETZ, DO, Harry D PD
25 Meadow Glen Road
Lansdale PA 19446
GHAHRAMANI, MD, Mahmood P
35 Durand Road
Huntingdon Valley PA 19006
GILL, MD, Lewis M GS
P O Box 424
Sellersville PA 18960
GIRONE, MD, Joseph A C PD
P O Box 112
Sellersville PA 18960
GODSHALL, MD, Richard W ORS
P O Box 192
Sellersville PA 18960
GOLD, MD, Jonathan CD
P O Box 785
Newtown PA 18940
GOLDBERG, MD, Harvey E IM
401 Radcliffe Street
Bristol PA 19007
GOLDSTEIN, MD, Arnold L IM
17 Middletown Boulevard
Langhorne PA 19047
GOLDSTEIN, MD, Richard S CRS
320 Middletown Boulevard
Longhorne PA 19047
GONZALES, MD, Albert FP
1321 Northeast 41st Street
Ft Lauderdale FL 33308
GOPPALD, MD, Ronald W IM
Two High Point Circle
Churchville PA 18966
GORDON, MD, Gregory R FP
Fairless Hills Medical Center
Fairless Hills PA 19030
GOULD, MD, Stanley PD
379 Ramsey Road
Yarkley PA 19067
GREEN, MD, Bradford OBG
Royal Oak MD 21662
GREEN, MD, Russell P GP
R D 4 Old Easton Road
Doylestown PA 18901
GREENSPAN, MD, Mitchell M CD
715 Harvest Hill Drive
Chalfont PA 18914
GRIBB, MD, John J OBG
14-A Memorial Drive
Doylestown PA 18901
GRIFFITH, MD, Annette Y DR
858 Bristol Road
Southampton PA 18966
GROSS, MD, S Warren R
1410 June Lane
Penn Valley PA 19072
GUAGLIARDO, DO, Joseph P ORS
253 West State Street
Doylestown PA 18901
GUPTA, MD, Mahesh C PD
1420 West Erie Avenue
Philadelphia PA 19140
GUPTA, MD, Nand K GP
3616 Clear Springs Drive
Bensalem PA 19020
GUSHUE, DO, George F PUD
Box B
Washington Cross PA 18977
GUTTMAN, MD, Michael IM
2793 Mechanicsville Road
Bensalem PA 19020
HAAS, DO, Glenn E VS
74 Misty Meadow Drive
Richboro PA 18954

HAIMOWITZ, MD, Daniel IM
One Gardenia Road
Levittown PA 19057
HALE, MD, Robert H IM
14-B Memorial Drive
Doylestown PA 18901
HALPERN, MD, Janis S PD
530 Atkinson Lane
Langhorne PA 19047
HANSEN, MD, Carl A ORS
P O Box 192
Sellersville PA 18960
HARDY, MD, Charles A AN
862 Gainsway Road
Yardley PA 19067
HARRISON, MD, Bernard M FP
755 York Road
Warminster PA 18974
HASIUK, MD, Aaron S OBG
2222 Trenton Road
Levittown PA 19056
HAYMAN, MD, Harry B OBG
81 Crabtree Drive
Levittown PA 19055
HEDRICK, MD, G Winfield FP
1733 Diamond Street
Sellersville PA 18960
HEEG, MD, Michael M U
P O Box 457
Solebury PA 18963
HELZNER, MD, Eileen C GP
505 Anthony Drive
Plymouth Meeting PA 19462
HERMANN, MD, Christopher P IM
100 Blossom Hill Lane
Chalfont PA 18914
HERRING, MD, Lynn B PD
370 Fieldstone Court
Yardley PA 19067
HIDALGO, MD, Horacio A FP
One Sugar Maple Lane
Levittown PA 19055
HIPP, MD, Thomas J PD
P O Box 112
Sellersville PA 18960
HIRSCH, MD, Stuart E OPH
33 South Delaware Avenue
Yardley PA 19067
HOLLANDER, MD, Irwin J PTH
Grand View Hospital
Sellersville PA 18960
HORWITZ, MD, Milton R OTO
Franklin & Wood Streets
Doylestown PA 18901
HOUGAARD, MD, John P GP
28 Flame Hill Road
Levittown PA 19056
HOWELL, MD, John T FP
P O Box 364
Yardley PA 19067
HUNT, MD, Eugene H DR
Doylestown Hospital
Doylestown PA 18901
HUNTER, MD, Marvin T PS
Plastic Surgery Associates
Warminster PA 18974
HUTCHINGS, MD, Diana M DR
788 Maple Hill Lane
Coopersburg PA 18036
IRWIN, MD, John T ORS
505 Washington Avenue
Newtown PA 18940
JACOBELLI, MD, Michael C GS
Saint Mary Medical Building
Longhorne PA 19047
JAMES, DO, Reese J DR
200 Oxford Valley Road
Langhorne PA 19047
JANNELLI, MD, Angela F RHU
1723 Woodbourne Road
Levittown PA 19057
JARMAN, MD, Martha L GP
981 Second Street Pike
Richboro PA 18954
JAVIAN JR, MD, Thomas A ORS
St Mary Medical Building
Langhorne PA 19047
JUNG, MD, Jennifer L AN
700 Lawn Avenue
Sellersville PA 18960
KANEFSKY, MD, Terry M END
St Mary Hospital Building
Langhorne PA 19047
KARDISH, MD, Thomas J GP
Five Cherry Blossom Drive
Southampton PA 18966
KARNIK, MD, Subash S GS
205 Newtown Road
Warminster PA 18974
KASIRSKY, DO, Gilbert GP
66 Buck Road
Holland PA 18966
KAUFMAN, MD, Alan C ON
920 Lawn Avenue Summit
Sellersville PA 18960
KENT, MD, David W PM
542 Nottingham Drive
Yardley PA 19067
KETELS, MD, Erk A OBS
1288 New Rodgers Road
Levittown PA 19056

KIM, MD, Hak R OBG
St Mary Medical Bldg
Langhorne PA 19047
KIM, MD, Young W AN
36 Sutpin Road
Yardley PA 19067
KIM, MD, Yung S IM
1532 Park Avenue
Quakertown PA 18951
KITTLEBERGER, MD, GYN
William C
520 Washington Avenue
Sellersville PA 18960
KLIEFOTH, DO, William L GS
402 Middleton Blvd
Langhorne PA 19047
KNAPP, MD, Michael A IM
225 Newtown Road
Warminster PA 18974
KNOUSE, MD, Albert B FP
One Sugar Maple Lane
Levittown PA 19055
KOELSCH, MD, Robert R D
712 Lawn Avenue
Sellersville PA 18960
KOFF, MD, Richard A FP
20 Heights Lane
Feasterville PA 19407
KOFFLER, MD, Howard B IM
The Summit Suite 7
Sellersville PA 18960
KOLBER, MD, Lauren R D
1018 Street Road
Southampton PA 18966
KONCHANIN, MD, Lynn M PD
Oxford Square Suite 502
Langhorne PA 19047
KOO, MD, Peter J OBG
920 Lawn Avenue #12
Sellersville PA 18960
KOSIEROWSKI, MD, Richard R IM
712 Lawn Avenue
Sellersville PA 18960
KOZIUPA, MD, Diana M P
103 Avon Lane
New Hope PA 18938
KRATZ, MD, Vernon H P
Penn Foundation
Sellersville PA 18960
KRIEBEL, MD, Richard H AN
Grandview Hospital
Sellersville PA 18960
KROPINICKI, MD, William C IM
97 West Trenton Avenue
Morrisville PA 19067
KUCER, MD, Frank T IM
817 Lawn Avenue
Sellersville PA 18960
KUCER, MD, Kathleen A D
817 Lawn Avenue
Sellersville PA 18960
KUPERSMITH, MD, Stephen J OBG
P O Box 150
Sellersville PA 18960
KUTNER, MD, Barry N OPH
1568 Woodbourne Road
Levittown PA 19057
LANDES, MD, Ray P IM
35 West Reliance Road
Souderton PA 18964
LANE, MD, Barbara PD
118 Tartan Terrace
Chalfont PA 18914
LANE, MD, John D GP
833 Durham Road
Penndel PA 19047
LAUANDOS, MD, Ibrahim E PS
One Deep Dale East
Levittown PA 19056
LAUDENSLAGER, MD, Elmer C GP
10 South Clinton
Doylestown PA 18901
LAVIN-LESKA, MD, Linda S PTH
Grand View Hospital Pth Dept
Sellersville PA 18960
LEDIS, MD, Seymour PD
Oxford Square Suite 502
Langhorne PA 19047
LEE, MD, Chanchi U
1424 Silo Road
Yardley PA 19067
LEE, MD, Howard J PUD
St Mary Medical Building
Langhorne PA 19047
LEIBY, MD, David K GP
Nine South Main Street
New Hope PA 18938
LEISTER, MD, Howard A GP
400 Washington Avenue
Newtown PA 18940
LENOW, MD, Jeffrey L FP
Quakertown Hospital
Quakertown PA 18951
LEVIN, MD, Gene D ORS
71 East Ashland Street
Doylestown PA 18901
LEVIN, MD, Morris DR
1437 Fort Washington Avenue
Ambler PA 19002
LEVIN, MD, Richard L EM
Suite 210 Penns Square
Langhorne PA 19047

LEVYN, DO, Murry E R
200 Oxford Valley Road
Langhorne PA 19047
LEWIN, MD, Bernard DR
Seven Devon Drive
New Hope PA 18938
LIEBMAN, MD, Irvin M AI
59 Pinewood Drive
Levittown PA 19054
LINDEMUTH, MD, Edmund K PH
P O Box 253
Furlong PA 18925
LIPSON, MD, M Barry ORS
505 Washington Ave-Box 297
Newtown PA 18940
LITOVSKY, MD, Daniel A IM
1723 Woodbourne Road
Levittown PA 19057
LIZERBRAM, DO, Bruce M FP
771 Second Street Pike
Southampton PA 18966
LIZERBRAM, DO, Deborah G GP
1418 Heather Circle
Yardley PA 19067
LOEV, MD, Marvin OBG
1339 Woodbourne Road
Levittown PA 19057
LOUX, MD, Norman L P
Cowpath Road
Souderton PA 18964
LYONS, MD, Wilbert A EM
333 South Third Street
Perkasie PA 18944
MACKELL, MD, Thomas E ORS
800 West State Street
Doylestown PA 18901
MADANY, MD, Bahij H U
919 Durham Road
Penndel PA 19047
MADDEN, MD, Francis P IM
Second St & Merry Dell Dr
Churchville PA 18966
MADDEN, MD, Robert A IM
1483 Old Welsh Road
Huntingdon Valley PA 19006
MAHAN, MD, John P IM
Saint Marys Medical Building
Langhorne PA 19047
MAHBOUBI, MD, Riaz AN
2671 Furlong Road
Doylestown PA 18901
MARFATIA, MD, Sudhir K CD
225 Newton Road Suite E
Warminster PA 18974
MARFATIA, MD, Usha S ON
225 Newtown Road
Warminster PA 18974
MATARESE, MD, Emil L N
Saint Mary Medical Building
Langhorne PA 19047
MATLACK, MD, Eileen O AN
St Mary Hospital
Langhorne PA 19047
MAUK, MD, Joyce E CHP
450 East Street
Doylestown PA 18901
MAZAHERI, MD, Ahmed U
401 South Main Street
Doylestown PA 18901
MAZIARZ, MD, Dennis M PD
33 South Delaware Avenue
Yardley PA 19067
MAZICH, MD, Theresa E D
275 South Main Street
Doylestown PA 18901
MCDONALD, MD, Maureen H IM
122 Paul Road
Morrisville PA 19067
MCGARRY, MD, Thomas E IM
340 Aquetong Road
New Hope PA 18938
MCGARVEY, MD, Joseph F CD
14-B Memorial Drive
Doylestown PA 18901
MCGRAW JR, MD, John J PTH
828 Galer Road
Newtown Square PA 19073
MCILVAINE, MD, Paul W GP
218 Mulberry St
Bristol PA 19007
MEARS, MD, Elmer E GP
One Post Lane
Levittown PA 19054
MENACKER, MD, Sheryl J OPH
33 River Road
Yardley PA 19067
MENNA, MD, Vincent J PD
450 East Street
Doylestown PA 18901
METKUS, MD, Francis M IM
1511 Brock Creek Drive
Yardley PA 19067
MILAZZO, MD, John V ON
750 South West End Blvd
Quakertown PA 18951
MILLER, MD, Brian A OTO
400 Middletown Blvd
Langhorne PA 19047
MILLER, MD, David H OPH
319 Second Street Pike
Southampton PA 18966

MILLER, MD, Lee H OTO
400 Middletown Blvd
Langhorne PA 19047
MILLS, MD, William L R
R D 2 Box 288-A
New Hope PA 18938
MINO, MD, David E ORS
1400 New Rodgers Road
Levittown PA 19056
MIRSKY, MD, Robert S IM
401 Radcliffe Street
Bristol PA 19007
MIRTH-JACOBELLI, DO, FP
Barbara L
1010 Lafayette Drive
Yardley PA 19067
MODY, MD, Mahendra I PTH
One Justice Drive
Newtown PA 18940
MOGUL, MD, Robert IM
Seven Smoketree Road
Levittown PA 19056
MOLL, MD, David C FP
1301 North Fifth Street
Perkasie PA 18944
MONKOWSKI, MD, Alfred M IM
62 South Main Street
Yardley PA 19067
MONROE, MD, Carl B OM
Rohm & Haas Company
Bristol PA 19007
MONTEITH JR, MD, William E GS
10 South Clinton
Doylestown PA 18901
MORRISON JR, MD, David P OPH
875 North Easton Road
Doylestown PA 18901
MOYER, MD, Dennis L GS
P O Box 330
Sellersville PA 18960
MOYER, MD, John P CD
920 Lawn Avenue
Sellersville PA 18960
MOYER, MD, Paul R IM
3435 Bristol Road
Chalfont PA 18914
MUFSON, MD, Richard A P
712 Old Orchard Lane
Bristol PA 19007
MULLIN, MD, Raymond J GS
155 Willow Drive
Levittown PA 19054
MULLIN JR, MD, Hugh J R
The Courtyard Suite 402
Langhorne PA 19047
MUNLEY, MD, Brian J CD
14-B Memorial Drive
Doylestown PA 18907
NADAL, MD, Ramon B IM
36 Spinnthorn Road
Levittown PA 19056
NAPLES, MD, Jerry F OBG
2222 Trenton Road
Levittown PA 19056
NASE, MD, Donald F CD
920 Lawn Avenue
Sellersville PA 18960
NASE, MD, Paul M GP
P O Box 437
Telford PA 18969
NAVARRO, MD, Cyrilda PD
252 Biliwick Drive
Doylestown PA 18901
NELSON, MD, Mortimer T OBG
1288 New Rodgers Road
Levittown PA 19056
NESI, MD, Daniel A OTO
800 West State Street
Doylestown PA 18901
NEWSOM, MD, John H FP
Cardalls Corner
Yardley PA 19067
NOBLE, MD, Jeyaseelan PS
411 West Trenton Avenue
Morrisville PA 19067
NOE JR, MD, William L US
12215 Northeast 128th Street
Kirkland WA 98034
NUSCHKE, MD, John D
205 West Reliance Road
Souderton PA 18964
OMANA, MD, Jess E OBG
920 Lawn Avenue Suite 3
Sellersville PA 18960
OPASS, MD, Edward S P
82 Portsmouth Court
Holland PA 18966
ORLAND, MD, Steven M U
170 Middletown Boulavard
Langhorne PA 19047
PARLEE, MD, Donald E R
Doylestown Hospital
Doylestown PA 18901
PATEL, MD, Bhavna C GP
P O Box 1161
Morrisville PA 19067
PATEL, MD, Jayantilal R GP
1243 Knox Drive
Yardley PA 19067
PATTANAYAK, MD, Minati FP
Route 332 & Four Terry Drive
Newtown PA 18940

PATTON, MD, Carla S IM
108 Spring Lane
Hatboro PA 19040
PAUL, MD, Champa L PTH
1194 Dickinson Drive
Yardley PA 19067
PAULEY, MD, Lois P PD
R D 2 Pineville Road
Newtown PA 18940
PAULEY, MD, William G DIA
Medical Arts Bldg
Levittown PA 19056
PERSHING, MD, Hugh S FP
Cherry Lane
Wycombe PA 18980
PETERS, MD, Michael IM
R D 1 Fairhill Road
Hatfield PA 19440
PETERS, MD, Stanley F FP
Box 563 Taralea
Furlong PA 18925
PETERS III, MD, Ray F PD
33 South Delaware
Yardley PA 19067
PETRAUSKI, MD, Gary T DR
R D 3 Box 42
New Hope PA 18938
PFROMMER, MD, James H FP
57 Church Road
Telford PA 18969
PIERSON, MD, Steven B GS
Landmark Bldg
Doylestown PA 18901
PITKOW, MD, Ronald B ORS
900-A Old Orchard Lane
Bristol PA 19007
PODRASKY, MD, David F OBG
404 Middletown Blvd
Langhorne PA 19047
POOLE, MD, Edward F OPH
33 South Delaware Avenue
Yardley PA 19067
PRESS JR, MD, Richard A FP
1390 Beechdrop Court
Yardley PA 19067
PRICE, MD, Richard T FP
1301 North Fifth Street
Perkasie PA 18944
PRICKETT, MD, John A R
1574 Easton Road
Warrington PA 18976
PRINCE, MD, Richard B OPH
319 South Sterling Road
Philadelphia PA 19117
PRYOR JR, MD, Charles A OS
Regional P E B
Great Lakes IL 60088
PURSE, DO, Richard M R
200 Oxford Valley Road
Langhorne PA 19047
QUINN, MD, Dianne M PTH
8035 Seminole Avenue
Philadelphia PA 19118
RAIFORD, MD, John W OBG
1339 Woodbourne Road
Levittown PA 19057
RAYNES, MD, Stanton M PD
3101 Bristol Road
Bensalem PA 19020
REINHART JR, MD, Raymond B P
St Mary Medical Building
Langhorne PA 19047
RENDON, MD, Roberto N
407 Lodges Lane
Elkins Park PA 19117
RICHARDS, MD, John C EM
1405 Township Line Road
Chalfont PA 18914
RICHIE, MD, A Thomas GP
Box 75
Holicong PA 18928
RIGNEY JR, MD, James H IM
42 North Main Street
New Hope PA 18938
RILLING, MD, David C GS
P O Box 330
Sellersville PA 18960
RINGOLD, MD, Murray H GP
71 Pinewood Drive
Levittown PA 19054
RISING, MD, David C ORS
P O Box 192
Sellersville PA 18960
RIVERA, MD, Victor C PD
108 St Mary Medical Bldg
Langhorne PA 19047
RIZEN, MD, Brian K PD
109 Windswept Drive
Feasterville PA 19047
ROBINSON, MD, Michael L IM
G372 Tareyton Drive
Langhorne PA 19047
ROEDER, MD, Kathleen M EM
320 Almshouse Road
Doylestown PA 18901
ROMANO, MD, Vincent E GP
256 Radcliffe Street
Bristol PA 19007
ROSALES, MD, Gabriel B GS
311 St Mary Medical Bldg
Langhorne PA 19047
ROSAN, DO, Stuart W FP
28 Oak Drive
Doylestown PA 18901
ROSEN, MD, John N P
167 East 82nd Street
New York NY 10028
ROSENMAN, MD, Howard D D
Oxford Valley Prof Ctr
Langhorne PA 19047
ROSKO, MD, Thomas J IM
814 Spring Valley Road
Doylestown PA 18901
ROTH, MD, Jerry M IM
Heritage Ct Apt 404-B
West Berlin NJ 08091
ROTHMAN, MD, Keith S IM
2204 Yardley Road
Yardley PA 19067
ROTHSTEIN, MD, Edward P PD
P O Box 112
Sellersville PA 18960
RUDDEN, MD, Ann IM
80 North Main Street
Sellersville PA 18960
RUEBEL, MD, Armin A U
186 West State Street
Doylestown PA 18901
RUEBEL, MD, Catherine D PD
P O Box 179
Doylestown PA 18901
RUFE, MD, Redding H GP
Box 275
Chalfont PA 18914
RUTBERG, MD, Michael GS
Medical Arts Bldg Suite 222
Elkins Park PA 19117
SACKHEIM, MD, Robert AN
109 Holly Drive
Lansdale PA 19446
SAGEN, MD, William NS
333 West State Street
Trenton NJ 08618
SAHNI, MD, Rakesh C IM
North Hill Apartments #X-4
Blackwood NJ 08012
SANDHU, MD, Bakhshish S IM
3604 Big Barn Lane
Bensalem PA 19020
SANTOS, MD, Rodolfo J IM
Saint Mary Medical Bldg
Langhorne PA 19047
SASSON, MD, Robert PD
The Atruim Suite 1
Newtown PA 18940
SAXENA, MD, Varun CD
225 Newtown Road
Warminster PA 18974
SCHIFFMAN, MD, Mara S PD
163 Red Haven Drive
North Wales PA 19454
SCHILLER, MD, Ruth P PD
Lawn Avenue Prof Building
Sellersville PA 18960
SCHLACKMAN, MD, Neil PD
Us Health Care
Blue Bell PA 19422
SCHLAGER, MD, Barbara A TR
R D 3 Box 42
New Hope PA 18938
SCHOLL JR, MD, Harvey W R
Grandview Hospital Xray
Sellersville PA 18960
SCHWARTZ, MD, Milton A GP
85 Makefield Road
Morrisville PA 19067
SCHWARTZ, MD, Peter L IM
30 Stardust Drive
Holland PA 18966
SCHWARZ, MD, Richard A AI
300 Middletown Blvd
Langhorne PA 19047
SEITMAN, MD, David T AN
1441 Windrow Lane
Yardley PA 19067
SENDZIK, MD, Nestor I OBG
14-A Memorial Drive
Doylestown PA 18901
SHAEFFER, MD, Joseph M FP
202 North Main Street
Chalfont PA 18914
SHAFFER, MD, George W OS
14 Brighton Court
Gaithersburg MD 20760
SHAH, MD, Mubarik A GS
35 Stardust Drive
Holland PA 18966
SHANAHAN, MD, Nancy R PM
St Mary Medical Building
Langhorne PA 19047
SHEARBURN III, MD, Edwin W GS
920 Lawn Avenue Suite #4
Sellersville PA 18960
SHETZLEY, MD, Carl M FP
Box 278
Buckingham PA 18912
SHOEMAKER, MD, David M GP
256 Trumbauersville Road
Quakertown PA 18951
SHOEMAKER JR, MD, Lester E DR
P O Box 326
Doylestown PA 18901
SHOENTHAL, MD, William J GP
73 Kiltie Drive
New Hope PA 18938
SHONBERG, MD, Barbara H IM
1567 Brock Creek Drive
Yardley PA 19067
SHOWAN, MD, Ann M AN
5119 Paist Road
Doylestown PA 18901
SHULTZ, MD, Thomas L IM
1723 Woodbourne Road
Levittown PA 19057
SIEGEL, MD, William ORS
712 Lawn Avenue
Sellersville PA 18960
SIESHOLTZ, MD, Thomas S ON
The Summit
Sellersville PA 18960
SILBERMAN, MD, David A OTO
205 Newtown Road Suite 108
Warminster PA 18974
SIMONS, MD, Carl I ORS
829 Durham Road
Penndel PA 19047
SIMPSON, MD, Zachary A GS
Pocono Lake Preserve
Pocono Lake PA 18348
SINAIKO, MD, Peter A U
The Lofts At Oxford Valley
Langhorne PA 19047
SLADKIN, MD, Kenneth R ADL
124 Jefferson Place
Columbia SC 29212
SLIWINSKI, MD, Stanley J OBG
1288 New Rodgers Road
Levittown PA 19056
SMITH, MD, Charlene M DR
248 Woodstream Court
Langhorne PA 19047
SMITH, MD, David A FP
21 Gatehouse Lane
Doylestown PA 18901
SMITH, DO, Leonard GP
320 Middletown Blvd
Langhorne PA 19047
SMITH, DO, Michael D GP
320 Middletown Blvd
Langhorne PA 19047
SMITH, MD, Stephen H ORS
24-26 South 14th Street
Quakertown PA 18951
SNYDER, MD, Barry J ORS
44 Sweetbriar Lane
Levittown PA 19055
SOMMARIPA, MD, Amory M IM
Grand View Hospital
Sellersville PA 19118
SONG, MD, Sang W PTH
179 Buckshire Drive
Holland PA 18966
SOUDER, MD, Francis R FP
27 North Main Street
Telford PA 18969
SOUDER, MD, Ronald L PD
P O Box 112
Sellersville PA 18960
SOUILLIARD, MD, Donald H PTH
1852 Janney Terrace
Langhorne PA 19047
SPEAR, MD, Barbara A P
P O Box 337
Furlong PA 18925
SPEERS, MD, Herbert K OBG
1339 Woodbourne Road
Levittown PA 19057
SPIEGEL, MD, Edward P PD
1288 New Rodgers Road
Levittown PA 19056
SPIRO, MD, Paul D FP
Box 278
Buckingham PA 18912
SPIVACK, MD, Jack ORS
1723 Woodbourne Road
Levittown PA 19057
STARRELS, MD, Michael E OPH
Franklin & Wood Streets
Doylestown PA 18901
STEINBERG, MD, Dean A AN
800 West State Street
Doylestown PA 18901
STEKERT, MD, Ruth PD
18 Circle Drive
Moorestown NJ 08057
STEPHENSON, MD, OBG
Patricia A S
Upper Bucks Med Arts Bldg
Sellersville PA 18960
STRAUSS, MD, Richard E D
205 Radcliffe Street
Bristol PA 19007
STRZELECKI, MD, Zigmund F ORS
24-26 South 14th Street
Quakertown PA 18951
SUGDEN, MD, William A GP
Box 278
Buckingham PA 18912
SUTHERLAND, MD, Robert D ORS
24-26 South 14th Street
Quakertown PA 18951
TADDONIO, MD, Richard B FP
515 South Olds Blvd
Fairless Hills PA 19030
TAFFLIN, DO, Dennis H FP
401 South Main Street
Doylestown PA 18901
TATEM 3RD, MD, Henry R R
Doylestown Hospital
Doylestown PA 18901
TAX, MD, Richard L OPH
319 Second Street Pike
Southampton PA 18966
TE, MD, Tomas T OPH
1532 Park Avenue
Quakertown PA 18951
THANKI, MD, Ashokkumar S NS
174 Middletown Blvd The Lofts
Langhorne PA 19047
THOMAS JR, MD, Howard P PD
100 South Main Street
Telford PA 18969
THORPE, MD, James H GE
710 Prospect Avenue
Princeton NJ 08540
TIBBELS, MD, Ewing W OTO
332 Brendwood Drive
Langhorne PA 19047
TICE, MD, Walter R GP
P O Box 560
Quakertown PA 18951
TIMMAPURI, MD, Ajaz J FP
543 Flock Road
Hamilton Square NJ 08690
TOLENTINO, MD, Pablito L AN
Lower Bucks Hospital
Bristol PA 19007
TOMLINSON, MD, John W OPH
Landmark Building
Doylestown PA 18901
TOREKI, MD, William PD
449 North Pennsylvania Avenue
Morrisville PA 19067
TRUE, MD, A Curtis OS
2917 Yorkshire Road
Doylestown PA 18901
TRUJILLO, MD, Hernando GS
31 Lakeside Dr
Levittown PA 19054
TUCKER, DO, Marc S GS
75 Pine Glen Road
Langhorne PA 19047
ULASEWICZ, MD, Catherine C OPH
711 Lawn Avenue
Sellersville PA 18960
VANDERBEEK, MD, Richard R IM
14-B Memorial Drive
Doylestown PA 18901
VANDERPOOL, MD, Ramon A N
1400 New Rodgers Road
Levittown PA 19056
VASSALLUZZO, MD, Francis J GP
20 Heights Lane
Feasterville PA 19047
VASSALLUZZO, MD, Julio E GP
1749 Fite Terrace
Langhorne PA 19047
VASTA, MD, Alfred G IM
500 Juniper Street
Quakertown PA 18951
VIKOREN, MD, Farah H OBG
Lafayette & Logan Streets
Doylestown PA 18901
VINCENT, MD, Gregory J GS
402 Middletown Blvd
Langhorne PA 19047
VIZER, MD, Mark B OBG
920 Lawn Avenue
Sellersville PA 18960
VLESSING, MD, Elias CD
15 Lakeside Drive
Levittown PA 19054
VLESSING, MD, Eva OPH
15 Lakeside Drive West
Levittown PA 19054
WARRENDER, MD, William F IM
781 Second Street Park
Southampton PA 18966
WEASON, MD, Steven R D
3900 Ford Road
Philadelphia PA 19131
WEBER, MD, Steven J ID
11-15 Aspen Way
Doylestown PA 18901
WEISBERG, MD, Robert A GP
85 Makefield Road
Morrisville PA 19067
WEISER, MD, Paul J R
838 West State Street
Trenton NJ 08618
WENGER, MD, Jay A R
Grand View Hospital
Sellersville PA 18960
WERNER JR, MD, Joseph H PD
450 East Street
Doylestown PA 18901
WHITAKER, MD, J Michael ORS
800 West State Street
Doylestown PA 18901
WHITE, MD, Albert E FP
1711 Makefield Road
Yardley PA 19067
WHITE, MD, Richard F FP
P O Box 4000
Princeton NJ 08540
WHITMAN, MD, Mark A EM
160 Woodcrest Lane
Doylestown PA 18901
WIDLITZ, MD, Michael D OTO
660 Newtown-Yardley Road
Newtown PA 18940
WIEMANN, MD, George F IM
14C Memorial Drive
Doylestown PA 18901
WIKLER, MD, Joan G GP
24 Birch Road
New Britain PA 18901
WILDERMAN, MD, Barry S AN
112 Cheston Lane
Ambler PA 19002
WILLIHNGANZ, MD, Walter D GS
1402 West Board Street
Quakertown PA 18951
WILSON, MD, Lance B FP
62 South Main Street
Yardley PA 19067
WINN JR, MD, Charles L OS
1031 Ridge Road
Perkasie PA 18944
WOLF, MD, Stephen H PD
Two Wisteria Lane
Levittown PA 19054
WOOD, DO, Karen S FP
204 North West Street
Doylestown PA 18901
WOODMAN, MD, Thomas J P
P O Box 21
Point Pleasant PA 18950
YAZDANYAR, MD, Ali PDC
131 South 11th Street
Quakertown PA 18951
ZABALA-OMBAO, MD, OBG
Lourdes A
1124 Kenneth Lane
Yardley PA 19067
ZANKMAN, MD, Nathan PD
Woodbourne Road
Levittown PA 19057
ZANNI, MD, Anthony L P
111 North 49th Street
Philadelphia PA 19139
ZAPPALA, DO, Angelo J R
12 Decision Way East
Washington Xing PA 18977
ZEGLEN, MD, Kurt T DR
40 Corrigan Road R D 2
Doylestown PA 18901
ZENOUZI, MD, Sirus AN
800 West State Street
Doylestown PA 18901
ZOLLER, MD, Mary A FP
724 Derstine Avenue
Lansdale PA 19446
ZUBKIN, MD, Allan GS
520 Newtown Road
Warminster PA 18974
ZUCKERMAN, MD, Nathan OBG
The Lofts At Oxford Valley
Langhorne PA 19047

BUTLER

ADALJA, MD, Ashok N IM
129 North Washington Street
Butler PA 16001
APPLEGATE, MD, Gerald B OBG
106 Germaine Road
Butler PA 16001
ASHBAUGH, MD, William H PD
100 Thompson Avenue
Butler PA 16001
ATWELL EXEC SEC, SHIRLEY
225 Oakvale Boulevard
Butler PA 16001
BAKER, MD, Marvin P IM
1022 North Main Street
Butler PA 16001
BEAN, MD, Carl B R
164 West Orchard Drive
Butler PA 16001
BELLA, MD, Paraluman PM
330 Lakewood Drive
Butler PA 16001
BLACK, DO, Samuel J DR
Butler County Memorial Hosp
Butler PA 16001
BORJA, MD, Rogelio I U
214 West Cunningham Street
Butler PA 16001
BURGET JR, MD, Dean E PS
C/O Peeples
Chester Springs PA 19425
CHANNAPATI, MD, IM
Thippeswamy
342 North Main Street
Butler PA 16001
CHAUDHARY, MD, Safdar I GP
411-A Glen Malcolm Drive
Glenshaw PA 15116
CLOUSE, MD, Richard M FP
6148 Dutchtown Village
Butler PA 16001
COHEN, MD, Archibald C IM
900 Bay Drive
Miami Beach FL 33141
COPE, MD, Donald I R
Butler County Memorial Hosp
Butler PA 16001

CYPHER, MD, Ronald L OBG
100 Cherokee Drive
Butler PA 16001
DEMBY, MD, Dennis M IM
1022 North Main Street
Butler PA 16001
DICUCCIO, MD, William A FP
P O Box 861
Butler PA 16003
DRENNEN JR, MD, James K GS
101 Grosvenor Drive
Butler PA 16001
DUDECK, MD, Carl R GS
184 Oak Hills Heights
Butler PA 16001
ECKERT, MD, Robert T IM
300 North Mckean Street
Butler PA 16001
EISLER, MD, Robert L P
Slippery Rock Plaza
Slippery Rock PA 16057
EVANKO, MD, David A FP
Critical Care Associates
Chicora PA 16025
EVANS, MD, Jonathan L DR
608 North Mckean Street
Butler PA 16001
FOX, MD, Donald C PD
301 North Mckean Street
Butler PA 16001
GARCIA, MD, Alfredo J IM
312 West Jefferson Street
Butler PA 16001
GOEHRING, MD, Donald E A
106 South Main Street
Butler PA 16001
GREGG, MD, Thomas S R
Butler County Memorial Hosp
Butler PA 16001
HAN, MD, Samuel I IM
127 East Wayne Street
Butler PA 16001
HINCHBERGER, MD, Paul A FP
10725 South A1a
Jensen Beach FL 34957
HOOTMAN, MD, Barry D ORS
214 South Drive
Butler PA 16001
HUNT, MD, Robert E IM
226 South Eberhart Road
Butler PA 16001
HUST, MD, Frederick S DR
101 Mount Laurel Drive
Butler PA 16001
IMBRIE, MD, David E GP
327 North Main Street
Butler PA 16001
JAKYMEC, MD, Andres J AN
614 Ellsworth Place
Pittsburgh PA 15232
JENNEY, MD, Florence S PTH
3045 Terrace Drive
Las Cruces NM 88001
KIM, MD, Raymond Y U
314 Union National Bank Bldg
Butler PA 16001
KIM, MD, Yang K PTH
Butler County Memorial Hosp
Butler PA 16001
KUMAR, MD, Prem IM
510 North Main Street
Butler PA 16001
KUMAR, MD, Ravi J IM
Portersville Professional Bld
Portersville PA 16051
LAUREANO, MD, Reynaldo E IM
944 Mercer Road
Butler PA 16001
LYNN, MD, Charles A DR
Butler Memorial Hospital
Butler PA 16001
MARWAHA, MD, Asha OBG
318 Fifth Street
Butler PA 16001
MARWAHA, MD, Raj Kumar CD
V A Hospital
Butler PA 16001
MAUST, MD, Paul E GS
100 Thompson Road
Butler PA 16001
MCKEE, MD, Robert E GS
939 East Brady Street
Butler PA 16001
MCNERNEY, DO, Robert A IM
Cooperstown Professional Plz
Valencia PA 16059
MEHTA, MD, Varsha J PUD
V A Hospital
Butler PA 16001
MIDHA, MD, Deepak GS
318 Fifth Street
Butler PA 16001
MIRANDA, MD, Cesar P IM
585 Second Street
Butler PA 16001
MOORE, MD, Ernest E GP
1022B North Main Street
Butler PA 16001
MURPHY, MD, Martin J N
9102 Babcock Boulevard
Pittsburgh PA 15237

NALLATHAMBI, MD, Helga N CLP
P O Box 909
Butler PA 16003
NALLATHAMBI, MD, IM
Swamikkan A
131 East Cunningham Street
Butler PA 16001
NAST, MD, Max S GP
106 Devon Manor
Devon PA 19333
NEY, MD, F Gregg R
1005 West Ketler Drive
Grove City PA 16127
NIETO, MD, Victor E EM
1022B North Main Street
Butler PA 16001
NUNNA, MD, Nagabhushanam IM
210 West Cunningham Street
Butler PA 16001
OETTING, MD, Lori A GS
1022-B North Main Street
Butler PA 16001
PARK, MD, Boyd N AN
126 Green Hill Drive
Butler PA 16001
PAUL, MD, Jay PUD
1022B North Main Street
Butler PA 16001
PIRANIAN, MD, Scott S FP
R D 3 Box 188
Valencia PA 16059
PIRRELLO JR, MD, Anthony M CLP
Butler County Memorial Hosp
Butler PA 16001
PRASAD, MD, Mahadevappa M IM
Medical Arts Building
Butler PA 16001
RAMANATHAN, MD, CD
Ganapathy S V
1303B Villa Drive
Butler PA 16001
REEFER, MD, John C IM
1022B North Main Street
Butler PA 16001
RUFF, MD, Curtis C GS
4826 Spring Valley Drive
Allison Park PA 15101
SAWICKI, MD, Edward H FP
310 Center Street
Slippery Rock PA 16057
SAYLOR, MD, Randall M R
118 Edgewood Rd
Butler PA 16001
SCOTT, MD, Howard K PD
2570 Haymaker Road
Monroeville PA 15146
SEKARAN, MD, Kamalesh K PD
117 South Mckean Street
Butler PA 16001
SEKARAN, MD, Somasundaram K U
117 South Mckean Street
Butler PA 16001
SELVARAJ, MD, Mylappan CD
109 West Winterwood Drive
Butler PA 16001
SELVARAJ, MD, Vijayalakshmi PD
109 Winterwood Drive
Butler PA 16001
SETHI, MD, Surendra K CD
230 South Washington Street
Butler PA 16001
SHERMAN, DO, Richard L FP
301 Prairie Street
Harrisville PA 16038
SHETTER, MD, Thomas G IM
216 West Jefferson Street
Butler PA 16001
SOFFIETTI, MD, John H P
5910 Wellesley Avenue
Pittsburgh PA 15206
SPINA, MD, Carmen M GP
127 East Cunningham Street
Butler PA 16001
SPINA, MD, Nancy R OBG
P O Box 2192
Butler PA 16001
SPINGOLA, MD, Charles E ORS
301 First Street
Butler PA 16001
SUBBIAH, MD, Theuaraya N CD
122 Chippewa Drive
Butler PA 16001
SUTARIA, MD, Hasmukhbhai N GP
Box 368
East Brady PA 16028
SUTTON JR, MD, Edward L D
21 Medical Arts Building
Butler PA 16001
TIBURCIO JR, MD, Albino F PD
100 Thompson Avenue
Butler PA 16001
TOLENTINO, MD, Julian C OBG
316 North Main Street
Butler PA 16001
TREDENNICK, MD, Charles N OPH
110 East Diamond
Butler PA 16001
TURNBLACER, MD, Charles B OTO
340 North Main Street
Butler PA 16001

WAHL, MD, Dayne F GP
835 Edmond Street
Harmony PA 16037
WEISSMAN, MD, Jerry OPH
156 North Main Street
Butler PA 16001
WELLMAN, MD, Richard H OS
111 Farmington Drive
Butler PA 16001
WICK, MD, John L OPH
1000 North Mckean Street
Butler PA 16001
WYMER, MD, Ralph M OBG
107 East Penn Street
Butler PA 16001
ZABLOTSKY, MD, Peter M DBG
939 East Brady Street
Butler PA 16001

CAMBRIA

ABRAHAMS, MD, Jonathan I DR
1086 Franklin Street
Johnstown PA 15905
ACOSTA, MD, William R N
47 Osborne Street
Johnstown PA 15905
AGUILERA, MD, Amelia G OBG
609 Somerset Avenue
Windber PA 15963
AGUILERA, MD, Bonifacio T GS
609 Somerset Avenue
Windber PA 15963
AHLERS, MD, Paul EM
320 Main Street
Johnstown PA 15901
ALLEN JR, MD, Herbert V GP
2472 Bedford Street
Johnstown PA 15904
ANTEMANN, MD, Richard W TR
135 Osborne Street
Johnstown PA 15905
ASHMAN, MD, George S OPH
503 Tioga Street
Johnstown PA 15905
AWAN, MD, Rashid A IM
1107 Mckinley Avenue
Johnstown PA 15905
AZER, MD, Magdi S CDS
88 Osborne Street
Johnstown PA 15905
BAKER, MD, Bobbi D EM
109 Jacqueline Drive
Johnstown PA 15904
BANTLY, MD, Victor S GP
715 Oak Street
Johnstown PA 15902
BARTO, MD, Jack W PD
201 Delta Drive
Johnstown PA 15904
BEERMAN, MD, Curtis A PD
1108 Club Drive
Johnstown PA 15905
BENCIE, MD, David J IM
609 Somerset Avenue
Windber PA 15963
BENKO, MD, Stephen T PS
1650 Menoher Blvd
Johnstown PA 15905
BENNETT, MD, John L EM
459 Clarence Street
Johnstown PA 15905
BENSHOFF, MD, Albert M PTH
1020 Franklin Street
Johnstown PA 15901
BENSHOFF, MD, Arthur M GP
1302 Somerset Avenue
Windber PA 15963
BERGER, MD, Karl PD
1141 Franklin Street
Johnstown PA 15905
BLOCK, MD, Robert C PTH
Crawford And First Avenues
Spangler PA 15775
BONDY, MD, Thomas J AN
1700 Magdalene Way
Johnstown PA 15905
BORECKY, MD, David C IM
353 Market Street
Johnstown PA 15901
BORKOW, MD, Joel E PS
1650 Menoher Blvd
Johnstown PA 15905
BRADLEY, MD, Samuel M IM
1135 Franklin Street
Johnstown PA 15905
BREMER, MD, Harry J FP
865 South Gulfview Blvd
Clearwater Beach FL 34630
BRISINI, MD, Patrick D U
Centre Town Mall
Johnstown PA 15901
BURGBACHER, MD, James S P
1063 Franklin Street
Johnstown PA 15905
BURKETT, MD, Donald E FP
R D 1 Box 103g
Summerhill PA 15958
BUSH, MD, Stephen T PTH
320 Main Street
Johnstown PA 15901

CALDERON, MD, Celia S PD
2163 Woodcrest Drive
Johnstown PA 15905
CALDERON, MD, Dominador C PUD
1111 Franklin Street
Johnstown PA 15905
CAMPBELL, MD, Robert W DR
246 Marietta Drive
Johnstown PA 15904
CARDELLINO, MD, Thomas J CD
1123 Franklin Street
Johnstown PA 15905
CARNEY, MD, Frank T U
1111 Franklin Street
Johnstown PA 15905
CAROFF, MD, Romuald J FP
College Park Plaza
Johnstown PA 15904
CARRIER, MD, Judith M GP
1020 Franklin Street
Johnstown PA 15905
CARRIER, MD, William W EM
1020 Franklin Street
Johnstown PA 15905
CARTER, MD, Howard A AN
1086 Franklin Street
Johnstown PA 15905
CARTWRIGHT, MD, Richard L IM
159 Arlington Street
Johnstown PA 15905
CASALE, MD, Lawrence F ORS
88 Osborne Street
Johnstown PA 15905
CASTELLON, MD, Lourdes IM
10200 Belle Rive Blvd
Jacksonville FL 32216
CASTELLON-VOGEL, MD, EM
Carlos H
Route 13
Lake City FL 32055
CERIMELE, MD, Nicholas A GS
88 Osborne Street
Johnstown PA 15905
CHANDRAN, MD, Girija FP
Center Town Mall
Johnstown PA 15901
CHANDRAN, MD, RHU
Gopalaswamy
Centre Town Mall
Johnstown PA 15901
CHEN, MD, Hsien-Bin PTH
13 Akers Street
Johnstown PA 15905
COBERN, MD, Charles B NM
1016 Bentley Drive
Naples FL 33963
CORSON, MD, Hampton P OBG
1111 Franklin Street
Johnstown PA 15905
CSIKOS, MD, David A IM
609 Somerset Avenue
Windber PA 15963
CWIK, MD, John C AN
23 Gardner Street
Johnstown PA 15905
DANDREA, MD, Raymond L GP
Bigler Avenue
Spangler PA 15775
DAVIS, MD, James K D
142 Algonquin Street
Johnstown PA 15904
DHAWER, MD, Virender P S CD
321 Main Street
Johnstown PA 15901
DONDE, MD, Dilip M IM
200 Bigler Avenue
Spangler PA 15775
DONDE, MD, Mrunalini D PD
200 Bigler Avenue
Spangler PA 15775
DONROVICH, MD, Paul J FP
1086 Franklin Street
Johnstown PA 15904
DUKE III, MD, Bruce E GS
1111 Franklin Street
Johnstown PA 15905
ECKELS, DO, Dennis L FP
R D 1 Box 234
Bolivar PA 15923
EDELSTEIN, MD, Abe J D
300 Bayview Drive
North Miami Beach FL 33160
ELLENBERGER JR, MD, IM
Thomas R
321 Main Street
Johnstown PA 15901
EPERJESSY, MD, Ernest Z GP
1315 Midway
Windber PA 15963
EVANS, MD, David M IM
229 Mifflin Street
Johnstown PA 15905
EVANS, MD, Hilary PTH
Lee Hospital
Johnstown PA 15901
FIKRI, MD, Erden GS
353 Market Street
Johnstown PA 15901
FINDER, MD, Marc J EM
2178 Woodcrest Drive
Westmont PA 15905

FLORA, MD, William K OTO
1138 Confer Avenue
Johnstown PA 15905
FURIGAY, MD, R L GS
609 Somerset Avenue
Windber PA 15963
FURNARY, MD, James S GS
1020 Franklin Street
Johnstown PA 15905
GANNON, MD, Reynaldo T AN
1086 Franklin Street
Johnstown PA 15905
GARBARINO, MD, Andrew A PD
110 Main Street
Johnstown PA 15901
GO JR, MD, William C ORS
609 Somerset Avenue
Windber PA 15963
GOLDBLATT, MD, Sidney A PTH
1086 Franklin Street
Johnstown PA 15905
GRADY, MD, James W GS
2150 Hillholm Avenue
Johnstown PA 15905
GRAY, MD, Jerry L IM
609 Somerset Avenue
Windber PA 15963
GRESS, MD, Gordon A IM
1111 Franklin Street
Johnstown PA 15905
GRESS, MD, William W FP
Box 406
Davidsville PA 15928
GRIFFITH, MD, Glenn G GS
P-17 Point Circle Drive
Central City PA 15926
GUELBENZU, MD, Nelson O IM
R D 7 Box 425
Johnstown PA 15905
GVOZDEN, MD, Robert FP
128 Fairfield Avenue
Johnstown PA 15906
HAMATY, MD, Ronald M OBG
1257 Laurel View Drive
Johnstown PA 15905
HAMILTON, MD, Linda C PD
839 Luzerne Street
Johnstown PA 15905
HANZEL, MD, George D PUD
1127 Franklin Street
Johnstown PA 15905
HAQUE, MD, Ikram U NS
321 Main Street
Johnstown PA 15901
HARLEY, MD, Barbara M PD
1086 Franklin Street
Johnstown PA 15905
HARLEY, MD, John B ON
P O Box 46
Chokoloskee FL 33925
HARRIGER, MD, Clyde E FP
1450 Scalp Avenue
Johnstown PA 15904
HARTNETT, MD, Robert W GP
916 St Clair Road
Johnstown PA 15905
HAUGER, MD, William D IM
Conemaugh Valley Mem Hospital
Johnstown PA 15905
HEDRICK, MD, Thomas A PD
353 Market Street
Johnstown PA 15901
HENRIQUES, MD, Errol D GP
213 South Marion Street
Ebensburg PA 15931
HILL, MD, Edward B FP
1111 Franklin Street
Johnstown PA 15905
HIRSCH, MD, William P EM
R D 1 Box 55
Bolivar PA 15923
HOFFMAN, MD, Chauncey FP
150 Macridge Avenue
Johnstown PA 15904
HOLSINGER, MD, David F FP
R D 4 Box 209
Ebensburg PA 15931
HORNER, MD, Barbara A GP
97 Dartmouth Avenue
Johnstown PA 15905
HORWIN, MD, Samuel R
Sherwood Oaks 227
Mars PA 16046
HUNSBERGER, MD, Charles L OPH
120 Main Street
Johnstown PA 15907
HYMAN, MD, Paul R N
225 Vine Street
Johnstown PA 15901
IGNACIO JR, MD, Glicerio V GP
Laurel Drive
Hastings PA 16646
ISLAMOFF, MD, Igor I GS
128 Walnut Street
Johnstown PA 15901
KANSAGRA, MD, Jasmat N AN
1086 Franklin Street
Johnstown PA 15905
KARDUCK, MD, John S FP
220 Main Street
Portage PA 15946

KEMP III, MD, Dewitt E GS
R D 1 Box 54
Davidsville PA 15928
KIM, MD, Hwan Y AN
320 Main Street
Johnstown PA 15901
KING, MD, Andrew J D
Suite 170
Johnstown PA 15901
KING, MD, Phillip E DR
Department Of Radiology
Johnstown PA 15905
KIRBY, MD, Claude W GP
511 Keystone Avenue
Cresson PA 16630
KITSKO, MD, William T P
60 Peninsula Drive
Central City PA 15926
KLEMENS, MD, Lee J IM
19 Rose Street
Johnstown PA 15905
KLEMENS, MD, Robert F IM
19 Rose Street
Johnstown PA 15905
KOELLER, MD, Royal R FP
1130 Franklin Street
Johnstown PA 15905
KOHLER EXEC SEC, MICHAEL P
47 Osborne Street
Johnstown PA 15907
KONVOLINKA, MD, Carl W GS
Valley Surgeons
Johnstown PA 15905
KORDEK, MD, Michael E FP
R D 3 Box 193-H
Ebensburg PA 15931
KOUL, MD, Hira GE
970 Franklin Street
Johnstown PA 15905
KREGER, MD, Spencer P
929 Menoher Boulevard
Johnstown PA 15905
KRELL, MD, Arthur S OPH
1020 Franklin Street
Johnstown PA 15905
KRINSKY, MD, Sam I NM
Mercy Hosp 1020 Franklin St
Johnstown PA 15905
KRUSZEWSKI, MD, Stefan P P
R D 2 Box 364
Boswell PA 15531
KULKARNI, MD, Pradeep K OBG
321 Main Street
Johnstown PA 15901
LANTOS, MD, Raymond J IM
1111 Franklin Street
Johnstown PA 15905
LAWLESS, MD, David F FP
551 Ferndale Avenue
Johnstown PA 15901
LEFLER, MD, Kenneth D FP
Box 35
Lilly PA 15938
LEIB JR, MD, Richard C IM
16322 Falcon Hill
San Antonio TX 78247
LEVY, MD, Jeffrey A DR
Conemaugh Valley Mem Hosp
Johnstown PA 15905
LEWINE, MD, Yale S FP
20172 Village 20
Camarillo CA 93010
LONGWELL JR, MD, Benton E GP
334 Gardner Street
Johnstown PA 15905
LOVETTE, MD, John B GS
2114 Hayden Drive
Johnstown PA 15905
LOWRY, MD, Don A ORS
Two Celeste Drive
Johnstown PA 15905
LUND, MD, Peere C AN
Apartado Portal #550
Mexico 45900
LUTHER, MD, Robert J FP
P O Box 368
Ebensburg PA 15931
MAGLEY, MD, Robert C FP
300 West Highland Avenue
Ebensburg PA 15931
MAGLEY, MD, Robert Scott EM
Emergency Department
Spangler PA 15775
MAITLEN, MD, Robert W FP
48 Venango Street
Johnstown PA 15905
MAKWANA, MD, Girish N AN
235 Fayette Street
Johnstown PA 15905
MALHOTRA, MD, Vijay K IM
78 Fairfeild Avenue
Johnstown PA 15906
MALL, MD, Albert K OBG
1020 Franklin Street
Johnstown PA 15905
MARAVALLI, MD, Camille J OPH
120 Main Street
Johnstown PA 15907
MARI-MAYANS, MD, Juan B EM
1086 Franklin Street
Johnstown PA 15905

MARTIN, MD, Philip G FP
83 Bronx Avenue
Johnstown PA 15905
MASCIOTRA, MD, Nicholas J OTO
321 Main Street
Johnstown PA 15901
MASTRINE, MD, Larry R IM
Ebensburg Mini Mall
Ebensburg PA 15931
MATHUR, MD, Ajay K RHU
Blair Mill Village East
Horsham PA 19044
MATHUR, MD, Dinesh P IM
246 Collegiate Drive
Johnstown PA 15904
MCDOWELL, MD, Richard M EM
Memorial Hospital
Johnstown PA 15905
MCKENNA, MD, Thomas J OPH
134 Montour Avenue
Johnstown PA 15905
MCKINLEY, MD, Donald R OBG
1111 Franklin Street
Johnstown PA 15905
MCKINLEY, MD, Richard G OBG
1111 Franklin Street
Johnstown PA 15905
MEYERS, MD, Paul T OTO
333 The Esplanade A-201
Venice FL 34285
MICHAUD, MD, Joseph E PD
306 Richard Court
Johnstown PA 15905
MILDER, MD, James E ID
C/O Hamad Hospital
Doha Qatar
MITAL, MD, Mohan S CD
909 Parkview Drive
Johnstown PA 15905
MITAL, MD, Nirmal G DR
1086 Franklin Street
Johnstown PA 15905
MITCHELL, MD, Donald D OBG
1111 Franklin Street
Johnstown PA 15905
MITTAL, MD, Vimal HEM
1245 Erickson Drive
Johnstown PA 15904
MOCK, MD, Gregory D FP
Box 406
Davidsville PA 15928
MONTELEONE, MD, Paul N PTH
755 Luzerne Street
Johnstown PA 15905
MORGAN, MD, Owen K OPH
422 Main Street
Johnstown PA 15901
MORRELL, DO, Roger W OBG
321 Main Street
Johnstown PA 15901
MORRISON JR, MD, Ralph W FP
434 Grove Avenue
Johnstown PA 15902
MOSES, MD, James M ORS
Two Celeste Drive
Johnstown PA 15905
MOYER, MD, John H CD
1086 Franklin Street
Johnstown PA 15905
MRKICH, MD, Robert FP
1530 Budfield Street
Johnstown PA 15904
MURALI, MD, Bhaskaran GS
1650 Menoher Blvd
Johnstown PA 15905
MURRAY, MD, Richard C GP
720 South Fifth Avenue
Patton PA 16668
MUSSIO, MD, John A NS
88 Osborne Street
Johnstown PA 15905
NGINYO, MD, Josphat A OBG
135 Osborne Street
Johnstown PA 15905
NIDO, MD, Michael P DR
2132 Hayden Drive
Johnstown PA 15905
OCONNOR, MD, Leo E GP
1748 Lyter Drive
Johnstown PA 15905
OSCHWALD, MD, Charles J CD
103 Kenruth Avenue
Johnstown PA 15905
OWENS, MD, Thomas A GP
25 Thomas Street
Carrolltown PA 15722
PALMER JR, MD, William E R
320 Main Street
Johnstown PA 15901
PANEK, MD, Bernard S FP
353 Market Street
Johnstown PA 15901
PARCINSKI, DO, Richard E PUD
1127 Franklin Street
Johnstown PA 15905
PARK, MD, Neil I H OBG
609 Somerset Avenue
Windber PA 15963
PARONISH, MD, William J FP
Box 372
Elmora PA 15737

PATEL, MD, Jagdish D IM
1111 Franklin Street
Johnstown PA 15905
PATRICK, MD, Timothy A GS
Miners Hospital
Spangler PA 15775
PATTERSON, MD, Joseph R R
1086 Franklin Street
Johnstown PA 15905
PICKERILL, MD, Robert G PUD
524 Grove Avenue
Johnstown PA 15902
PIDUTTI, MD, Richard W FP
321 Main Street
Johnstown PA 15901
PINKERTON, DO, Richard A ON
1020 Franklin Street
Johnstown PA 15905
PLUMMER, MD, Robert A FP
353 Market Street
Johnstown PA 15901
POLITO, MD, Joseph R OPH
120 Main Street
Johnstown PA 15907
POST, MD, Jarvis H OPH
808 St Clair Road
Johnstown PA 15905
POTE JR, MD, Harry H IM
353 Market Street
Johnstown PA 15901
PRICE, MD, Richard E OM
1309 Claythorne Drive
Johnstown PA 15904
PRUCHNIC, MD, William F IM
1111 Franklin Street
Johnstown PA 15905
QUINN, MD, John R AN
320 Main Street
Johnstown PA 15901
RAYMOND, MD, Joseph W OPH
807 Sunnehanna Drive
Johnstown PA 15905
RAYMOND, MD, Paul A FP
235 Collegiate Drive
Johnstown PA 15904
REYES, MD, Alfredo M EM
1101 Philadelphia Avenue
Barnesboro PA 15714
RHOADS, MD, Harry M GP
209 Frederick Street
Johnstown PA 15902
RICHEY, MD, James E GE
1111 Franklin Street
Johnstown PA 15905
RIDELLA, MD, Peter J ORS
2222 Woodcrest Drive
Johnstown PA 15905
RITTER, MD, Mario IM
P O Box 1000
Johnstown PA 15901
RIZKALLA, MD, Waheeb M PTH
914 Bucknell Avenue
Johnstown PA 15905
ROCK, MD, James A PTH
R D 1 Box 314
Ashville NY 14710
ROGERS, MD, George E FP
1766 Lyter Drive
Johnstown PA 15905
ROGERSON, MD, David R OTO
321 Main Street
Johnstown PA 15901
ROSENBAUM, MD, Aron GP
506 15Th Street
Windber PA 15963
ROSENBERG, MD, Lawrence S PD
1141 Franklin Street
Johnstown PA 15905
ROSENBLATT, MD, Stanley G DR
1086 Franklin Street
Johnstown PA 15905
RUNDORFF, MD, Robert L P
1086 Franklin Street
Johnstown PA 15905
SAHLANEY, MD, William J FP
Box 308
Seward PA 15954
SAIONTZ, MD, Howard I ON
Lee Hospital
Johnstown PA 15901
SALAS, MD, Marty M VS
1650 Menoher Blvd
Johnstown PA 15905
SAMII, MD, Ali M TS
88 Osborne Street
Johnstown PA 15905
SCHAEFER, MD, Thomas J GS
1020 Franklin Street
Johnstown PA 15905
SCHENFELD, MD, Louis A IM
1111 Franklin Street
Johnstown PA 15905
SCHILLER, MD, Harvey J GP
317 Bloomfield Street
Johnstown PA 15904
SCHILLI, MD, Rudolph GE
1111 Franklin Street
Johnstown PA 15905
SCHROCK, MD, Laura J GS
1111 Franklin Street
Johnstown PA 15905

SCHROEDER, MD, Richard D ORS
Two Celeste Drive
Johnstown PA 15905
SEEBER, MD, John J PM
320 Main Street
Johnstown PA 15901
SEIFERT, MD, Thomas E OBG
353 Market Street
Johnstown PA 15901
SEWAK, MD, Michael E GP
268 Main Street
Conamaugh PA 15909
SHARBAUGH, MD, Donald G GP
Box 329
Carrolltown PA 15722
SHERIDAN, DO, Joseph F PD
110 Main Street
Johnstown PA 15901
SHOPE, MD, Earl S PTH
Medical Arts Building
Everett PA 15537
SILVERSTEIN, MD, David H IM
P O Box 782
Norwalk CT 06852
SIVULICH, MD, Michael J OPH
2238 Woodcrest Drive
Johnstown PA 15905
SMEAL, MD, William E CD
951 Perry Highway
Pittsburgh PA 15237
SMITH, MD, William P GP
116 East High Street
Ebensburg PA 15931
SMOYER, MD, Ronald L FP
233 Mifflin Street
Johnstown PA 15905
SOBIESKI, MD, Joseph T IM
200 Tall Timber Drive
Johnstown PA 15904
SOISSON JR, MD, Ferdinand L OBG
353 Market Street
Johnstown PA 15901
SRIVASTAVA, MD, Sheonath P IM
817 Franklin Street
Johnstown PA 15901
STADTMILLER, MD, Richard J FP
Deyarmin Bldg
St Michael PA 15951
STEFANIK, MD, David TR
135 Osborne Street
Johnstown PA 15905
STEIN, MD, Alan H EM
227 Luzerne Street
Johnstown PA 15905
STOTLER, MD, Charles W FP
317 Bloomfield Street
Johnstown PA 15904
STOVER, MD, Donald L EM
1450 Scalp Avenue
Johnstown PA 15904
STROTHER, MD, George W PUD
321 Main Street
Johnstown PA 15901
STRUNK, MD, Thomas J U
1111 Franklin Street
Johnstown PA 15905
SUBBARAO, MD, Aragam R GS
P O Box 815
Spangler PA 15775
SWANSIGER, MD, Robert J FP
609 Somerset Avenue
Windber PA 15963
TAN JR, MD, Ramon N AN
1726 Electra Drive
Johnstown PA 15904
TEMPLIN JR, MD, William B GS
300 Market Street
Johnstown PA 15901
TIMEK, MD, Patricia A R
456 Magee Avenue
Patton PA 16668
TIMENS, MD, Lawrence J CHP
Stoughton Lake
Jennerstown PA 15547
TOMHAVE, MD, Robert H OBG
1111 Franklin Street
Johnstown PA 15905
TREDENNICK, MD, John T OPH
Centertown Mall
Johnstown PA 15901
TUKANOWICZ, MD, Stanislaw A N
203 Greene Street
Johnstown PA 15905
TURCO, MD, Phillip J IM
1256 Saylor Street
Johnstown PA 15905
VOYTKO, MD, Richard E EM
608 Tioga Street
Johnstown PA 15905
WAHL, MD, Jeffry R FP
1480 Franklin Street
Johnstown PA 15905
WALL, MD, Rod A CD
1123 Franklin Street
Johnstown PA 15905
WARIKOO, MD, Nanna IM
1086 Franklin Street
Johnstown PA 15905
WARIKOO, MD, Shiban K U
1111 Franklin Street
Johnstown PA 15905

WAY, MD, George E FP
1810 Brickhouse Lane
Fallston MD 21047
WERNER, MD, Joyce Z AN
R D 7 Box 116
Johnstown PA 15904
WERTZ, MD, Robert R R
2124 Timson Drive
Johnstown PA 15905
WHEELING, MD, George H ORS
722 Franklin Street
Johnstown PA 15901
WHITE, MD, T Michael IM
Conemaugh Valley Mem Hospital
Johnstown PA 15905
WHITE, MD, Warren F D
2119 Hillholm Avenue
Johnstown PA 15905
WILDER, MD, David W DR
1271 Laurel View Drive
Johnstown PA 15905
WINEY, MD, Wilfred H IM
White Star Village
Jennerstown PA 15547
WINT, MD, Samuel J FP
117 Bonnie Lane
Windber PA 15963
WOLFE, MD, Judith A OTO
1020 Franklin Street
Johnstown PA 15905
WOLFE, MD, Patrick W DR
Lee Hospital Radiology Dept
Johnstown PA 15901
WOZNIAK, MD, Richard S FP
R D 1 Box 63b
New Florence PA 15944
WRIGHT, MD, Rayford E FP
27 Riverside Drive
North East MD 21901
WYNERT, MD, William R ON
568 Elknud Lane
Johnstown PA 15905
YARDLEY, MD, Trevor W ORS
1450 Scalp Avenue
Johnstown PA 15904
YATES, MD, William A GS
321 Main Street
Johnstown PA 15901
YERGER, MD, John F PTH
2250 Menoher Blvd
Johnstown PA 15905
ZABAT, MD, Enrico A GP
132 Terrace Drive
Johnstown PA 15904
ZIMMERMAN, MD, Richard P GS
750 Washington Road
Pittsburgh PA 15228

CARBON

AMBANI, MD, Narendra V PD
R D 6 Box 52
Lehighton PA 18235
ASO, MD, Orlando A GS
2240 Schoenersville Road
Bethlehem PA 18017
BHE, MD, H Kwan DR
80 Ancinetta Drive
Schnecksville PA 18078
BOBICK, MD, Frank OPH
R D 3
Tamaqua PA 18252
BOHRI, MD, James D R
Ten Hilton Road
Schnecksville PA 18078
COPE, MD, Edwin S IM
374 Harvard Avenue
Palmerton PA 18071
DAIT, MD, Jose E U
R D 6 Box 164
Lehighton PA 18235
DEVANI, MD, Shyamsunder H OBG
135 Lafayette Avenue
Palmerton PA 18071
DIAZ, MD, Floriel P GS
R D 1
Lehighton PA 18235
DIZON, MD, Gaudencio S GP
332-334 Center Street
Jim Thorpe PA 18229
EVANS, MD, John J GS
36 West Catawissa Street
Nesquehoning PA 18240
FARR, MD, James OBG
180 North 12th Street
Lehighton PA 18235
FLANIGAN JR, MD, John L GS
R D 1 Box 168-101
Lehighton PA 18235
FRANTZ, MD, Robert R GP
R D 7 Box 341
Lehighton PA 18235
GAJULA, MD, L Narayan PD
12Th And Cypress Street
Lehighton PA 18235
GOPLERUD, MD, Elizabeth J OBG
Palmerton Hospital
Palmerton PA 18071
GOUW, MD, Christopher B DR
R D 1 Box 328
Lehighton PA 18235

HOUSHMAND, MD, Cyrus HEM
R D 1
Lehighton PA 18235
KHAN, MD, Shaukat H IM
Palmerton Hospital
Palmerton PA 18071
KO, MD, Yih S AN
R D 6 Box 234
Lehighton PA 18235
KUPP, MD, John H OPH
Luther Crest Apartment 183
Allentown PA 18104
LAIGON, MD, Eugene E CD
135 East Ridge Street
Coaldale PA 18218
LEE, MD, Chung H AN
R D 6 Box 153
Lehighton PA 18235
LESHOCK, MD, Leon E IM
355 Columbia Avenue
Palmerton PA 18071
MAKHIJA, MD, Kailash R OBG
12Th Cypress Street
Lehighton PA 18235
MAROUN, MD, William J R
Huetten Memorial Hospital
Lehighton PA 18235
MEDINA, MD, Rodrigo D GP
336 Kiddie Lane
Walnutport PA 18088
MILLER, MD, Edward J IM
204 State Road
Lehighton PA 18235
MILLER, MD, Richard C OBG
Oak Court
Nesquehoning PA 18240
MONTES, MD, Manuel Y GP
The Palmerton Hospital
Palmerton PA 18071
MUSA, MD, Alimad N IM
175 North Seventh Street
Lehighton PA 18235
RAZA, MD, Hyder S GS
415 Mahoning Street
Lehighton PA 18235
SALAZAR, MD, Edgardo P GP
135 Lafayette Avenue
Palmerton PA 18071
SLATER, MD, Kenneth C IM
P O Box 147
Lehighton PA 18235
SNYDER, MD, Marvin C GP
846 Mahoning Street
Lehighton PA 18235
STEELE, MD, John E IM
Second And South Streets
Lehighton PA 18235
TAN, MD, Lian K AN
Palmerton Hospital
Palmerton PA 18071
THOMAS, MD, George P GS
1124 East Circle Drive
Palmerton PA 18071
THOMAS JR, MD, George P US
72 Broadway
Jim Thorpe PA 18229
VISPERAS, MD, Mario F GS
Second & South Streets
Lehighton PA 18235
WEIDAW, MD, Harold R A
P O Box 1835
Pinehurst NC 28374

CENTRE

ABOULHOSN, MD, Hussein IM
323 West High Street
Bellefonte PA 16823
ADAMS, MD, Jonathan D FP
233 Easterly Parkway
State College PA 16823
ALLISON JR, MD, A Reid CD
905 University Drive
State College PA 16801
ASKIN, MD, Stanley R ORS
1341 South Atherton Street
State College PA 16801
BAKER, MD, Jeffrey H FP
4206 South Allen Street
State College PA 16801
BAKER, MD, Mark S PD
3901 South Atherton Street
State College PA 16801
BAKER, MD, Roy F GP
Madera PA 16661
BARNES, MD, W Stephen GS
226 Highland Avenue
State College PA 16801
BARNES, MD, William T CDS
226 Highland Avenue
State College PA 16801
BATORY, MD, Katherine H PD
46 Aberdeen Place
Woodbury NJ 08096
BEM, MD, Thomas P EM
408 Shadow Lane
State College PA 16801
BENDER, MD, George E PH
254 South Barnard Street
State College PA 16801
BENSON, MD, David R GP
536 Blanchard Street
Bellefonte PA 16823
BERESNY, MD, Gerald M OTO
611 University Drive
State College PA 16801
BISHOP, MD, Wayne E PD
611 University Drive
State College PA 16801
CAMPBELL JR, MD, James M OPH
915 Robin Road
State College PA 16801
CARNEY, MD, Paul L GP
730 East Mccormick Avenue
State College PA 16801
CARRIER, MD, Ralph E FP
3335 South Florida
Lakeland FL 33803
CAWTHERN, MD, Thomas H PTH
Department Of Pathology
State College PA 16803
CHASE, MD, William D PD
P O Box 837
Lemont PA 16851
COLEMAN, MD, Ernest H GP
705 Sunset Road
State College PA 16803
COOK, MD, Gregory D EM
26 High Meadow Lane
State College PA 16803
CORMAN, MD, Paul M IM
214 North Allegheny Street
Bellefonte PA 16823
COVEY, MD, John K OPH
115 South Spring Street
Bellefonte PA 16823
CRAMER, DO, David I OBG
1206 Deerfield
State College PA 16801
CULLEN, MD, Esker W ABS
P O Box 186
Lemont PA 16851
DANNEKER, MD, Dale A GS
245 South Burrowes Street
State College PA 16801
DAULER, MD, Thomas P P
212 East Mitchell Avenue
State College PA 16803
DENCH JR, MD, Edward H AN
P O Box 580
Boalsburg PA 16827
DISICK, MD, Solomon PA
406 South Corl Street
State College PA 16801
DIXON, MD, Richard H
3901 South Atherton Street
State College PA 16801
DRANOV, MD, Jonathan NEP
3901 South Atherton Street
State College PA 16801
DREIBELBIS, MD, William H IM
113 Olive Street
Snow Shoe PA 16874
DUNNE, MD, Gay D D
137 South Pugh Street
State College PA 16801
DUNNE, MD, James H D
137 South Pugh Street
State College PA 16801
EVANS, DO, John C PM
R D 5 Box 451-A
Bellefonte PA 16823
FERRIER, MD, Melvin C IM
R D 3 Box 448
Philipsburg PA 16866
FIGLIN, DO, Joshua M PYM
673 Pike Street
Lemont PA 16851
FISHER, MD, John T OPH
507 Locust Lane
State College PA 16801
FLEAGLE, MD, Genevra S OS
508 Outer Drive
State College PA 16801
FLEAGLE, MD, Samuel B OS
508 Outer Drive
State College PA 16801
FORCEY, MD, Clarke M R
Box 509
Philipsburg PA 16866
FRANCO, MD, Alexander OS
R D 3 Box 541
Bellefonte PA 16823
FREEDMAN, DO, Susan R PM
R D 5 Box 451
Bellefonte PA 16823
GARCIA, MD, Marian FP
233 Easterly Parkway
State College PA 16801
GORDEUK, MD, Daniel S GS
245 South Burrowes Street
State College PA 16801
GUILLARD, MD, Frank IM
251 Easterly Parkway
State College PA 16801
HAIGHT, MD, Joel B IM
3901 South Atherton Street
State College PA 16801
HALL, MD, Robert L CD
251 Easterly Parkway
State College PA 16801
HARGLEROAD II, MD, John A GP
432 Outer Drive
State College PA 16801
HARRY, MD, Harriet M FP
Box 617
State College PA 16801
HARVEY, MD, James S FP
369 Hidden Valley Drive
Naples FL 33942
HARVEY, MD, William F IM
308 Curtis Street
Philipsburg PA 16866
HEIMER, MD, Jeffrey L OPH
507 Locust Lane
State College PA 16801
HENDRICKS JR, MD, Gilbert L CDS
226 Highland Avenue
State College PA 16801
HEYWOOD, MD, Susan E CD
3901 South Atherton Street
State College PA 16801
HUNTER, MD, Robert J OTO
611 University Drive
State College PA 16801
HYLBERT JR, MD, Kenneth W P
1122 Centre Lane
State College PA 16801
ISHLER, MD, H Richard GP
227 South Burrowes Street
State College PA 16801
KEIL, MD, Stephen M CD
2651 Sleepy Hollow Drive
State College PA 16803
KISH, MD, Robert S U
905 University Drive
State College PA 16801
KNERR, MD, Richard A GP
2046 Pine Cliff Road
State College PA 16801
KNOX, MD, Mark A FP
101 South Spring Street
Bellefonte PA 16823
KOPP, MD, Nel PD
230 Ronan Drive
State College PA 16801
KRUG, MD, Edgar S GP
P O Box 661
Crystal River FL 32629
KUHNLEY, MD, Edward J CHP
738 Devonshire Drive
State College PA 16803
LAKOVICS, MD, Magnus P
Earlystown Road
Centre Hall PA 16828
LESCANIC, MD, Michael L AN
7800 Seville Circle
Bradenton FL 34209
LIGHT, MD, John H IM
P O Box 29
Boalsburg PA 16827
LYKENS, MD, Harry D R
2640 Clyde Avenue
State College PA 16801
MACLEAR, DO, Douglas G AN
945 Outer Drive
State College PA 16801
MAGNANI, MD, Thomas J PTH
119 Harris Drive
State College PA 16801
MANDETTA, MD, Donald F GE
3901 South Atherton Street
State College PA 16801
MATEER, MD, Eugene H CD
1900 Cliffside Drive
State College PA 16801
MATEER, MD, John E N
3901 South Atherton Street
State College PA 16801
MAXIN, MD, Charles W FP
611 University Drive
State College PA 16801
MAYERS JR, MD, Stanley P PH
648 Wiltshire Drive
State College PA 16803
MCCORMICK, MD, George M PD
238 Old Mill Road
State College PA 16801
MCDERMOTT JR, MD, Harry M PD
Ritenour Health Center
University Park PA 16802
MCGUIRE, MD, Richard J IM
251 Easterly Parkway
State College PA 16801
MEBANE, MD, Tom S EM
200 Highland Avenue
State College PA 16801
MEBANE III, MD, Tom S OBG
251 Easterly Parkway
State College PA 16801
MIKELONIS, MD, Robert J FP
611 University Drive
State College PA 16801
MIKESELL, MD, Jerry F D
1393 North Atherton Street
State College PA 16803
MONTALBO, MD, Antonio A OPH
253 Easterly Parkway
State College PA 16801
MULHATTEN, MD, Donald E GP
611 University Drive
State College PA 16801
NABAVI, MD, Adbollah P
229 Ridge Avenue
State College PA 16803
NEWKIRK, MD, John D PS
204 Calder Way Suite 404
State College PA 16801
NICOLAS, MD, Rudy J DR
2555 Sleepy Hollow Road
State College PA 16803
OLNEY, MD, Franklin B DR
611 University Drive
State College PA 16801
OSBORN, MD, Ian C P
511 Fairway Road
State College PA 16803
PALMER JR, MD, Dale H P
1651 Glenwood Circle
State College PA 16803
PAN, MD, Dorothy S FP
522 West Beaver Street
State College PA 16803
PANDOLPH, MD, Stephen J FP
1790 North Atherton
State College PA 16803
PARAGAS SR, MD, Lamberto S EM
818 Bayberry Drive
State College PA 16801
PARKS JR, MD, Lytle R GP
1133 South Allen Street
State College PA 16801
PATTISHALL JR, MD, Evan G PYM
Center For Behavioral Science
Stanford CA 94305
PAXSON, DO, Stephen G PM
2005 Valley View Blvd
Altoona PA 16602
PEPE, MD, Peter F RHU
3901 South Atherton Street
State College PA 16801
PERSIC JR, MD, Louis A DR
222 Hunter Avenue
State College PA 16803
PHILLIPS, MD, Thomas G FP
1790 North Atherton Street
State College PA 16803
PIATT III, MD, John E FP
426 South Allen Street
State College PA 16801
PLUMB, MD, James D FP
137 West Curtin Street
Bellefonte PA 16823
PRINCE, MD, Edward R FP
1315 South Allen Street
State College PA 16801
PURNELL, MD, John S AN
Centre Community Hospital
State College PA 16801
RATNER, MD, Jeffrey A PUD
611 University Drive
State College PA 16801
REED, MD, Elmer M GP
2021 Fairwood Lane
State College PA 16803
REICHARD, MD, James L FP
Kylertown PA 16847
REIDELL, MD, John S GS
3901 South Atherton Street
State College PA 16801
ROBERTS JR, MD, Philip G ORS
911 University Drive
State College PA 16801
ROCKOWER, MD, Roger A DR
617 West Fairmont Avenue
State College PA 16801
ROGERS, MD, Hugh J GP
115 South Spring Street
Bellefonte PA 16823
ROGERS, MD, Kenneth J R
611 University Drive
State College PA 16801
ROHRBECK, MD, Charles W OBG
251 Easterly Parkway
State College PA 16801
SCHELL, MD, Gary F FP
140 North Hills Place
State College PA 16803
SEVICK, MD, Myron E ORS
911 University Drive
State College PA 16801
SOLIC, MD, John J PUD
3901 South Atherton Street
State College PA 16801
STRICKLER, MD, Jane A M R
P O Box 59
Boalsburg PA 16827
TIONGCO, MD, Dolores D CHP
578 Westgate Drive
State College PA 16803
TRUSKY, MD, Jeanette I OBG
251 Easterly Parkway
State College PA 16801
ULBRECHT, MD, Jan S END
3901 South Atherton Street
State College PA 16801
VORE, MD, Steven B PD
R D 1
Pa Furnace PA 16865
VYDAS, MD, Saulius J P
R D 1 Box 259
Centre Hall PA 16828
WALKER, MD, Brian K IM
3901 South Atherton Street
State College PA 16801
WEAVER, MD, Robert P OPH
601 West Park Avenue
State College PA 16803
WEIMER, MD, Gregory R R
2560 Applegreen Circle
State College PA 16803
WENGROVITZ, MD, Paul H OBG
251 Easterly Parkway
State College PA 16801
WERNER, MD, David B OPH
507 Locust Lane
State College PA 16801
WEST, MD, Edward GP
511 North Burrowes Street
State College PA 16803
WHEELER, MD, Leigh D FP
1315 South Allen Street
State College PA 16801
WHITE, MD, George S GP
140 West High Street
Bellefonte PA 16823
WILD JR, MD, Robert M U
905 University Drive
State College PA 16801
WINGERT JR, MD, Charles H D
1393 North Atherton Street
State College PA 16803
WONG, MD, Ling G PD
728 Wesherly Parkway
State College PA 16801
WOOLLEY JR, MD, Paul O GP
321 West High Street
Bellefonte PA 16823
YODER, MD, Stanley J ORS
911 University Drive
State College PA 16801
YOUNG, DO, William E GP
R D 2
Spring Mills PA 16875
ZEIGLER, MD, David C OPH
611 University Drive
State College PA 16801

CHESTER

ABBOTT, MD, Joseph L OBG
Chester County Medical Center
West Chester PA 19380
ABERNETHY, MD, Hugh C PD
511 North High Street
West Chester PA 19380
ABRAMS, MD, Sondra FP
Brandywine Med Off Bldg # 12
Coatesville PA 19320
ALARCON, MD, J Edgar IM
Maple Avenue Medical Building
West Chester PA 19380
ALCID, MD, Feliza A US
262 Heather Lane
Bryn Mawr PA 19010
ALDERFER, MD, Harold H PD
224 East Biddle Street
West Chester PA 19380
ALEXANDER, MD, John D OS
R D 3 Gum Tree Farm
Coatesville PA 19320
ALLAN, MD, Mary B CD
Swallowtail Farm
Westtown PA 19395
ANDROKITES, MD, Alice C D
Paoli Memorial Med Bldg
Paoli PA 19301
ASKINAS, MD, Alan M OBG
600 East Marshall Street
West Chester PA 19380
ASPEN, MD, Nelson P ORS
Paoli Memorial Medical Bldg
Paoli PA 19301
AVERBUCH, MD, Ilya M AN
P O Box 933
Huntingdon Valley PA 19006
AYLWARD, MD, John J IM
600 Church Street
Royersford PA 19468
BABACZ, MD, Teofil OPH
450 Gay Street
Phoenixville PA 19460
BAMBERGER, MD, Grant W FP
Honey Brook PA 19344
BARCH, MD, Frank J PUD
130 Nutt Road
Phoenixville PA 19460
BARENBERG, MD, Paul A P
12 Fox Chase Road
Malvern PA 19355
BARRY, MD, William J R
Chester County Hospital Xray
West Chester PA 19380
BASKIN, MD, Andrew J IM
405 Highland Avenue
Oaks PA 19456
BATTAFARANO, MD, Nicholas C IM
500 Chesterbrook Blvd
Wayne PA 19087
BEAUGARD, MD, Mark E OTO
Nine North Five Points Road
West Chester PA 19380
BEEKLEY, MD, William H CDS
Paoli Memorial Medical Bldg
Paoli PA 19301
BELL, MD, Robert L NS
51 South 12th Street
Coatesville PA 19320

BELLIS, MD, John A FP
4550 Cove Circle #302
St Petersburg FL 33708
BENINATI, MD, Daniel D OBG
506 East Lancaster Avenue
Downingtown PA 19335
BENNER IV, MD, John H ORS
Spring Lane
Chadds Ford PA 19317
BENTLEY, MD, Eugene A CLP
701 East Marshall Street
West Chester PA 19380
BERGER, MD, Harvey J NM
244 Great Valley Parkway
Malvern PA 19355
BERNBERG, MD, Lawrence AN
605 Gages Lane
West Chester PA 19380
BIRD, MD, Shawn J N
1202 Stoneham Drive
West Chester PA 19382
BLESHMAN, MD, Michael H R
Phoenixville Hospital
Phoenixville PA 19460
BOCHER, MD, Jack ORS
Montgomery And Maple Avenues
West Chester PA 19380
BOK, MD, John B P
264 Montgomery Avenue
Haverford PA 19041
BOLLINGER, MD, James R U
35 Brandywine Hosp Prof Bldg
Coatesville PA 19320
BOLSTER, MD, Richard H FP
32 Cassatt Avenue
Berwyn PA 19312
BONANNI, MD, Loretta D PD
1705 Glen Lane
Norristown PA 19403
BONGIOVANNI, DO, Andrew G IM
1272 Providence Road
Clifton Heights PA 19018
BOWEN, MD, Anne C IM
125 Woodside Avenue
Narberth PA 19072
BOWER, MD, Robert J IM
202 Archer Court
Malvern PA 19355
BOYEK, MD, Timothy J CD
600 East Marshall Street
West Chester PA 19380
BRADFORD, MD, John D GS
36 West Lancaster Avenue
Downingtown PA 19335
BRAY, MD, Joseph B OTO
129 Paoli Mem Med Bldg
Paoli PA 19301
BRENNAN, MD, Patrick J IM
702 Main Street
Phoenixville PA 19460
BRINGHURST, MD, Louis S R
Box 240 Crosslands
Kennett Square PA 19348
BROWN, DO, Janet L FP
757 Main Street
Royersford PA 19468
BROWN, MD, Nathan GP
701 Main Street
Phoenixville PA 19460
BROWN JR, MD, Frank E PD
403 Valley Forge Road
Phoenixville PA 19460
BROWNGOEHL, MD, Laurie A PM
Bryn Mawr Rehab Hospital
Malvern PA 19355
BRUTON, MD, Charles W OS
403 East Lancaster Avenue
Downingtown PA 19335
BURGESS, MD, Geoffrey M FP
110 North Fourth Avenue
Coatesville PA 19320
BUTLER, MD, Charles H GP
134 North Fourth Street
Coatesville PA 19320
BYLER, MD, Arthur B GP
P O Box 259
Downingtown PA 19335
CAGGIANO, MD, John D ORS
R D 4
West Chester PA 19380
CANTOR, MD, Ira S IM
P O Box 447
Kimberton PA 19442
CARLOW, MD, Joseph F GP
404 West Union Street
West Chester PA 19380
CARR, MD, Rex G PM
125 Bartholomew Road
Berwyn PA 19312
CATTON, MD, Raymond M P
45 Ridge Road
Phoenixville PA 19460
CHILDS, MD, Marion C IM
500 Gay Street
Phoenixville PA 19460
CHRISTIE, MD, Thomas US
328 St Davids
Wayne PA 19087
CIACCI, MD, Vincent W EM
Five Woodstream Drive
Wayne PA 19087

CINCO, MD, Victorio B GS
Eight Brookmawr Drive
Newtown Square PA 19073
CLAUHS, MD, Ronald P OBG
229 Retford Lane
West Chester PA 19380
CLAY, MD, Bettie W IM
G-5 Black Hawk Apartments
Downingtown PA 19335
CLAYTON, DO, John S P
542 Woodside Avenue
Berwyn PA 19312
CLAYTON, MD, Richard J OM
380 Wells Terrace
West Chester PA 19380
CLAYTON, MD, Thomas D GP
5715 Jefferson Street
Philadelphia PA 19131
COATES JR, MD, John B PH
933 Valley Forge Road
Phoenixville PA 19460
COHEN, MD, Allan M R
Box 561
Valley Forge PA 19481
COLLINS, MD, Kenneth P U
606 East Marshall Street
West Chester PA 19380
CONNAUGHTON, MD, OBG
James F
799 Gay Street
Phoenixville PA 19460
CONNELL, MD, Janet T P
Paoli Psychiatric Associates
Paoli PA 19301
CONNER, MD, J Hubert ORS
420 South Chester Road
Swarthmore PA 19081
COOK, MD, Donald H CLP
Phoenixville Hosp Path Dept
Phoenixville PA 19460
COOPER, MD, David J PD
1563 Montvale Circle
West Chester PA 19380
COOPERMAN, MD, Jay S IM
726 Old State Road
Berwyn PA 19312
CUTLER, MD, Robert S OPH
606 East Marshall Street
West Chester PA 19380
DABBACK, MD, Dewitt T GP
17 North Fourth Street
Royersford PA 19468
DAMIANO, MD, Robert E PA
216 Church Street
Devon PA 19333
DAVIS, MD, Toye G GP
P O Box 56
Oxford PA 19363
DEGUCHI, MD, Mario DR
111 Colfax Road
Havertown PA 19083
DEMPSHER, MD, John GP
29 Manchester Court
Berwyn PA 19312
DEUTSCH JR, MD, E Thomas FP
122 Lancaster Pike
Malvern PA 19355
DEWIS, MD, Lester S PM
Bryn Mawr Rehab Hospital
Malvern PA 19355
DIGERGORIO, MD, Guerino J IM
1421 Linden Lane
West Chester PA 19380
DIMONTE, MD, Diane K PTH
305 Lionville Road Lot 56
Downingtown PA 19335
DONOFRIO, MD, Romeo R GP
325 South Broad Street
Kennett Square PA 19348
DORAZIO, MD, Nicholas J F
134 West State Street
Kennett Square PA 19348
DOTTS EXEC SEC, CAROL
580 Lancaster Avenue
Berwyn PA 19312
DOYLE, MD, Faye R FP
133 Locust Street
Oxford PA 19363
DOYLE, MD, Russell G GP
133 Locust Street
Oxford PA 19363
DUA, MD, Jayant K AN
511 Beechwood Drive
Kennett Square PA 19348
DUFFY, MD, Ruth E GP
57 Marlyn Lane
Exton PA 19341
DUNSMORE, MD, Lillian D CD
15 Green Street
Downingtown PA 19335
DUNSMORE, MD, Richard A CD
15 Green Street
Downingtown PA 19335
DURNING, MD, Clifton M GP
404 Mcfarlan Road
Kennett Square PA 19348
DVORKIN, MD, Daniel D
797 K Downingtown Med Plz
Downingtown PA 19335
EISNER, MD, Joel W IM
702 Main Street
Phoenixville PA 19460

ELANCHENNY, MD, Indranee IM
889 Harmony Hill Road
West Chester PA 19380
EWING, MD, Agnew R GP
102 Evergreen Street
West Grove PA 19390
FAHMY, MD, Wasfy F CDS
131 Nutt Road
Phoenixville PA 19460
FAUST, MD, Herbert A N
R D 2 16 Fox Chase Road
Malvern PA 19355
FEINER, MD, Larry A OTO
206 Gay Street
Phoenixville PA 19460
FISCHETTI, MD, John L IM
508 Beechwood Drive
Kennett Square PA 19348
FOSTER, MD, John S EM
R D 2 Box 418
Phoenixville PA 19460
FOX, MD, Stephen C ON
Paoli Memorial Med Bldg
Paoli PA 19301
FOXX, MD, William F DR
1417 Carroll Brown Way
West Chester PA 19382
FREEHAFER, MD, John F IM
702 Main Street
Phoenixville PA 19460
FRENCH, MD, Elizabeth G AN
P O Box 150
Unionville PA 19375
FRENCH, MD, Gordon N IM
P O Box 150
Unionville PA 19375
FRIED, MD, Robert C GS
Paoli Medical Building
Paoli PA 19301
FRIEDMAN, MD, Carl J IM
639 Colonel Dewees Road
Wayne PA 19087
FUKUI, MD, Paul T N
Chester County Medical Bldg
West Chester PA 19380
FURMAN, MD, Frank H FP
Devon Boulevard
Devon PA 19333
GALIB, MD, Samuel H OPH
B-17 Industrial Blvd Ste 202
Paoli PA 19301
GARCIA, MD, Dominador I EM
15 Woodridge Road
Thornton PA 19373
GARDNER, MD, Alan M P
1771 Hunters Circle
West Chester PA 19380
GEMIL, MD, Corazon G OBG
Chester County Medical Center
West Chester PA 19380
GIANNOPOULOS, MD, Peter H GP
750 Main Street
Phoenixville PA 19460
GOEBERT, MD, Herbert W FP
Woodmont North G-10
Downingtown PA 19335
GOLD, MD, Morrie G OBG
600 East Marshall Street
West Chester PA 19380
GOLDBERG, DO, Murray E AN
26 Anthony Drive
Frazer PA 19355
GOLDEN, MD, Michael F P
415 East Lincoln Way
Coatesville PA 19320
GOLDENBERG, MD, Arnold OBG
320 Exton Commons
Exton PA 19341
GOLDFINE, MD, Alan OBG
1601 Robin Road
Coatesville PA 19320
GOLDSTEIN, MD, Neil H IM
346 South Balderston Drive
Exton PA 19341
GOLDSTEIN, MD, Norman A OTO
206 Gay Street
Phoenixville PA 19460
GORDON, MD, Isadore IM
603 Main Street
Phoenixville PA 19460
GRAHAM, MD, Thomas H N
Four Joanna Drive
Malvern PA 19355
GREENE, MD, Marguerite W ID
520 Maple Avenue
West Chester PA 19380
GROSS, MD, Richard H GS
Paoli Memorial Medical Bldg
Paoli PA 19301
GROSSMAN, MD, Perry PD
702 Main Street
Phoenixville PA 19460
GUARDIANI, MD, Mary Jane PTH
238 Roberts Drive
King Of Prussia PA 19406
GUTTIN, MD, Enrique GS
213 Reeceville Road
Coatesville PA 19320
HALL, MD, Edgar M IM
Seven Robins Lane
Berwyn PA 19312

HANACHE, MD, Jeanne A P
11 Horseshoe Lane
Paoli PA 19301
HANSON, MD, Teresa S OBG
R D 1 Box 254
Coatesville PA 19320
HANSPAL, MD, Navjot S N
291 Thomas Drive
King Of Prussia PA 19406
HARKINS, MD, Francis A IM
R D 1 Box 232
Coatesville PA 19320
HARROP, MD, Donald E GP
750 South Main Street
Phoenixville PA 19460
HARSHMAN, MD, Mark W U
745 White Horse Road
Berwyn PA 19401
HAYMAN, MD, Harris R FP
Paoli Medical Arts Suite 203
Paoli PA 19301
HEPLER, MD, Kevin M FP
419 Littlebrook Drive
Berwyn PA 19312
HERTZ, MD, Barry C PUD
520 Maple Avenue
West Chester PA 19380
HEWSON, MD, William C LM
101 East Ashbridge Street
West Chester PA 19380
HILLYER, MD, Peter N IM
Paoli Memorial Medical Bldg
Paoli PA 19301
HNELESKI JR, MD, Ignatius S OPH
845 West Chester Pike
West Chester PA 19380
HOBERMAN, MD, Maury OTO
R D 6 931 Bridle Lane
West Chester PA 19380
HOLCOMBE JR, MD, Guy T GP
57 North Fourth Street
Oxford PA 19363
HOOBLER, MD, James L GP
404 Mcfarland Road
Kennett Square PA 19348
HOSFELD, MD, S Marjorie PM
461 Robinwood Road
Strafford PA 19087
HUR, MD, Gham DR
Eight Michele Drive
Media PA 19063
HUR, MD, Oak J PD
Eight Michele Drive
Media PA 19063
HUTCHINSON III, DO, Harry J IM
602 East Marshall Street
West Chester PA 19380
HUXSTER, MD, Robert H ORS
845 West Chester Pike
West Chester PA 19380
IMPERATO, MD, Pascal J D
610 Bough Road
Exton PA 19341
JACOBS, MD, Francis PD
224 East Biddie Street
West Chester PA 19380
JAHROMI, MD, Heidar K N
213 Reeceville Road
Coatesville PA 19320
JAWAD, MD, Basil S IM
Ingelside Professional Bldg
Thorndale PA 19372
JONES, MD, Raymond R OPH
845 West Chester Pike
West Chester PA 19380
JUDGE III, MD, James W OPH
331 Penwyllt Court
Exton PA 19341
JUNCOS, MD, Guillermo R A
231 East Lancaster Avenue
Downingtown PA 19335
KAMINSTEIN, MD, David S GE
520 Maple Avenue #6
West Chester PA 19380
KARCSH, DO, Henry J PD
Southern Chester Cty Med Bldg
West Grove PA 19390
KATZMAN, MD, Jeffrey I OPH
491 Allendale Road
King Of Prussia PA 19406
KELLY JR, MD, Edward A FP
Five Long Drive
Downington PA 19335
KENT, MD, Richard B OPH
845 West Chester Pike
West Chester PA 19380
KERN IV, MD, George W A
520 Maple Avenue
West Chester PA 19380
KESTER, MD, Walter L GP
524 South Walnut Street
West Chester PA 19380
KESZELI, MD, Alexander AN
510 Waldron Park Drive
Haverford PA 19041
KIM, MD, Paul S PS
213 Reeceville Road
Coatesville PA 19320
KING, MD, Bernard D IM
1054 Beaumont Road
Berwyn PA 19312

KISTLER, MD, Philip E GP
302 North High Street
West Chester PA 19380
KLEIN, MD, Joseph F PD
P O Box 189
West Grove PA 19390
KLUFAS, MD, Alexander J IM
1001 Melrose Avenue
Melrose Park PA 19126
KOLTER, MD, James S OBG
799 Gay Street
Phoenixville PA 19460
KORBONITS, MD, Charles W OBG
322 North High Street
West Chester PA 19380
KOVALSKI, MD, Raymond PUD
702 Main Street
Phoenixville PA 19460
KRISHNA, MD, Bhupendra A
Longwood Road
Kennett Square PA 19348
KRISHNA, MD, Narendra OPH
1102 North New Street Road
West Chester PA 19380
LANGRALL, MD, Harrison M IM
C/O Contrld Therapeutics Corp
Malvern PA 19355
LANSING, MD, Dorothy I GYN
20 State Road
Paoli PA 19301
LASOTA, MD, George L P
11 Horse Shoe Lane
Paoli PA 19301
LATOFF, MD, Thomas J GS
533 East Lincoln Highway
Coatesville PA 19320
LEE, MD, Daniel IM
R D 1 Box 242
Coatesville PA 19320
LEE, MD, Howard G EM
53 Meadowbrook Lane
Phoenixville PA 19460
LEMERT, MD, Michael R OBG
799 Gay Street
Phoenixville PA 19460
LEVIN, MD, Gary J OPH
1500 Cardinal Drive
Coatesville PA 19320
LEWIS, MD, Earl T PA
Box 8299
Philadelphia PA 19101
LEWIS, MD, L Clifford GP
421 Monument Avenue
Malvern PA 19355
LIMBERGER, MD, William A IM
415 Burningham Road
West Chester PA 19382
LINDQUIST, MD, Sheryl L PD
Brandywine Professional Bldg
Coatesville PA 19320
LISS, MD, Gilbert A OBG
799 Gay Street
Phoenixville PA 19460
LOTZ, MD, Andrew J GP
12 Fairway Road
Paoli PA 19301
LOVRINIC, MD, William S OTO
Nine North Five Point Road
West Chester PA 19380
LUCINE JR, MD, Albert A OBG
959 Dutton Mill Road
West Chester PA 19380
LUMINAIS, MD, Steven K OPH
The Greenview Pavilion
Thorndale PA 19372
LYNCH, MD, Robert E R
491 Allendale Road
King Of Prussia PA 19406
LYONS, MD, Christine W OBG
282 Green Ridge Road
Glenmoore PA 19343
MACKENZIE, MD, Norman D GP
441 East Lancaster Avenue
Downington PA 19335
MAGEE, MD, Joan M PD
500 Hadfield
Downingtown PA 19335
MAGGITTI, MD, Michael J ORS
479 Thomas Jones Way
Exton PA 19341
MAGUIRE, DO, F William IM
Sccmb Suite 301
West Grove PA 19390
MAHER, MD, John P GPM
1240 High Gate Road
West Chester PA 19380
MAISSEL, MD, Gerda S IM
Crozer Chester Medical Center
Chester PA 19013
MALLETTE, MD, Arthur E N
3200 Chesterton Court
Bensalem PA 19020
MANDELL, MD, Gerald A NM
A I Dupont Institute
Wilmington DE 19899
MARK, MD, William S IM
Box A
Paoli PA 19301
MARSH, MD, Carol L PD
101 Cope Road
Kennett Square PA 19348

MARSHALL, MD, Linda R PD
213 Reeceville Road
Coatesville PA 19320
MAURIELLO II, MD, Alfred J OTO
1700 Hunters Circle
West Chester PA 19380
MAYER, MD, Robert A AN
200 Meadowlake-Bldg 7-42a
Downingtown PA 19335
MCCHESNEY JR, MD, Charles T GS
3500 Lincoln Highway
Thorndale PA 19372
MCGEEHAN, MD, John T R
50 Bluestone Drive
Chadds Ford PA 19317
MCKINSTRY, MD, Robert B FP
404 Mcfarland Road
Kennett Square PA 19348
MCLAUGHLIN, MD, Raymond S FP
Bryn Mawr Avenue
Bryn Mawr PA 19010
MCNEAL, MD, Lori L OBG
5855 Drexel Road
Philadelphia PA 19131
MERSON, MD, Erich R GP
134 West Chestnut Street
West Chester PA 19380
MICHAELSON, MD, Thomas C IM
702 Main Street
Phoenixville PA 19460
MILLER, MD, Charles F GS
710 South Main Street
Phoenixville PA 19460
MINEO, MD, Cyrus L OPH
286 Griffen Street
Phoenixville PA 19460
MONASTERIO, MD, Jose R GS
3500 Lincoln Highway
Thorndale PA 19372
MUNRO, MD, Ross F GP
Elverson PA 19520
MURPHY, MD, James A R
Chester County Hospital
West Chester PA 19380
NAEGLE, MD, Matthew B IM
702 Main Street
Phoenixville PA 19460
NEWMAN, MD, Richard A P
P O Box 174
Lionville PA 19353
NICHINI, MD, Franco M TR
24 Rabbit Run Road
Malvern PA 19355
NICKLAS, MD, Donald A PTH
2865 Ringneck Road
Audubon PA 19403
ORPHANIDES, MD, Timothy GE
702 Main Street
Phoenixville PA 19460
ORR, MD, Daniel G FP
Little Conestoga And Park Roa
Uwchland PA 19480
ORVIS, MD, Harold H IM
401 West Pleasant Grove Road
West Chester PA 19380
OST, MD, Mary A FP
132 Roundhill Road
Kennett Square PA 19348
PARKER, MD, Albert F GS
368 St Johns Circle
Phoenixville PA 19460
PATANKAR, MD, Kalpana U PD
702 Main Street
Phoenixville PA 19460
PATUKAS, MD, Peter C FP
Seven Downing Road
Downingtown PA 19335
PELL, MD, John J ORS
400 Main Street
Phoenixville PA 19460
PENMAN, MD, William R OBG
20 State Road
Paoli PA 19301
PENNINGTON, MD, Neil D PD
479 Thomas Jones Way
Exton PA 19335
PFEIFER III, MD, William F
Brandywine Hospital
Caln Township PA 19320
PFLUGFELDER, MD, GS
Elizabeth A
301 Apple Drive
Exton PA 19341
PLOTZKER, MD, Maria R R
1061 Gerneral Sullivan Drive
West Chester PA 19382
PLUMMER 3RD, MD, William IM
419 North Franklin Street
West Chester PA 19380
POOLE, MD, Robert FP
419 North Franklin Street
West Chester PA 19380
PORTER, MD, Edgar L P
350 Walnut Avenue
Wayne PA 19087
POTTER JR, MD, Howard P GE
Memorial Medical Building
Paoli PA 19301
POTTS, MD, Asa W IM
986 East Penn Drive
West Chester PA 19380

POZEFSKY, DO, Karen A PD
542 Pickering Lane
Phoenixville PA 19460
PRASAD, MD, Ajit K ORS
1011 West Baltimore Pike
West Grove PA 19390
PRESSMAN, MD, Edmund N AN
1256 Lakemont Road
Villanova PA 19085
PRUTZMAN, MD, L Donald GS
125 Birmingham Road
West Chester PA 19380
PUSHKAREWICZ, MD, ORS
Michael J
679 Ewing Road
West Grove PA 19390
RABIN, MD, Sidney C OBG
600 East Marshall Street
West Chester PA 19380
RAJAN, MD, Sanda GS
R D 1 Chestnut Tree
Honeybrook PA 19344
RAO, MD, Brinda E PD
105 Stirrup Lane
Thornton PA 19373
REAL, MD, Mark B IM
702 Main Street
Phoenixville PA 19460
REED, MD, Lola S PD
Four Mcavoy Lane
Phoenixville PA 19460
REILLY, MD, Ann E IM
145 Eaton Drive
Wayne PA 19087
ROACHE, MD, Martin J GP
17 Grubb Road
Malvern PA 19355
ROBERTS, MD, John H IM
520 Maple Avenue
West Chester PA 19380
ROBERTS, MD, Richmond C ORS
400 Main Street
Phoenixville PA 19460
ROCK, MD, Elizabeth D IM
702 Main Street
Phoenixville PA 19460
ROGERS, MD, Paul H CD
702 Main Street
Phoenixville PA 19460
ROGOWSKI, MD, Raymond A PTH
51 Woodridge Road
Thornton PA 19373
ROMINGER, MD, C Jules TR
Mercy Catholic Med Ctr Xray
Philadelphia PA 19143
ROMISHER, MD, Marc K AN
21 Meade Road
Ambler PA 19002
RORKE III, MD, John H N
701 East Marshall Street
West Chester PA 19380
ROSATO, MD, Donald J FP
176 East Conestoga Road
Devon PA 19333
ROSENFELD, MD, Karl ORS
21 Industrial Blvd
Paoli PA 19301
ROSS, MD, Patricia E PD
1011 West Baltimore Pike
West Grove PA 19390
ROSSI JR, MD, Ralph A DR
1204 Upton Circle
West Chester PA 19380
ROTHSTEIN, MD, N Zel IM
702 Main Street
Phoenixville PA 19460
ROWLEY, MD, Richard S OPH
720 South Main Street
Phoenixville PA 19460
ROZWAT, MD, Maurice S PD
620 Valley Forge Road
Phoenixville PA 19460
RUDOLPH, MD, Richard L IM
451 Churchill Drive
Berwyn PA 19312
RUGGIERO, MD, Robert A ORS
17-B Industrial Blvd 103
Paoli PA 19301
RUSLI, MD, Michael IM
701 East Marshall Street
West Chester PA 19380
RUSSELL JR, MD, Bertram R R
1121 Norsam Road
Gladwyne PA 19035
SALAM, MD, Mahi PD
Coatesville Pediatric Office
Coatesville PA 19320
SANDLER, MD, Kenneth R P
1965 Rochambeau Drive
Malvern PA 19355
SANT RAM, MD, Deepak CD
P O Box 190
West Grove PA 19390
SARUK, MD, Michael L PTH
250 West Lancaster Avenue
Paoli PA 19301
SATRIALE, MD, Richard F IM
2604 Trinity Court
Chester Springs PA 19425
SATRIALE, MD, Robert O PUD
William Henry Apartments
Malvern PA 19355

SCHAAF, MD, H William ORS
400 Main Street
Phoenixville PA 19460
SCHEER, MD, R Scott R
1600 High Street Xray
Pottstown PA 19464
SCHINDLER, MD, Peter D P
814 Denton Hollow Road
West Chester PA 19380
SCHLESS, MD, Arthur P P
560 Pugh Road
Strafford PA 19087
SCHROGIE JR, MD, John J IM
1763 Hamilton Drive
Valley Forge PA 19481
SCHWARTZ, MD, Donald S PD
4335 West Lincoln Highway # 18
Downingtown PA 19335
SCIARA, MD, Christine D
845 West Chester Pike
West Chester PA 19380
SCOTT, MD, J Clifford P
297 South County Lane Road
Wayne PA 19087
SCOTT, MD, Pamela P GS
520 Maple Avenue
West Chester PA 19380
SHARPS, MD, Lewis S ORS
21 Industrial Blvd
Paoli PA 19301
SHEEP, MD, Robert E GS
601 South Bradford Avenue
West Chester PA 19382
SIEPSER, MD, Steven B OPH
91 Chestnut Road
Paoli PA 19301
SILVERIO, MD, John NTR
Box 8299
Philadelphia PA 19101
SIMMONS, MD, David DIA
702 Main Street
Phoenixville PA 19460
SMITH, MD, Richard H GP
711 East Lancaster Avenue
Downingtown PA 19335
SMITH, MD, Russell C AM
17 Woodland Circle
Downingtown PA 19335
SNYDER, MD, Marsha W P
P O Box 577
Kimberton PA 19442
SOLOMON, MD, Macy B GP
606 Cherry Lane
Phoenixville PA 19460
SORARUF IV, MD, Louis P FP
Kennett Medical Center
Kennett Square PA 19348
SPECTOR, MD, Gus U
601 Gay Street
Phoenixville PA 19460
SPENCER, MD, Donald Lynn AN
P O Box 401
Kennett Square PA 19348
STELMACK, MD, Victor R GS
213 Reeceville Road
Caln Township PA 19320
STRETTON, MD, Jean B IM
105 East Evans Street
West Chester PA 19380
STRODE, MD, Marshall D AN
1402 Crestmont Drive
Downingtown PA 19335
STROUD III, MD, Morris W PM
450 Creek Road
West Chester PA 19382
STUART, MD, Lorna B FP
252 Morgan Street
Phoenixville PA 19460
THAKARAR, MD, Pushpa US
1230 Victoria Lane
West Chester PA 19380
THEURKAUF JR, MD, Edward A IM
933 Haverford Avenue
Bryn Mawr PA 19010
THORNE, MD, Charles G GP
370 Chestnut Street
Coatesville PA 19320
TILTON, DO, Bruce R PD
Brandywine Professional Bldg
Coatesville PA 19320
TORI, MD, Joseph N OM
132 East Chester Pike
Ridley Park PA 19078
TOWNEND, MD, Stephen C PD
Box 35-B
Paoli PA 19301
TRAIMAN, MD, Richard G ORS
600 East Marshall Street
West Chester PA 19380
TRUITT, MD, George W AI
P O Box 197
Chadds Ford PA 19317
TUCKER, DO, Hal R IM
702 Main Street
Phoenixville PA 19460
TUCKER, MD, Thomas W GP
777 Arch Street
Spring City PA 19475
TURAN, MD, Ekrem S OBG
12 South Wayne Street
West Chester PA 19380

URBAN, MD, Clifford H PTH
140 Nutt Road
Phoenixville PA 19460
UY, MD, Nenito P GS
Bsa S Chester Cty Med Bldg
West Grove PA 19390
VAISMAN, MD, Sergio R NEP
1289 Valley Forge Road
Phoenixville PA 19460
VIEK, MD, Nicholas F U
Chester County Medical Bldg
West Chester PA 19380
VIOLA, MD, Annette M ON
5200 Hilltop Drive K3
Brookhaven PA 19015
VIVIAN, MD, Gail M GS
R D 7 Box 197
Coatesville PA 19320
VLACHOS, MD, Vasilios A OS
R D 1 Ladmus Road
Pottstown PA 19464
WADE, MD, George R PD
Paoli Memorial Medical Bldg
Paoli PA 19301
WALDOR, MD, Philip A GS
710 South Main Street
Phoenixville PA 19460
WALMSLEY, MD, James E FP
2201 Royal Avenue
Goldsboro NC 27532
WARD, MD, Michael J A ORS
Montgomery & Maple Avenues
West Chester PA 19380
WARNER, MD, Norman M FP
Parkesburg Health Center
Parkesburg PA 19365
WARREN, MD, William L D
435 East Lancaster Avenue
Wayne PA 19087
WEDEEN, MD, Robert S ORS
R D 3 Box 411
Coatesville PA 19320
WEINBERG, MD, Laurence M GE
109 Birch Drive
Downington PA 19335
WELLER, MD, Russell W IM
1150 Lake Drive
West Chester PA 19380
WHITE, MD, Jack C GS
Memorial Medical Building
Paoli PA 19301
WHITE, MD, Joseph G U
Chester County Medical Bldg
West Chester PA 19380
WILLENS, MD, John S AN
Paoli Memorial Hospital
Paoli PA 19301
WILLNER, MD, David L ORS
601 Main Street
Phoenixville PA 19460
WILSON, MD, Donald F OBG
107 Montgomery Drive
Coatesville PA 19320
WILSON, MD, Linda C OBG
213 Reeceville Road
Coatesville PA 19320
WIRSHUP, MD, Mary B FP
94 Kimberwick Circle
Glenmoore PA 19343
WOLF, MD, Charles R ORS
845 West Chester Pike
West Chester PA 19380
WOLK, MD, Thomas A PD
702 Main Street
Phoenixville PA 19460
WRIGHT, MD, Eleanore R P
1657 Elk Forest Road
Elkton MD 21921
YOXTHEIMER, MD, Robert L GS
710 South Main Street
Phoenixville PA 19460
ZABALETA, MD, Ruben H FP
107 Charleston Greene
Malvern PA 19355
ZELLER, MD, Erwin R R
Coatesville Va Medical Center
Coatesville PA 19320
ZERNE, MD, G Edward OTO
602 East Marshall Street
West Chester PA 19380
ZIEGLER, MD, Richard W ORS
Montgomery And Maple Avenues
West Chester PA 19380
ZIMET, MD, Daniel L ORS
213 Reeceville Road
Coatesville PA 19320
ZISELMAN, MD, Ethel M PTH
Two Castlebar Lane
Malvern PA 19355

CLARION

ADLER, MD, Moshe OPH
50 Waterford Pike
Brookville PA 15825
AMADIO, DO, Angelo E FP
P O Box 25
Fryburg PA 16326
BHATNAGAR, MD, OBG
Yudhishter M
75 Pickering Street
Brookville PA 15825

BROOKS, DO, John E GP
180 Greenville Avenue
Clarion PA 16214
BROOKS, DO, John M GP
Box 200
Leeper PA 16233
BROOKS, DO, Timothy S GP
180 Greenville Avenue
Clarion PA 16214
CHAPA, MD, Sukumar M GS
82 Barnett Street
Brookville PA 15825
CLARK, MD, Lawrence M GS
1002 West San Martin Drive
Tucson AZ 85704
CONNOR, MD, Susan A FP
Holiday Inn
Brookville PA 15825
COULTER, MD, Clinton R GP
Box 354
Parker PA 16049
ERICKSON, MD, Ray B OS
2253 Pedrera Via
La Jolla CA 92037
GILFORD, MD, Lawrence M ADL
R D 3 Box 257
Brookville PA 15825
HIBELL EXEC SEC, BARBARA
P O Box 39
New Bethlehem PA 16242
HUSTON, MD, Charles C GP
Main Street
Knox PA 16232
KOENIG, MD, Theodore R GP
Box T
Knox PA 16232
KUTZ, MD, Charles M GS
395 Main Street
Brookville PA 15825
LUSSIER, MD, Robert G P
1311 Robinwood Drive
Clarion PA 16214
LYNCH, DO, William J FP
127 Franklin Avenue
Brookville PA 15825
MARGUGLIO, DO, A Eugene FP
Rimersburg Medical Center
Rimersburg PA 16248
MARKS, DO, Charles H GP
Marks Medical Associates Inc
New Bethlehem PA 16242
MCKINLEY, MD, William M GS
395 Main Street
Brookville PA 15825
MILLER, MD, David L GP
237 Broad Street
New Bethlehem PA 16242
NABATCHI, MD, Ahmad IM
R D 5 Box 148
Brookville PA 15825
PATEL, MD, Jivanlal M IM
21 Elm Drive
Brookville PA 15825
POLATTY, DO, Thomas V US
339 Liberty Street
Clarion PA 16214
PRUSAKOWSKI, DO, Joseph M FP
127 Franklin Avenue
Brookville PA 15825
REDDY, MD, Jaiveer T U
82 Barnett Street
Brookville PA 15825
SNYDER, MD, Barry J FP
241 R Broad Street
New Bethlehem PA 16242
STAHLMAN, MD, Frederick B GP
72 South Fourth Avenue
Clarion PA 16214

CLEARFIELD

ACLE, MD, Fernando J IM
Three Medical Center Drive
Philipsburg PA 16866
ARNOLD, MD, John J GP
P O Box 206
Curwensville PA 16833
AUGHINBAUGH, MD, Thomas H EM
1436 Wyn Cove Drive
Vero Beach FL 32963
BACCHUS, DO, Fizul H PD
Medical Center Drive
Philipsburg PA 16866
BELL, MD, Thomas G IM
105 South Second Street
Clearfield PA 16830
BEYER, MD, H Jeanne FP
Box 102
Julian PA 16844
BLAISURE, MD, Beverly C FP
R D 1 Box 117-A
Julian PA 16844
BORON, MD, Robert J DR
127 West Pauline Drive
Clearfield PA 16830
BOUCHARD, MD, Roger OBG
Three Medical Center Drive
Philipsburg PA 16866
BOYKIW, MD, Russel A FP
115 East Cherry Street
Clearfield PA 16830

CALLEY, MD, William D PD
211 North Second Street
Clearfield PA 16830
CHEN, MD, William Y P
Clearfield-Jefferson Mhc
Dubois PA 15801
CORCINO JR, MD, Baltazar L IM
101 North Fourth Street
Clearfield PA 16830
COVALLA, MD, John R IM
807 Turnpike Avenue
Clearfield PA 16830
DAVIDSON, DO, James P FP
502 Park Avenue
Clearfield PA 16830
DOTSEY, MD, Michael T GS
807 Turnpike Avenue
Clearfield PA 16830
DUPONT JR, MD, Philip J GS
807 Turnpike Avenue
Clearfield PA 16830
FEIGEN, MD, Michael R
809 Turnpike Avenue
Clearfield PA 16830
GEERAERTS, MD, Louis H IM
Three Medical Center Drive
Philipsburg PA 16866
GILMORE, MD, Frederick R DR
Skyline G-G Ranch
Rockton PA 15856
HARVEY, MD, William D FP
308 Curtis Street
Philipsburg PA 16866
HAVEN, MD, Henry H R
Clearfield Hospital
Clearfield PA 16830
HICKS, MD, James T PTH
Box 237
Frenchville PA 16836
HIPOLITO, MD, Aurora T IM
807 Turnpike Avenue
Clearfield PA 16830
KAO, MD, Yi H OTO
Three Medical Center Drive
Philipsburg PA 16866
KENNARD, MD, John F PTH
P O Box 1088
Clearfield PA 16830
KLEINERT, MD, Richard W OPH
630 Wiltshire Road
State College PA 16803
KOZMINSKY, MD, Mark E D
R D 1
Port Matilda PA 16870
KULLING, MD, David L FP
807 Turnpike Avenue
Clearfield PA 16830
LUGUE, MD, Carmela S PD
914 South Second Street
Clearfield PA 16830
LUGUE JR, MD, Amado B GP
Lugue Association
Clearfield PA 16830
LUNA, MD, Fredesvinda PD
807 Turnpike Avenue
Clearfield PA 16830
LUNA, MD, Roberto S OBG
10 North West Fourth Avenue
Clearfield PA 16830
MACARANAS, MD, Renato R U
305 Douglas Street
Philipsburg PA 16866
MALDONADO, MD, OBG
Benjamin A
807 Turnpike Avenue
Clearfield PA 16830
MCFADDEN, MD, Donald D GS
1212 Turnpike Avenue
Clearfield PA 16830
MCLANE, MD, Rogers D IM
715 Scott Street
Philipsburg PA 16866
MOSCH, MD, George C FP
205 West First Street
Clearfield PA 16830
NARTATEZ, MD, Pedro C GS
426 Sheffield Street
Philipsburg PA 16866
PEASE, MD, Fred OBG
10904 Bornedale Drive
Adelphi MD 20783
PILGRAM, MD, Philip A FP
104 Hillcrest Drive
Philipsburg PA 16866
POLINTAN, MD, Rodolfo S ORS
807 Turnpike Avenue
Clearfield PA 16830
REED, MD, Michael F PTH
Nine West Pauline Drive
Clearfield PA 16830
ROSENTHAL, MD, Sheldon P U
2501 Meadow Road
Clearfield PA 16830
SHEDLOCK, DO, Anthony F FP
710 Brisbin Street
Houtzdale PA 16651
SMITH, MD, Richard M FP
216 West Market Street
Clearfield PA 16830
STEPHENS, MD, Marilyn H FP
1300 East Branch Road
State College PA 16801
STEWARD JR, MD, Robert E GS
Box 116
Wallaceton PA 16876
SULLIVAN, MD, Michael T IM
R D 1 Box 213
Philipsburg PA 16866
TAGALA, MD, Praxidio H OBG
105 Elizabeth Street
Clearfield PA 16830
TRENT, MD, Douglas E OBS
323 South Centre Street
Philipsburg PA 16866
TRINIDAD, MD, Tito B IM
702 Scott Street
Philipsburg PA 16866
WICHMAN, MD, Beth A FP
731 Old Town Road
Clearfield PA 16830
WOOLDRIDGE, DO, Carl W ORS
Moshannon Valley Medical Ctr
Philipsburg PA 16866
YINGLING, MD, Douglas B GS
1212 Turnpike Avenue
Clearfield PA 16830

CLINTON

ADAMS, MD, Keith I IM
R D 3 Route 64
Mill Hall PA 17751
ADVINCULA, MD, Rizalito B FP
405 Irwin Street
Lock Haven PA 17745
ANDRIOLE, DO, James M FP
112 West Main Street
Lock Haven PA 17745
BAHADORI, MD, Reza OBG
John Deer Avenue
Mill Hall PA 17751
BENDER, MD, Barry L IM
Box 181
Mill Hall PA 17751
BHATT, MD, Praful U PD
72 East Church Street
Lock Haven PA 17745
BILDER, MD, M Joan PD
P O Box 181
Mill Hall PA 17751
BOWER, MD, Samuel C FP
7901 Stone Henge Lane
Concord TN 37720
BRANDT, MD, John P OPH
947 Bellefonte Avenue Box 9
Lock Haven PA 17745
BRICKLEY, MD, Kenneth S GP
5028 Oakland Hills Avenue
Sarasota FL 33580
BRIDENBAUGH, MD, G Alan CD
22 Meadow Lark Lane
Lock Haven PA 17745
BROWN, MD, John L FP
312 North Grove Street
Lock Haven PA 17745
CONLY, MD, Frank L GP
924 Huron Avenue
Renova PA 17764
COVELL, MD, John B FP
Caps Box 181
Mill Hall PA 17751
COWGER, MD, David FP
18 North Laurel Lane
Lock Haven PA 17745
DELGRIPPO, MD, Gerard A GP
Seven East Water Street
Lock Haven PA 17745
DICUCCIO, MD, Nicholas W GS
Six Hemlock Drive
Lock Haven PA 17745
DOLAN III, MD, James J FP
R D 2 Box 81
Mill Hall PA 17751
ENGLISH JR, MD, Walter E PTH
Mackeyville PA 17750
FOULSHAM II, MD, Charles K OTO
389 Birch Street
Flemington PA 17745
FRYE, MD, Veryl F GS
P O Box 181
Mill Hall PA 17751
GEISE, DO, Steven W GP
200 Woodward Avenue
Lock Haven PA 17745
GIRTON, MD, Keith E ORS
112 West Main Street
Lock Haven PA 17745
GREENBERG, MD, Michael R FP
P O Box 751
Lock Haven PA 17745
HAMILTON, MD, Morris R IM
Nine West Church Street
Lock Haven PA 17745
HOBERMAN, MD, Edward GS
131 South Fairview Street
Lock Haven PA 17745
LONG JR, MD, William C GP
53 West Main Street
Lock Haven PA 17745
LYTLE, MD, Larry H GS
P O Box 790
Lock Haven PA 17745
MCGANN, MD, Thomas R FP
122 Hill Street
Lock Haven PA 17745
MCKEOWN, MD, Henry G IM
534 Sutton Drive
Xenia OH 45385
MOLLER, MD, George A R
29 Hemlock Road
Lock Haven PA 17745
MOORE, MD, Leroy C IM
R D 3 Rt 64
Mill Hall PA 17751
NICKLAS, MD, Gilbert L GP
Central Avenue
Avis PA 17721
PARKER, DO, Frank GP
Box 748
Lock Haven PA 17745
PECHT, MD, Karl R FP
P O Box 215
Blanchard PA 16826
RODGERS, MD, Thomas P FP
98 Evergreen Avenue
Elmira NY 14905
ROMEO, MD, Victoria J FP
200 South Jones Street
Lock Haven PA 17745
THOMAS JR, MD, David W GS
Sunset Pines
Lock Haven PA 17745

COLUMBIA

ALAGIRISWAMI, MD, PD
Krishnaswami
552 East Tenth Street
Berwick PA 18603
ALLEY, MD, Ali A FP
109 Mulberry
Berwick PA 18603
ALMASHAT, MD, Ala A GS
531 East Front Street
Berwick PA 18603
AVENIA, MD, Ronald J OPH
Bloomsburg Hospital
Bloomsburg PA 17815
BADARACCO, MD, Marie R P
Bloomsburg Hospital
Bloomsburg PA 17815
BALDIA, MD, Liveo B GS
540 East 11th Street
Berwick PA 18603
BECKER, MD, Bruce FP
Professional Building
Bloomsburg PA 17815
BITTENBENDER, MD, Joseph N
R D 3 Box 133
Shickshinny PA 18655
BOBEK, MD, Francis B FP
Six Pearle Street
Elysburg PA 17824
CAMPBELL, MD, David R FP
1701 Fowler Avenue
Berwick PA 18603
CAMPBELL, MD, Ernest W GP
2407 Reichart Road
Bloomsburg PA 17815
CAMPBELL, MD, Robert J FP
1701 Fowler Avenue
Berwick PA 18603
CHOPRA, MD, Raj P U
326 Market Street
Bloomsburg PA 17815
CLARK, MD, Grant C GP
P O Box 390
Benton PA 17814
CLEAVER, MD, Clarence P GP
250 Main Street
Catawissa PA 17820
CORSON, MD, Thomas C OBG
Ten Penn Street
Bloomsburg PA 17815
CORTEZA, MD, Benjamin A IM
1407 Treeline Drive
Bloomsburg PA 17815
CRAKE, MD, Roger F GS
699 East 16th Street
Berwick PA 18603
CRETELLA, MD, Thomas S FP
301 East Front Street
Berwick PA 18603
DELGATTO, MD, Louis J PD
27 East Fifth Street
Bloomsburg PA 17815
DELP, MD, Richard U GP
2407 Reichart Road
Bloomsburg PA 17815
DENNIS, MD, James B NM
1018 East Tenth Street
Berwick PA 18603
DERR, DO, Jose F FP
101 West Ninth Street
Berwick PA 18603
ECKEL, MD, Timothy B FP
1410 Bloom Road
Danville PA 17821
FEAR, MD, Jesse G FP
486 Rebecca Street
Morgantown WV 26505
FERRIGNO JR, MD, Carmen J R
Berwick Hospital
Berwick PA 18603
FRIEDMAN, MD, Gerald M ON
807 East Third Street
Bloomsburg PA 17815
FUNKE, MD, Alvin H U
800 East Third Street
Bloomsburg PA 17815
GEGWICH, MD, Frank IM
1303 Market Street
Berwick PA 18603
GEGWICH, MD, Joseph F IM
1303 Market Street
Berwick PA 18603
GIUGLIANO, MD, Frank J FP
523 Fowler Avenue
Berwick PA 18603
GORBY, MD, David R FP
2407 Reichart Road
Bloomsburg PA 17815
HARASYM, MD, E Lawrence GS
One South Hospital Drive
Bloomsburg PA 17815
HUNTER, MD, Robert G PTH
701 East 16th Street
Berwick PA 18603
IREY JR, MD, Philip M IM
14 East Fifth Street
Bloomsburg PA 17815
IVES, MD, William L GS
R D 4 Box 117
Bloomsburg PA 17815
JOHN, MD, Maliyakkal J IM
701 East Front Street
Berwick PA 18603
KASPUTIS, MD, David A PUD
R D 2 Briarcrest
Berwick PA 18603
KERBACHER, MD, Daniel J EM
Berwick Hospital Emerg Dept
Berwick PA 18603
KLEIN, MD, Robert GP
Lightstreet Road
Bloomsburg PA 17815
KNEPLEY, MD, David W DR
1269 Oak Street
Bloomsburg PA 17815
KOPACH, MD, Kathleen ORS
699 East 16th Street
Berwick PA 18603
KREUZBURG, MD, Robert C PD
R D 1 Box 1407
Nescopeck PA 18635
KRISHNAN, MD, Geeta OTO
111 Charlene Drive
Danville PA 17821
KUPREVICH, DO, William J FP
Penn Street And Glenn Avenue
Bloomsburg PA 17815
MANUEL, MD, Laureano M IM
534 East 11th Street
Berwick PA 18603
MARTIN, MD, J Campbell PTH
549 East Fair Street
Bloomsburg PA 17815
MEHTA, MD, Niharika D OBG
1601 Mulberry Street
Berwick PA 18603
MELDRUM, MD, Robert W FP
447 East First Street
Bloomsburg PA 17815
MIDDLETON, MD, Robert J IM
208 West 11th Street
Berwick PA 18603
NUNGESSER, MD, Raymond F FP
State And Walnut Streets
Millville PA 17846
ORAM, MD, Alan J OPH
401 East Sixth Street
Berwick PA 18603
PANIKKAR, MD, Ananda K AN
R D 4 Box 40
Bloomsburg PA 17815
PYLES, MD, Mark C GS
699 East 16th Street
Berwick PA 18603
RADICE, MD, Eugene D IM
144 West Fourth Street
Bloomsburg PA 17815
REESE, MD, Fred W GP
404 Market Street
Bloomsburg PA 17815
REMALY, MD, Donald A FP
447 East First Street
Bloomsburg PA 17815
REVAK, MD, Blairanne H GP
Penn & Glen Avenue
Bloomsburg PA 17815
REVAK, DO, David J GP
Penn & Glen Avenue
Bloomsburg PA 17815
RINGAWA, MD, Peter E R
145 Friar Road
Bloomsburg PA 17815
ROSKA, MD, Jose C DR
1317 Sassafras Street
Bloomsburg PA 17815
ROTHERMEL II, DO, Robert E GP
P O Box 248
Benton PA 17814
ROWLAND, MD, George A GP
Box 117
Millville PA 17846
RUNYAN, DO, John L FP
Penn Street & Glenn Avenue
Bloomsburg PA 17815
SHEEHE, MD, Dennis M FP
307 Main Street
Catawissa PA 17820
SRIHARSHA, MD, Patalam S P
P O Box 41
Bloomsburg PA 17815
STONE, DO, Donald J FP
P O Box 46
Huntington Mills PA 18622
TANRIBILIR, MD, Abdul K IM
600 East 16th Street
Berwick PA 18603
VICKERS, MD, Curtis W OBG
Professional Building
Bloomsburg PA 17815
WARD, MD, Mary J AN
P O Box 1038
Conyngham PA 18219
WEBSTER, MD, Wilma P EM
159 Clifton Drive
Bloomsburg PA 17815
WIDGER, MD, John E GS
One South Hospital Drive
Bloomsburg PA 17815
WITT, MD, D Ernest FP
R D 2
Bloomsburg PA 17815
YOST, MD, Charles S EM
P O Box 458
Bloomsburg PA 17815
YOUNGKIN, MD, James F AN
214 West Second Street
Berwick PA 18603

CRAWFORD

ASLAM, MD, Azar OTO
764 Kennedy Street
Meadville PA 16335
ATYIA, MD, Seif A AN
363 Edgewood Drive
Meadville PA 16335
BAILEY III, DO, John H IM
968 South Main Street
Meadville PA 16335
BAILEY JR, MD, John H IM
968 South Main Street
Meadville PA 16335
BAZYLAK, MD, Robert A EM
P O Box 636
Conneaut Lake PA 16316
BROOKS, MD, Gerald M GP
403 Euclid Avenue
Saegertown PA 16433
CHOI, MD, Kwang Y PD
505 Poplar Street
Meadville PA 16335
CORTES JR, MD, Candido T GS
1559 Conneaut Lake Road
Meadville PA 16335
DAGHESTANI, MD, Aiman N ON
773 North Main Street
Meadville PA 16335
DEININGER, MD, Arthur G FP
390 Park Avenue
Meadville PA 16335
DEKRUIF, MD, Hendrik IM
707 Seneca Road
Meadville PA 16335
DOWNING, MD, Timothy M PD
764 Kennedy Street
Meadville PA 16335
DRATLER, MD, Marvin B GE
505 Poplar Street
Meadville PA 16335
DRISCOLL, MD, Robert A
3545 Culpepper Drive
Erie PA 16506
DUNN, MD, David W FP
381 Chestnut Street
Meadville PA 16335
EWING, MD, Fred L AN
203 Meadow Street
Meadville PA 16335
FARMATI, MD, Oscar AI
P O Box 398478
Miami Beach FL 33139
FARRAH, DO, Victor B FP
1015 Grove Street
Meadville PA 16335
FERER, MD, Walter C OPH
3418 Tilton Valley Drive
Fairfax VA 22033
FINE, MD, Edward M FP
381 Chestnut Street
Meadville PA 16335
FOSTER, MD, Mark R ORS
640 Alden Street
Meadville PA 16335
GODFREY, DO, Craig R IM
1015 Grove Street
Meadville PA 16335
GOLDBERGER, MD, Daniel FP
104 East Adams Street
Cochranton PA 16314
GOMEZ, MD, Luis L FP
505 Poplar Street
Meadville PA 16335
GUANZON, MD, Danilo L U
764 Kennedy Street
Meadville PA 16335

HALL, MD, Jack R GP
R D 1
Guys Mills PA 16327
HANNEKEN, MD, Jane R FP
104 East Adams Street
Cochranton PA 16314
HENDRICKS, MD, Robert T GS
507 Jackson Park Drive
Meadville PA 16335
HIBBARD, MD, Alanson O GP
838 Park Avenue
Meadville PA 16335
HOLLAND JR, MD, William T OPH
899 Grove Street
Meadville PA 16335
KIRKPATRICK, MD, Robert L GS
1058 South Main Street
Meadville PA 16335
KIRKPATRICK JR, MD, David D IM
279 Walnut Street
Meadville PA 16335
KWITKA, MD, George AN
Box 1434
Meadville PA 16335
LAUB, MD, Curtis H ORS
640 Alden Street
Meadville PA 16335
LEE, MD, Seung C AN
Meadville Anesth Cons
Meadville PA 16335
MARTIN, MD, James W GP
H207 Briny Breezes
Boynton Beach FL 33435
MARTIN, MD, Ronald C GP
Railroad
Cambridge Springs PA 16403
MCLAMB, MD, James R ORS
640 Alden Street
Meadville PA 16335
MILSOVIC, MD, Robert C R
Meadville Medical Center
Meadville PA 16335
MOAKEH, MD, Mohamed U
773 North Main Street
Meadville PA 16335
MORRIS, MD, Rebecca F PD
764 Kennedy Street
Meadville PA 16335
MORRIS, MD, William J OBG
R D 5 Nancy Drive
Meadville PA 16335
MOUTSOS, MD, Spero E IM
370 Chestnut Street
Meadville PA 16335
MOYERS, MD, Robert N FP
764 Kennedy Street
Meadville PA 16335
NESBITT, MD, John B IM
279 Walnut Street
Meadville PA 16335
ORDINARIO JR, MD, Vicente R R
P O Box 357
Conneaut Lake PA 16316
OWENS, DO, Edward J FP
118 Railroad Street
Cambridge Springs PA 16403
PAGNIELLO, MD, Lucia A
508 North Main Street Ext
Meadville PA 16335
PATERSON, MD, Kimberly K IM
Conneaut Valley Health Center
Conneautville PA 16406
PIROCH, MD, Joseph G CD
R D 4 Brooks Road
Meadville PA 16335
RAMIREZ, MD, Renato P US
225 West Grandview
Erie PA 16508
SAAVEDRA, MD, Diogenes A GS
664 Highland Avenue
Meadville PA 16335
SANTORA, MD, Robert A OPH
505 Poplar Street
Meadville PA 16335
SARAIN, MD, Antonio N GP
39 Venezuela Bls Paranaque
Metromanila Philipp 1700
SCHROECKENSTEIN, MD, PTH
Richard F
1034 Grove Street
Meadville PA 16335
SMART, MD, Lawson C ORS
640 Alden Street
Meadville PA 16335
TAYLOR JR, MD, John O GS
843 Park Avenue
Meadville PA 16335
THOMAS, MD, Christopher W IM
764 Kennedy Street
Meadville PA 16335
TRANSUE, MD, Seward M P
1613 South East 40th Terrace
Cape Coral FL 33904
VRABLIK, MD, Ronald M OBG
719 Susquehanna Road
Meadville PA 16335
WATSON, MD, Thomas M CDS
505 Poplar Street
Meadville PA 16335
YEATES, MD, Laura PD
363 Edgewood Drive
Meadville PA 16335

YOHE, MD, Frank J P
497 Gilmore Street
Meadville PA 16335
ZEHNER, MD, Luther R GP
918 Diamond Park
Meadville PA 16335
ZELEN, MD, Randy S NEP
139 Linda Lane
Meadville PA 16335
ZINNAMOSCA, DO, John B FP
1015 Grove Street
Meadville PA 16335

CUMBERLAND

AGGARWAL, MD, Shiv S P
Two Bridal Lane
Camp Hill PA 17011
AHMED, MD, Ali P
890 Poplar Church Road
Camp Hill PA 17011
ARMSTRONG, MD, Thomas S ORS
1418 Holly Pike
Carlisle PA 17013
ARORA, MD, Ramesh EM
684 Saint Johns Drive
Camp Hill PA 17011
BAUER, MD, Franz P P
220 Wilson Street Suite 100
Carlisle PA 17013
BEACHY, MD, Ivan E OBG
Eight Brookwood Avenue
Carlisle PA 17013
BEACHY, MD, Stanley C OBG
Eight Brookwood Avenue
Carlisle PA 17013
BERGHAUS, MD, Lydia F TR
1512 Mccormick
Mechanicsburg PA 17055
BERK, MD, Theodore F GE
1106 Stratford Drive
Carlisle PA 17013
BLACKSMITH JR, MD, Gary L FP
220 Wilson Street
Carlisle PA 17013
BRANSCUM, MD, George P GP
850 Walnut Bottom Road
Carlisle PA 17013
BRAZEL, MD, Joseph F IM
220 Wilson Street
Carlisle PA 17013
BROPHY, MD, Dow E FP
Shermansdale Family Practice
Shermansdale PA 17090
BRYAN, MD, Frank S ORS
850 Walnut Bottom Road
Carlisle PA 17013
BRYANT, MD, David W GS
850 Walnut Bottom Road
Carlisle PA 17013
CAREY, MD, Philip D PUD
626 Wilson Street
Carlisle PA 17013
CASTRINA JR, MD, Frank P IM
220 Wilson Street
Carlisle PA 17013
CHANG, MD, Duck-Kyu PTH
246 Parker Street
Carlisle PA 17013
CHERRY, MD, Steven B OBG
Eight Brookwood Avenue
Carlisle PA 17013
COHEN, MD, Howard R IM
4713 East Trindle Road
Mechanicsburg PA 17055
COX, MD, Paul A OPH
313 South Hanover Street
Carlisle PA 17013
DAGEN, MD, J Edward U
1205 Fleetwood Drive
Carlisle PA 17013
DANIELS, MD, Michael O FP
R D 2 Box 140
Gardners PA 17324
DAVIS, MD, H Robert FP
P O Box 38
Boiling Springs PA 17007
DEMUTH JR, MD, William E GS
17 South West Street
Carlisle PA 17013
EHLY, MD, George W EM
R D 1
East Berlin PA 17316
EVANS, MD, David B OBG
850 Walnut Bottom Road
Carlisle PA 17013
FRITCHLEY, MD, Rodney B GS
850 Walnut Bottom Road
Carlisle PA 17013
GOELTSCH, MD, Robert E OBG
Medical Arts Building
Carlisle PA 17013
GRAHAM III, MD, William P PS
804 Belvedere Street
Carlisle PA 17013
GREEN, MD, Joseph E GP
274 Wilson Street
Carlisle PA 17013
GREEN, MD, Thomas J ORS
220 Wilson Street
Carlisle PA 17013

GREEN III, MD, Joseph E IM
850 Walnut Bottom Road
Carlisle PA 17013
GROFF, MD, Margaret Y FP
Holy Spirit Hospital
Camp Hill PA 17011
GUISTWITE, MD, Kenneth R FP
1225 Sadler Drive
Carlisle PA 17013
HALL II, MD, Robert F R
161 Candlelite Drive
Carlisle PA 17013
HARTZELL, MD, David L OPH
850 Walnut Bottom Road
Carlisle PA 17013
HATLEBERG, MD, Steven L IM
850 Walnut Bottom Road
Carlisle PA 17013
HAYS, MD, E Blaine OBG
900 Glendale Court
Carlisle PA 17013
HELY, MD, Daniel P ORS
804 Belvedere Street
Carlisle PA 17013
HERSPERGER, MD, Webb S OTO
850 Walnut Bottom Road
Carlisle PA 17013
HERTZLER JR, MD, John V IM
256 South Hanover Street
Carlisle PA 17013
HOAGLAND, MD, Guy D IM
1024 West Foxcroft Drive
Camp Hill PA 17011
HOERNER, MD, Oscar G GP
400 West Main Street
Mechanicsburg PA 17055
HOFFMAN, MD, Holly C PD
850 Walnut Bottom Road
Carlisle PA 17013
HOFFMAN, MD, J Lynn PD
850 Walnut Bottom Road
Carlisle PA 17013
HOLLEN, MD, Robert A FP
850 Walnut Bottom Road
Carlisle PA 17013
HOUGH, MD, Rodney K FP
49 Brookwood Avenue
Carlisle PA 17013
JOHNSTON 3RD, MD, James R GS
850 Walnut Bottom Road
Carlisle PA 17013
JURGENSEN, MD, John C N
850 Walnut Bottom Road
Carlisle PA 17013
KOVACS, MD, Donald J FP
1358 Lutztown Road
Boiling Springs PA 17007
KREBS, MD, Stephen J PD
850 Walnut Bottom Road
Carlisle PA 17013
KRETZING, MD, Harold G FP
850 Walnut Bottom Road
Carlisle PA 17013
LENTON, MD, Herbert P IM
10 West Pomfret Street
Carlisle PA 17013
LEWIS, MD, Gregory L GE
220 Wilson Street
Carlisle PA 17013
LINE, MD, Dennis E IM
850 Walnut Bottom Road
Carlisle PA 17013
LOEFFLER JR, MD, John G PD
524 Mooreland Avenue
Carlisle PA 17013
LOH, MD, Charles K R
P O Box 310
Carlisle PA 17013
LONG, MD, Joseph P GYN
2209 Douglas Drive
Carlisle PA 17013
MARTIN, MD, Gerald B NEP
64 South West Street
Carlisle PA 17013
MASLAND, MD, David S IM
Medical Arts Building
Carlisle PA 17013
MCDERMOTT, MD, Robert W P
718 Dogwood Terrace
Boiling Springs PA 17007
MIRA, MD, Allan J ORS
220 Wilson Street
Carlisle PA 17013
MIRA, MD, John F P
2112 Sycamore Drive
Harrisburg PA 17112
MONTELLO, MD, Joan M PD
220 Wilson Street
Carlisle PA 17013
MOOLA, MD, Jagadeesh K P
Holy Spirit Hospital Mhc
Camp Hill PA 17011
ONG, MD, George P D
850 Walnut Bottom Road
Carlisle PA 17013
PARK, MD, Hong S PM
4950 Wilson Lane
Mechanicsburg PA 17055
PERLMAN, MD, Herbert C DR
Department Of Radiology
Carlisle PA 17013

PROHASKA, DO, Matthew G FP
20 Moongale Drive
Carlisle PA 17013
RANKIN, MD, Larry S CD
1115 Fleetwood Drive
Carlisle PA 17013
RICKS, MD, John E EM
1261 Kuhn Road
Boiling Springs PA 17007
ROE, MD, Hans S AN
P O Box 310
Carlisle PA 17013
ROEDER, MD, Donald K TS
850 Walnut Bottom Road
Carlisle PA 17013
ROSARIO JR, MD, Eliseo PD
883 Alexander Spring Road
Carlisle PA 17013
ROYAL, MD, David R DR
P O Box 310
Carlisle PA 17013
SABOL, MD, John B GP
510 South College Street
Carlisle PA 17013
SAUSSER, MD, Eugene W GP
513 Thomas Road
Camp Hill PA 17011
SCHLANSKY, MD, Ronald M RHU
220 Wilson Street
Carlisle PA 17013
SHELLEY, MD, William L GS
609 Devonshire Drive
Carlisle PA 17013
SMITH, MD, James M PTH
66 Hillside Drive
Carlisle PA 17013
STEELE, MD, R Edward GS
3610 Logan St
Camp Hill PA 17011
STOCKTON, MD, Kevin L P
Holy Spirit Hospital
Camp Hill PA 17011
TECSON, MD, Arturo S P
803 Cobblestone Court
Hershey PA 17033
THOMPSON, MD, David I PD
640 Mooreland Avenue
Carlisle PA 17013
THOMPSON, MD, Robert L OPH
220 Wilson Street
Carlisle PA 17013
TOWNSEND, MD, Jay A FP
100 South High Street
Newville PA 17241
URBAN, MD, Donald G R
R D 1 Box 255
Clarksburg WV 26301
WAMPLER, MD, David L FP
R D 2 Box 143/3e
Gardners PA 17324
WEST, MD, William J OBG
850 Walnut Bottom Road
Carlisle PA 17013
WHITCOMB, MD, Luther M EM
P O Box 310
Carlisle PA 17013
WILLARD III, MD, Willis W EM
Carlisle Hospital
Carlisle PA 17013
WISS, MD, Raymond J OTO
Medical Arts Building
Carlisle PA 17013
WOOD, MD, Bradford J FP
1358 Lutztown Road
Boiling Springs PA 17007
YEAGER, MD, James P EM
Two Mayfield Road
Mechanicsburg PA 17055
ZIERDT, MD, David K U
850 Walnut Bottom Road
Carlisle PA 17013

DAUPHIN

ABER, MD, Robert C ID
M S Hershey Medical Center
Hershey PA 17033
ABT, MD, Arthur B PTH
M S Hershey Medical Center
Hershey PA 17033
ADAMS, MD, D Leslie OBG
355 North 21st Street
Camp Hill PA 17011
ADAMS, MD, Michael D FP
542 Hockersville
Hershey PA 17033
ALBRIGHT 3RD, MD, William J FP
225 Broad Street
Highspire PA 17034
ALDOUS, MD, Thomas W EM
R D 2 Box 79-C
Palmyra PA 17078
ALEXANDER, MD, Roland R HEM
425 North 21st Street
Camp Hill PA 17011
ALLEN, MD, Richard PD
4601 Devonshire Road
Harrisburg PA 17109
ALLYN, MD, Russell E U
495 North 25th Street
Camp Hill PA 17011

ALTAKER, MD, Lawrence L P
812 Conodoguinet Drive
Camp Hill PA 17011
ALTHOUSE JR, MD, L Bruce CD
25 West Main Street
Shiremanstown PA 17011
ALVEAR, MD, Domingo T GS
R D 4
Mechanicsburg PA 17055
ALVEAR, MD, Veneranda B AN
101 South Second Street
Harrisburg PA 17101
AMUSO, MD, Samuel J ORS
2800 Green Street
Harrisburg PA 17110
ANDERSON, MD, William M PUD
1631 North Front Street
Harrisburg PA 17102
ANDERSON JR, MD, Lyle F GS
888 Poplar Church Road
Camp Hill PA 17011
ANDREWS, MD, A Thomas ON
112 Holly Drive
Mechanicsburg PA 17055
ANDREWS, MD, Charles F R
Allentown Hospital
Allentown PA 18102
ANDREWS, MD, Percy J
3600 Logan Street
Camp Hill PA 17011
ANDRIOLA, MD, Frank J IM
2645 North Third Street
Harrisburg PA 17110
ANKER, MD, Peter M OPH
2806 Green Street
Harrisburg PA 17110
ANNI, MD, Jane G O PD
5282 Mallard Drive
Bensalem PA 19020
AQUINO, MD, Edwin A PM
450 Powers Avenue
Harrisburg PA 17109
ATNIP, MD, Robert G GS
M S Hershey Med Ctr-Surg
Hershey PA 17033
AZIZKHAN, MD, Reza G GS
888 Poplar Church Road
Camp Hill PA 17011
BACAJ, MD, Patrick J IM
University Manor East #179
Hershey PA 17033
BACKENSTOSE, MD, Daniel L PD
218 West Governor Avenue
Hershey PA 17033
BAHIA, MD, Jinan O R
Tristan Associates
Harrisburg PA 17111
BAILEY, MD, Laurel P FP
105 Huntsdale Court
Harrisburg PA 17110
BAIR, MD, Edward H GP
R D 1 Box 369
Millersburg PA 17061
BALKANY, MD, Andrew F GP
P O Box 456
Camp Hill PA 17011
BALLANTINE, MD, PDS
Thomas V N
M S Hershey Medical Center
Hershey PA 17033
BALLARD III, MD, James O HEM
Division Of Hematology
Hershey PA 17033
BALOG, MD, Balint ORS
2800 Green Street
Harrisburg PA 17110
BALSBAUGH, MD, George T R
2310 William View Drive
Harrisburg PA 17112
BALTZ, MD, Richard D PD
3028 Market Street
Camp Hill PA 17011
BANK, MD, R Stanley IM
2810 Green Street
Harrisburg PA 17110
BANOGON, MD, Marietta A OBG
4339 Union Deposit Road
Harrisburg PA 17111
BANZHOFF, MD, Gordon K OBG
890 Poplar Church Road
Camp Hill PA 17011
BARNOSKI, MD, John F FP
1022 North Union Street
Middletown PA 17057
BARTLETT, MD, Glen S PD
441 East Chocolate Avenue
Hershey PA 17033
BARTON, MD, F Jane OPH
92 Tuscarora Street
Harrisburg PA 17104
BARTON, MD, John O D
104 Erford Road
Camp Hill PA 17011
BARTON, MD, Mary C IM
136 East Caracas Avenue
Hershey PA 17033
BASHLINE, DO, Bruce S FP
135 East Emaus Street
Middletown PA 17022
BATTISTA, MD, Frank J FP
825 Fishburn Road
Hershey PA 17033

BEACH, MD, John E W IM
M S Hershey Medical Center
Hershey PA 17033
BEALE, MD, Benjamin R GP
225 Hummel Avenue
Lemoyne PA 17043
BEANE, MD, Howard C U
789 Poplar Church Road
Camp Hill PA 17011
BEITTEL JR, MD, Charles R OBG
2402 Midland Road
Harrisburg PA 17104
BEITZEL, MD, James E IM
135 Meyers Avenue
Meyersdale PA 15552
BELOVICH, MD, Debbie L DR
P O Box 735
Camp Hill PA 17011
BENEDICT, MD, John H AN
Seven Campbell Court
Harrisburg PA 17112
BENTZ, MD, Michael S PTH
105 Deerfield Road
Camp Hill PA 17011
BENTZ, MD, Ralph A NS
Five Chelten Circle
Camp Hill PA 17011
BERKHEIMER, MD, George A ORS
925 North Front Street
Harrisburg PA 17102
BERKHEISER, MD, Samuel W PTH
P O Box 3410
Harrisburg PA 17105
BERLIN JR, MD, Cheston M PD
M S Hershey Medical Center
Hershey PA 17033
BERMAN, MD, Bruce H FP
1900 Chestnut Street
Camp Hill PA 17011
BESSELMAN, MD, David M PD
4601 Devonshire Road
Harrisburg PA 17109
BHARUCHA, MD, Shernavaz D AN
6353 Stephens Crossing
Mechanicsburg PA 17055
BIEBUYCK, MD, Julien F AN
M S Hershey Medical Center
Hershey PA 17033
BIERI, MD, John W AN
809 Conodguinet Drive
Camp Hill PA 17011
BIRD, DO, William M FP
895 South Arlington Avenue
Harrisburg PA 17109
BIRKMEYER, MD, Lynne M PD
4728 Brian Road
Mechanicsburg PA 17055
BITNER, MD, Walter P P
1095 Cocklin Street
Mechanicsburg PA 17055
BJORKLUND, MD, Mark D FP
212 Fern Avenue
Carlisle PA 17013
BLACKSMITH, DO, James E GP
110 North Seventh Street
Lemoyne PA 17043
BLACKSMITH, DO, William A OS
304A St Johns Road
Camp Hill PA 17011
BOAL, MD, Danielle K PDR
804 Riverview Road
Lemoyne PA 17043
BOAL, MD, Richard J ORS
875 Poplar Church Road
Camp Hill PA 17011
BOGDAN, MD, Ann M FP
1101 Yverdon Drive
Camp Hill PA 17011
BOLINE, MD, George B GS
Hershey Medical Center
Hershey PA 17033
BORIS, DO, Walter J GS
402 Trudy Road
Harrisburg PA 17109
BOWER, MD, Harry B GP
2561 North Sixth Street
Harrisburg PA 17110
BOWER, MD, James H FP
614 Main Street
Lykens PA 17048
BOWMAN, MD, Herbert S HEM
504 Ohio Avenue
Lemoyne PA 17043
BOWMAN JR, MD, Thomas E GS
625 Riomar Drive
Vero Beach FL 32963
BOYD, MD, William J IM
131 State Street
Harrisburg PA 17101
BRADSTREET, MD, Richard P PTH
University Manor
Hershey PA 17033
BRAUER, MD, Marvin D IM
M S Hershey Medical Center
Hershey PA 17033
BRAUNEGG JR, MD, Paul W AN
University Manor East
Hershey PA 17033
BRAY, MD, John S CD
2645 North Third Street
Harrisburg PA 17110
BRENNER, MD, Louis O IM
2223 North Second Street
Harrisburg PA 17110
BRICKNELL, MD, Paul P AN
48 Boxwood Drive
Hershey PA 17033
BRIER, MD, Peter M IM
1106 Carlisle Road
Camp Hill PA 17011
BRITTON, MD, L Lynne IM
106 Banbury Circle
Hummelstown PA 17036
BROAD, MD, Kathleen M AN
Polyclinic Medical Center
Harrisburg PA 17105
BROCK, MD, Richard R OS
P O Box 3410
Harrisburg PA 17105
BRONFMAN, MD, Howard J R
1501 North Front Street
Harrisburg PA 17102
BRONITSKY, MD, Carl N OBG
1740 Crisswell Place
Camp Hill PA 17011
BROOKS, MD, Harry R GP
541 Bridge Street
New Cumberland PA 17070
BRUBAKER, MD, Warren W OM
925 Reese Avenue
Hershey PA 17033
BRYAN, MD, Thomas M FP
1153 Pond Road
Harrisburg PA 17111
BUCHANAN, MD, James R GS
M S Hershey Medical Center
Hershey PA 17033
BUCKINGHAM, MD, Robert C FP
4918 Locust Lane
Harrisburg PA 17109
BUCS, MD, Roger G AN
396 Yorktown Road
Hershey PA 17033
BUENAVENTURA, MD, P
Milagros P
581 Old Orchord Lane
Camp Hill PA 17011
BUHR, MD, Bruce R ORS
University Manor
Hershey PA 17033
BURGIN, MD, Walter H GP
15 Cedar Cliff Drive
Camp Hill PA 17011
BURNS, MD, William T OBG
1080-5 Union Deposit Center
Harrisburg PA 17111
BUSH, MD, William B IM
5100 Lancaster Street
Harrisburg PA 17111
BUXTON JR, MD, Donald R DR
1501 North Front Street
Harrisburg PA 17102
BYBEL, MD, Ann M OBG
142 Rosedale
Hershey PA 17033
BYRNE, MD, William E OBG
2421 Jerico Drive
Harrisburg PA 17110
CADIEUX, MD, Roger J P
1648 Woodhaven Drive
Hummelstown PA 17036
CAMPBELL, MD, David B TS
M S Hershey Med Ctr
Hershey PA 17033
CAMPBELL, MD, William J D
3016 Charwood Court
Spring Valley CA 92078
CARDINALE, DO, Joseph P TS
879 South Arlington Avenue
Harrisburg PA 17109
CARDLIN, MD, Kenneth M FP
1201 West Governor Road
Hershey PA 17033
CARHART, MD, Judy A FP
2235 Kohn Road
Harrisburg PA 17110
CARP, MD, Mason J OBG
4010 Linglestown Road
Harrisburg PA 17112
CARR, MD, William F OBG
890 Poplar Church Road
Camp Hill PA 17011
CARY, MD, Gene L P
20 Briarcrest Square
Hershey PA 17033
CASAL, MD, Rolando A GS
Keystone Proffessional Center
Wormleysburg PA 17043
CHANG, MD, Chris C PDS
2645 North Third Street
Harrisburg PA 17110
CHAPMAN, MD, Albert L PH
123 November Drive
Camp Hill PA 17011
CHO, MD, Jay J PM
4950 Wilson Lane
Mechanicsburg PA 17055
CHOTINER, MD, Bennett OPH
4100 Linglestown Road
Harrisburg PA 17112
CINCOTTA, MD, Janet F FP
350 Wellsville Road
Wellsville PA 17365
CINCOTTA, MD, Joseph A FP
350 Wellsville Road
Wellsville PA 17365
CLADEL JR, MD, Charles E CHP
R D 2 Box A-160
Hummelstown PA 17036
CLAYTON JR, MD, Samuel T FP
1100 Brittany Blvd
Harrisburg PA 17109
COHICK, MD, Bruce S FP
4800 Linglestown Road
Harrisburg PA 17112
COHN, MD, Burton H OTO
1857 Center Street
Camp Hill PA 17011
COLDREN, MD, Robert L PD
2645 North Third Street
Harrisburg PA 17105
COLEMAN JR, MD, Ernest H OPH
4000 Market Street
Camp Hill PA 17011
COLLER, MD, Daniel H FP
217 West Main Street
Mechanicsburg PA 17055
COLLIER, MD, Thomas F PTH
University Manor
Hershey PA 17033
CONNER, MD, Kenneth B IM
428 Candlewyck Road
Camp Hill PA 17011
CONRAD, MD, Donald C FP
116 Spruce Street
Middletown PA 17057
CONROY, DO, Jane K GP
895 South Arlington Avenue
Harrisburg PA 17109
CONROY JR, DO, John D HEM
3912 Trindle Road
Camp Hill PA 17011
CONSEVAGE, MD, Mary P PD
2405 Linglestown Road
Harrisburg PA 17110
COWLEY, MD, Allen W IM
444 North 25th Street
Camp Hill PA 17011
CRAWFORD, MD, Donald G FP
4918 Locust Lane
Harrisburg PA 17109
CRAWFORD, MD, Dudley D FP
391 Valley Road
Etters PA 17319
CRISPEN, MD, James F IM
4300 Valleyview Road
Harrisburg PA 17112
CROTEAU, MD, J Russell DR
1501 North Front Street
Harrisburg PA 17102
CUMMINGS III, MD, Cary IM
1617 North Front Street
Harrisburg PA 17102
CURCIO III, MD, Frederick D OBG
Harrisburg Hospital
Harrisburg PA 17101
CURTI, MD, Brendan D IM
1115 Cambridge Court
Palmyra PA 17078
DAHLE, DO, Ralph E P
4315 Londonderry Road
Harrisburg PA 17109
DAHMUS, MD, Robert R ORS
2800 Green Street
Harrisburg PA 17110
DAILEY, MD, Edward G OPH
1857 Center Street
Camp Hill PA 17011
DALY JR, MD, James F PD
511 Alison Avenue
Mechanicsburg PA 17055
DAROWISH, DO, Charles E PD
887 South Arlington Avenue
Harrisburg PA 17109
DAVIDSON, MD, William R CD
Milton Hershey Medical Center
Hershey PA 17033
DAVIS, MD, Richard L FP
4470 Valley Road
Enola PA 17025
DAVIS, MD, Robert H P
6125 Stephens Crossing
Mechanicsburg PA 17055
DAVIS, MD, Stephen J IM
Inners Davis Associates
Camp Hill PA 17011
DAVIS, MD, Thomas S PS
339 Governor Road
Hershey PA 17033
DAVIS, MD, William S GS
2701 North Front Street
Harrisburg PA 17110
DELACRUZ, MD, Silvestre S P
Holy Spirit Hospital
Camp Hill PA 17011
DELAFUENTE, MD, Carlos F IM
Seidle Memorial Hospital
Mechanicsburg PA 17055
DELONE JR, MD, Charles A OBG
Holy Spirit Hospital
Camp Hill PA 17011
DELONG, MD, Brian S GS
Polyclinic Medical Center
Harrisburg PA 17105
DELROSARIO, MD, Vivencio G P
Holy Spirit Hospital
Camp Hill PA 17011
DEMUTH, MD, Cynthia T PD
R D 3 Box 293
Palmyra PA 17078
DEMUTH, MD, William W ORS
M S Hershey Medical Center
Hershey PA 17033
DIETRICH, MD, William S GP
756 Messiah Village
Mechanicsburg PA 17055
DONOVAN, MD, J Ward EM
M S Hershey Medical Center
Hershey PA 17033
DORKO, MD, Carl J OBG
355 North 21st Street
Camp Hill PA 17011
DOSSETT, MD, John H ID
Milton Hershey Medical Center
Hershey PA 17033
DOUGHERTY III, DO, John E GP
4300 Londonderry Road
Harrisburg PA 17105
DRAGO, DO, John P OS
Usa Meddac
Fort Dix NJ
DUGGAN JR, MD, Francis J GS
4341 Union Deposit Road
Harrisburg PA 17111
DUNKLE, MD, David B OM
19 East Chocolate Avenue
Hershey PA 17033
DUNN, DO, Lori AN
332 Regent Road
Harrisburg PA 17112
DURAN, MD, Carlos NPM
219 North Railroad Street
Palmyra PA 17078
DURBECK, MD, Donald C CD
25 West Main Street
Shiremanstown PA 17011
DURISEK, MD, George S DR
449 North Houcks Road
Harrisburg PA 17109
DYE, MD, Robert E GE
410 West Governor Road
Hershey PA 17033
EATON, MD, Edward H R
1430 Bridge Street
New Cumberland PA 17070
EDMISTON, MD, Robert B OS
Pa Blue Shield
Camp Hill PA 17011
EDMUNDOWICZ, MD, CD
Alphonse C
2645 North Third Street
Harrisburg PA 17110
EDWARDS, MD, George E GP
1900 Bridge Street
New Cumberland PA 17070
ENTWISTLE, MD, Nelson L ABS
643 St Johns Drive
Camp Hill PA 17011
ERVIN, MD, Carl E IM
P O Box 1010
Harrisburg PA 17108
ESHBACH, MD, Ted B ORS
2800 Green Street
Harrisburg PA 17110
ESPOSITO, MD, Joseph P GS
6338 Steven Crossing
Mechanicsburg PA 17055
ETTLINGER, MD, Robert A FP
Frederick Health Center
Millersburg PA 17061
EVANS EXEC SEC, ROBERT W
217 State Street
Harrisburg PA 17101
EVARTS, MD, C Mccollister ORS
M S Hershey Medical Center
Hershey PA 17033
EVERHART, MD, Wilson C OBG
1080-5 Union Deposit Center
Harrisburg PA 17111
EYSTER, MD, M Elaine HEM
51 Woodland Avenue
Hershey PA 17033
FABER, MD, Frederick S FP
3301 School House Lane
Harrisburg PA 17109
FACKLER, MD, Emerson F OBG
1418 Carlisle Road
Camp Hill PA 17011
FAGELMAN, MD, Kerry M PDS
2600 North Third Street
Harrisburg PA 17110
FAGER, MD, Charles B OPH
4905 East Trindle Road
Mechanicsburg PA 17055
FAGER, MD, Joseph S P
6104 Westover Drive
Mechanicsburg PA 17055
FAIRBROTHER, MD, Maureen E AN
1369 Roush Road
Hummelstown PA 17036
FAIRBROTHER, MD, Paul F OBG
R D 1 1369 Roush Road
Hummelstown PA 17036
FALKENSTEIN II, MD, Richard C FP
P O Box 470
Middleburg VA 22117
FARIES JR, MD, George B GS
25 Forest Drive
Mechanicsburg PA 17055
FARRELL, MD, Timothy P DR
425 Cherokee Drive
Mechanicsburg PA 17055
FENCEL, MD, Richard M R
Department Of Radiology
Harrisburg PA 17110
FIDELER, MD, Richard NS
56 Erford Road
Camp Hill PA 17011
FIELD, MD, John M CD
M S Hershey Medical Ctr
Hershey PA 17033
FIERER, MD, Robert R IM
1199 Colonial Road
Harrisburg PA 17112
FINK JR, MD, Howard E R
1501 North Front Street
Harrisburg PA 17102
FISHER, MD, Todd R FP
Harrisburg Hospital
Harrisburg PA 17101
FITZGERALD, MD, Richard P IM
3546 Schoolhouse Lane
Harrisburg PA 17109
FLETCHER, MD, Thomas F PDC
215 Wood Street
Camp Hill PA 17011
FLURKEY, MD, Emerson C OBG
890 Poplar Church Road #206
Camp Hill PA 17011
FONTE, MD, Richard J P
Brady Hall
Harrisburg PA 17101
FORSYTHE, MD, Patrick D AN
802 Conodoquinet Drive
Camp Hill PA 17011
FORTI, MD, William P PD
2405 Linglestown Road
Harrisburg PA 17110
FOSTER JR, MD, John V PUD
931 North Front Street
Harrisburg PA 17102
FOUST, MD, Tilman H DR
177 Lake Meade Drive
East Berlin PA 17316
FRANK, MD, Herbert L AN
R D 4 Box 682
Linglestown PA 17112
FRANKEL, MD, Carl A OPH
P O Box 850
Hershey PA 17033
FRANKEL, MD, Sharon R IM
358 Lamp Post Lane
Hershey PA 17033
FRANTZ, DO, Bruce B U
845 Sir Thomas Court
Harrisburg PA 17109
FRAUENHOFFER, MD, PTH
Elizabeth E
Eight Westmont Briarcrest
Hershey PA 17033
FREEDMAN, MD, Donald B IM
890 Poplar Church Road
Camp Hill PA 17011
FREISTAT, MD, Eric T IM
1900 Chestnut Street
Camp Hill PA 17011
FRESHMAN, MD, John R IM
2645 North Third Street
Harrisburg PA 17110
FRIEDLANDER, MD, Milton A R
2601 North Third Street
Harrisburg PA 17113
FRIEDMAN, MD, Mark C IM
3909 Ridgeland Boulevard
Mechanicsburg PA 17055
FRIEDMAN, MD, Sumner H DR
350 North 27th Street
Camp Hill PA 17011
FRITCHEY JR, MD, John A US
7031 Blue Ridge Avenue
Harrisburg PA 17112
FROEHLICH, MD, A David GS
1106 Carlisle Road
Camp Hill PA 17011
FROMME, MD, Kenneth L PD
3028 Market Street
Camp Hill PA 17011
FRY, MD, Chloe O GYN
442 Bethany Drive
Mechanicsburg PA 17055
FUGATE, MD, Diana K IM
25 West Main Street
Shiremanstown PA 17011
FUGATE, DO, Jeffrey S CD
25 West Main Street
Shiremanstown PA 17011
FUGATE, MD, Kenneth K IM
Four Cottage Court
Mechanicsburg PA 17055
GAITHER, MD, Herbert IM
1517 Cedar Cliff Drive
Camp Hill PA 17011
GALLIA, MD, Francis J DR
1501 North Front Street
Harrisburg PA 17102
GARCIA, MD, Guillermo PD
153 South 32nd Street
Camp Hill PA 17011

GARCIA, MD, Jose A GP
R D 5 Box 7
Dillsburg PA 17019
GARDYASZ, MD, Miroslaw D PD
University Manor
Hershey PA 17033
GAWLAS, DO, Michael R FP
111 Clouser Road
Mechanicsburg PA 17055
GEADAH, MD, Fouad A OTO
725 Vista Drive
Camp Hill PA 17011
GEDULDIG, MD, Michael M IM
4969 Berkley Street
Harrisburg PA 17109
GEMINIANI, MD, Ellen T FP
1816 Creek View Drive
New Cumberland PA 17070
GERACI, MD, Gaspere C FP
721 Alberta Avenue
Mechanicsburg PA 17055
GERDES JR, MD, Joseph H D
402 North Second Street
Harrisburg PA 17101
GERLACH IV, MD, Charles D IM
118 Nagle Street
Harrisburg PA 17104
GIFFORD, MD, Robert R M GS
M S Hershey Medical Center
Hershey PA 17033
GILDEA, MD, James E AN
101 South Second Street
Harrisburg PA 17101
GILROY, MD, Robert C PUD
1631 North Front Street
Harrisburg PA 17102
GIULIAN, MD, Bertrand B DR
1501 North Front Street
Harrisburg PA 17102
GIVENS, MD, Frederick T U
2645 North Third Street
Harrisburg PA 17110
GLATZ, MD, Guy G FP
507 East Elmwood Avenue
Mechanicsburg PA 17055
GLAUSER, MD, Felix E OM
50 Eastgate Drive
Camp Hill PA 17011
GLEESON, MD, George L GYN
358 Beverly Road
Camp Hill PA 17011
GLUCK, MD, Michael L IM
1106 Carlisle Road
Camp Hill PA 17011
GOEDECKE, MD, John B OBG
104 Erford Road
Camp Hill PA 17011
GOLDMAN, MD, Stanley R IM
4341 Union Deposit Road
Harrisburg PA 17111
GOLDSTEIN, MD, Laurence IM
425 North 21st Street
Camp Hill PA 17011
GONZALEZ-CUERVO, MD, P
Alberto
M S Hershey Medical Center
Hershey PA 17033
GOODMAN, MD, Bruce IM
1515 North Front Street
Harrisburg PA 17102
GORAYEB, MD, Marc J EM
Hershey Medical Center
Hershey PA 17033
GORDON, MD, Dudley R FP
6091 Linglestown Road
Harrisburg PA 17112
GORDON, MD, Joanne G IM
7104 Hillside Road
Harrisburg PA 17112
GORDON, MD, Robert A IM
425 North 21st Street
Camp Hill PA 17011
GORDON, MD, William S OS
6091 Linglestown Road
Linglestown PA 17112
GRAF, MD, Kenneth W GS
890 Poplar Church Road
Camp Hill PA 17011
GRANDON, MD, Raymond C IM
131 State Street
Harrisburg PA 17101
GRANITO, MD, Charles D AN
1012 West Foxcroft Drive
Camp Hill PA 17011
GREDLER, MD, Frank E CD
2645 North Third Street
Harrisburg PA 17110
GREEN, MD, M Edwin IM
2807 North Front Street
Harrisburg PA 17110
GREEN, DO, Robert L ORS
875 South Arlington Avenue
Harrisburg PA 17109
GREENAWALD, MD, Henry A FP
4918 Locust Lane
Harrisburg PA 17109
GREENSMITH, MD, J Eric IM
678 South 82nd Street
Harrisburg PA 17111
GREER III, MD, Robert B ORS
M S Hershey Medical Center
Hershey PA 17033

GREIDER, MD, Philip A AN
Holy Spirit Hospital
Camp Hill PA 17011
GREINER, DO, Vernne W FP
3301 Schoolhouse Lane
Harrisburg PA 17109
GRIBB, MD, Joseph C GP
1400 North Second Street
Harrisburg PA 17102
GRIFF, MD, Leonard C R
1545 Appletree Road
Harrisburg PA 17110
GRIFF, MD, Roberta E PD
1545 Appletree Road
Harrisburg PA 17110
GROSSMAN, MD, Ronald M OTO
1857 Center Street
Camp Hill PA 17011
GUSTAVSON, MD, Roger B IM
890 Poplar Church Road
Camp Hill PA 17011
GUTIERREZ, MD, Felix CD
92 Tuscarora Street
Harrisburg PA 17104
HAKE, MD, Jean H CHP
339 West Governor Road
Hershey PA 17033
HALBERT, MD, David R OBG
626 Fishburn Road
Hershey PA 17033
HALL, MD, Virginia E OBG
1300 Market Street
Lemoyne PA 17043
HALLOCK, MD, Margaret E GP
870 Lewisberry Road
Lewisberry PA 17339
HALLOCK, MD, Richard H ORS
3975 Trindle Road
Camp Hill PA 17011
HAMILTON, MD, Robert W HEM
739 Fishburn Road
Hershey PA 17033
HAMSHER, MD, James R ORS
3916 Trindle Road
Camp Hill PA 17011
HANDAL, MD, John A ORS
M S Hershey Medical Center
Hershey PA 17033
HANDFORD, MD, H Allen CHP
1232 Wood Road
Hummelstown PA 17036
HARDING, MD, Robert L PS
2101 North Front Street
Harrisburg PA 17110
HARM JR, MD, Kenneth R FP
812 Acri Road
Mechanicsburg PA 17055
HARRIS, MD, Brian W DR
5425 Autumn Drive
Harrisburg PA 17111
HARRISON, MD, C Scott ORS
3916 Trindle Road
Camp Hill PA 17011
HART, MD, James C CDS
Capital Area Card Surg Inst
Camp Hill PA 17011
HARTLE, MD, Richard J IM
371 North 50th Street
Harrisburgh PA 17111
HARVEY, MD, Harold A ON
M S Hershey Medical Center
Hershey PA 17033
HASELHUHN, MD, Donald H AN
492 North 25th Street
Camp Hill PA 17011
HASSELBACHER, MD, Frank X P
97 West Main Street
Niantic CT 06357
HASZ, MD, Richard D GP
P O Box G
Hershey PA 17033
HATFIELD, MD, Charles R FP
890 Poplar Church Road 310
Camp Hill PA 17011
HAVERSTICK, MD, C David FP
4212B Society Park Court
Harrisburg PA 17109
HAWKINS, MD, Walter D IM
7015 Carnation Street
Richmond VA 23225
HAWN, MD, Margaret M OBG
4339 Union Deposit Road
Harrisburg PA 17111
HEFFLEY, MD, William M IM
120 West Main Street
Hummelstown PA 17036
HEMLER, MD, Paul M AN
3813 Copper Kettle Road
Camp Hill PA 17011
HENDERSON, MD, Rugh A FP
500 University Drive
Hershey PA 17033
HENSLEY, MD, Frederick A AN
Dept Of Anesthesia
Hershey PA 17033
HERBERT, DO, Rex A ORS
875 South Arlington Avenue
Harrisburg PA 17109
HERCEG, MD, Stephen J PS
2101 North Front Street
Harrisburg PA 17110

HERMAN, MD, James M FP
3918 Cheryl Brook Drive
Mechanicsburg PA 17055
HEROLD JR, MD, Creston C FP
890 Poplar Church Road
Camp Hill PA 17011
HERZEL JR, MD, Frank B P
681 Maria Drive
Harrisburg PA 17109
HEWLETT, MD, John O EM
Masonic Health Care Center
Elizabethtown PA 17022
HOBBS, MD, Thomas R IM
1001 South Market Street
Mechanicsburg PA 17055
HODGE, MD, Arthur J IM
151 East Street
Williamstown PA 17098
HOLENCIK, DO, Mark P ORS
875 South Arlington Avenue
Harrisburg PA 17109
HORTON, MD, Marc D GS
University Manor
Hershey PA 17033
HOTTENSTEIN, MD, Daniel W R
Two Spring Creek Lane
Hershey PA 17033
HOTTENSTEIN, MD, Esther OBG
850 Center Street
Millersburg PA 17061
HOUCK JR, MD, John R OTO
Hershey Medical Center
Hershey PA 17033
HOWANITZ, MD, Michael P GP
3301 Schoolhouse Lane
Harrisburg PA 17109
HOWE, MD, Francis R C AN
2280 Mockingbird Road
Harrisburg PA 17112
HOWELL, MD, Mary P IM
Harrisburg Pa Hosp Dept Med
Harrisburg PA 17101
HUME, MD, John M P
975 Valley Street
Marysville PA 17053
HUSSON, MD, Michael A PTH
Holy Spirit Hospital
Camp Hill PA 17011
HYNES, MD, Elizabeth T OBG
2324 Forest Hills Drive
Harrisburg PA 17112
IAMS, MD, William B CDS
Capital Area Card Surg Inst
Camp Hill PA 17011
INNERS, MD, Charles R IM
Inners Davis Associates
Camp Hill PA 17011
INSLEY JR, MD, Marion C OTO
1117 North Second Street
Harrisburg PA 17102
INZERILLO, MD, John J IM
301 Chestnut Street
Harrisburg PA 17101
ISAACS, MD, Charles T AN
R D 2 94 Stonemill Road
Hummelstown PA 17036
JACKSON, MD, Frank W GE
423 North 21st Street
Camp Hill PA 17011
JAIN, MD, Dilip M FP
M S Hershey Medical Center
Hershey PA 17033
JAMES, MD, Geoffrey M FP
445 Old Gettysburg Pike
Mechanicsburg PA 17055
JANSON, MD, Russell R OBG
Dorko Adams Associates
Camp Hill PA 17011
JAROWENKO, MD, Mark V U
Milton S Hershey Medical Ctr
Hershey PA 17033
JEFFERIES III, MD, George E OBG
890 Poplar Church Road
Camp Hill PA 17011
JEFFRIES, MD, Graham H GE
M S Hershey Medical Center
Hershey PA 17033
JONES, MD, George A D
326 North Front Street
Steelton PA 17113
JONES, MD, James E PD
2645 North Third Street
Harrisburg PA 17110
JORGE, MD, Eduardo CDS
American Rehab Center
Camp Hill PA 17011
JOYNER, MD, David M ORS
3916 Trindle Road
Camp Hill PA 17011
JUDSON, MD, John P CDS
602 North 12th Street
Lemoyne PA 17043
JUNGSCHAFFER, MD, Helmut J PD
1213 Peggy Drive
Hummelstown PA 17036
JUVELIER, MD, Bernard W PTH
Harrisburg Hosp
Harrisburg PA 17101
KAISER, MD, Gerard D FP
207 Cedar Avenue
Hershey PA 17033

KALENAK, MD, Alexander ORS
2314 Marion View Drive
Harrisburg PA 17112
KALES, MD, Anthony P
M S Hershey Medical Center
Hershey PA 17033
KAMMERER, MD, William S IM
M S Hershey Medical Center
Hershey PA 17033
KANDRA, MD, Joseph J IM
1199 Colonial Road
Harrisburg PA 17112
KANENSON, MD, William L IM
890 Poplar Church Road
Camp Hill PA 17011
KANTOR, MD, Robert J ID
Harrisburg Hospital
Harrisburg PA 17101
KASE, MD, Paul F FP
1009 Rolleston Street
Harrisburg PA 17104
KATSAMPES, MD, Ernest T AN
585 Lovell Court
Hummelstown PA 17036
KAUFFMAN, MD, Gordon L GS
Milton S Hershey Medical Ctr
Hershey PA 17033
KEARNEY, MD, James D IM
Six East Manor Avenue
Enola PA 17025
KEENEY, MD, Galen E FP
100 South Houcks Road
Harrisburg PA 17109
KEIFER, MD, Anne T AN
M S Hershey Medical Center
Hershey PA 17033
KELLY, MD, Kevin J FP
4813 Jonestown Road
Harrisburg PA 17109
KENIG, MD, Isador J GP
1021 South Progress Avenue
Harrisburg PA 17111
KENNEDY, MD, Shirley A IM
160 Townhouse
Hershey PA 17033
KEYSER, MD, Glenn C AN
2324 Forest Hills Drive
Harrisburg PA 17112
KIERNAN JR, MD, John H FP
100 Senate Avenue
Camp Hill PA 17011
KILMORE JR, MD, Vance E OPH
890 Century Drive
Mechanicsburg PA 17055
KIRKER JR, MD, Walter R OBG
4010 Londonderry Road
Harrisburg PA 17109
KITZMILLER, MD, John K GP
4117 Derry Street
Harrisburg PA 17111
KLEIN, MD, Michael E IM
425 North 21st Street
Camp Hill PA 17011
KLINGENSMITH, MD, Mark R OTO
101 Runson Road
Camp Hill PA 17011
KNIGHT JR, MD, Emerson L U
304 Paxtang Avenue
Harrisburg PA 17111
KNUPP, MD, Melvin L GS
890 Poplar Church Road
Camp Hill PA 17011
KOERBER JR, MD, Walter A D
1199 Colonial Road
Harrisburg PA 17112
KOIVUNEN, MD, Debra G GS
M S Hershey Medical Ctr
Hershey PA 17033
KONHAUS, MD, Carol H GS
R D 2 P O Box 279
Shermansdale PA 17090
KOST, MD, Lewis V U
789 Poplar Church Road
Camp Hill PA 17011
KOSTIN, MD, Raymond F TS
311 South River Street
Harrisburg PA 17104
KREIDER, MD, John W PTH
M S Hershey Medical Center
Hershey PA 17033
KREISER JR, MD, Joseph R FP
560 Rising Sun Road
Millersburg PA 17061
KUNDU, MD, Sambhu N OBG
4233 Elmerton Avenue
Harrisburg PA 17109
KUNKEL, MD, Barbara K R
1501 North Front Street
Harrisburg PA 17102
KUNKEL, MD, George W RHU
2405 Linglestown Road
Harrisburg PA 17110
KUNKEL, MD, W Minster US
2701 North Front Street
Harrisburg PA 17110
KUSHNER, MD, Bertrand GE
2645 North Third Street
Harrisburg PA 17110
KUSKIN, MD, Louis F IM
536 Alta Vista Avenue
Harrisburg PA 17109

LADDA, MD, Roger L OS
M S Hershey Medical Center
Hershey PA 17033
LAMARQUE, MD, Edward E IM
2920 Market Street
Camp Hill PA 17011
LANSHE, MD, Harold F OTO
7630 East Parkside Drive
Youngstown OH 44512
LARACH, MD, David R AN
Eight Foxanna Drive
Hershey PA 17033
LEAMAN, MD, David M CD
M S Hershey Medical Center
Hershey PA 17033
LEASER, MD, Joseph P FP
634 Milton Grove Road
Elizabethtown PA 17022
LEBER, MD, David C PS
2101 North Front Street
Harrisburg PA 17110
LEHMAN, MD, Joy C IM
M S Hershey Medical Center
Hershey PA 17033
LEHMAN, MD, Ralph A NS
M S Hershey Medical Center
Hershey PA 17033
LEHMAN, MD, Ruby V PD
63 East Main Street
Middletown PA 17057
LEIS, MD, Dean J FP
825 Fishburn Road
Hershey PA 17033
LESSER, MD, Glenn J IM
1425 Miller Street
Wington Salem NC 27103
LEVIN, MD, Daniel M IM
425 North 21st Street
Camp Hill PA 17011
LEVIN, MD, Randy N
3300 Trindle Road
Camp Hill PA 17011
LEWIN, MD, Stanley B CD
425 North 21st Street
Camp Hill PA 17011
LEWIS, MD, Maurice J IM
890 Poplar Church Road
Camp Hill PA 17011
LIFTON, MD, Lester J GE
897 Poplar Church Road
Camp Hill PA 17011
LIM, MD, Heng-Feng CD
92 Tuscarora Street
Harrisburg PA 17104
LIPTON, MD, Allan ON
M S Hershey Medical Center
Hershey PA 17033
LITTLE, MD, G Robert GP
912 Drexel Hill Blvd
New Cumberland PA 17070
LITTON, MD, Jason J ORS
875 Poplar Church Road
Camp Hill PA 17011
LITTON, MD, Linda T AN
101 South Second Street
Harrisburg PA 17101
LOMBARD JR, MD, Robert M PUD
1631 North Front Street
Harrisburg PA 17102
LONERGAN, MD, Robert P ORS
875 Poplar Church Road
Camp Hill PA 17011
LONG, MD, David A FP
1333 Oak Lane
New Cumberland PA 17070
LONGABAUGH, MD, Edward E GS
C/O Kepro Box 618
Lemoyne PA 17043
LOPEZ, MD, Frank W PM
4950 Wilson Lane
Mechanicsburg PA 17055
LOVE, MD, Willard H ORS
490 Fairway Drive
Camp Hill PA 17011
LOWRY, MD, Donald J IM
425 North 21st Street
Camp Hill PA 17011
LUKMAN, MD, Hatim OBG
890 Poplar Church Road
Camp Hill PA 17011
LUTTERMOSER, MD, Gary K FP
1506 Country Drive
Mechanicsburg PA 17055
MAAS, MD, Anthony E PTH
Holy Spirit Hospital
Camp Hill PA 17011
MACLEAN, MD, Duncan S FP
Cline Family Practice
Harrisburg PA 17110
MACUT, MD, S Sava GP
591 North 67th Street
Harrisburg PA 17111
MAGARGLE, MD, R Lynn IM
4920 Woodbox Land
Mechanicsburg PA 17055
MAGILL, MD, Richard M GP
1820 Linglestown Rd
Harrisburg PA 17110
MAHON, MD, Marilyn S GP
2459 Walnut Street
Harrisburg PA 17103

MAHON, MD, Wilmer B GS
2459 Walnut Street
Harrisburg PA 17103
MAINGI, MD, Naresh S PD
1433 North Second Street
Harrisburg PA 17102
MALIN, MD, Thomas H ORS
99 November Drive
Camp Hill PA 17011
MALINIAK, MD, Keith K AN
R D 2 Box 376
Lewisberry PA 17339
MAMOURIAN, MD, Alexander C DR
M S Hershey Medical Ctr
Hershey PA 17033
MANDEL, MD, Robert J OPH
92 Tuscarora Street
Harrisburg PA 17104
MANDERS, MD, Ernest K PS
M S Hershey Medical Center
Hershey PA 17033
MANIGLIA, MD, Rosario PTH
Holy Spirit Hospital
Camp Hill PA 17011
MARGOLIS, MD, Bernard M PD
2405 Linglestown Road
Harrisburg PA 17110
MARTE, MD, Egon AN
206 Hemlock Road
New Cumberland PA 17070
MARTIN, MD, Louis F GS
Hershey Med Ctr Box 850
Hershey PA 17033
MARTIN, MD, Thomas J IM
One Caledonia Briarcrest
Hershey PA 17033
MATLIN, DO, Emily W N
4115 Deerfield Drive
Harrisburg PA 17112
MATRISCIANO, MD, James G IM
221 North Duke Street
Hummelstown PA 17036
MAXWELL, DO, Steven L IM
1075 Summerwood Drive
Harrisburg PA 17111
MCCALL, MD, William M OBG
4339 Union Deposit Road
Harrisburg PA 17111
MCCOY, MD, Andrea C S PD
Milton S Hershey Med Ctr
Hershey PA 17033
MCELWEE JR, DO, Eugene T FP
4225-C King George Drive
Harrisburg PA 17109
MCGARY, MD, Suzan A GS
536 Hockersville Road
Hershey PA 17033
MCGLYNN JR, MD, Thomas J IM
M S Hershey Med Ctr H-123
Hershey PA 17033
MCGRATH, MD, Joseph M P
251 Wiconisco Street
Harrisburg PA 17110
MCINROY, MD, Robert D IM
890 Poplar Church Road
Camp Hill PA 17011
MCLAUGHLIN, DO, John P GE
4343 Union Deposit Road
Harrisburg PA 17111
MCMILLEN, MD, James I IM
514 Range End Road
Dillsburg PA 17019
MENEELY, MD, Alfred W PD
4601 Devonshire Road
Harrisburg PA 17109
MESSNER, MD, Jean T AN
Harrisburg Hospital
Harrisburg PA 17101
MICHALEK, MD, Maria N
425 North 21st Street
Camp Hill PA 17011
MILFORD, MD, Henry E GS
1807 Appletree Road
Harrisburg PA 17110
MILKE, MD, Denis J P
1013 Mumma Road
Wormleysburg PA 17043
MILLER, DO, James C GP
120 Muench Street
Harrisburg PA 17102
MILLER, MD, Lee C P
2201 Forest Hills Drive
Harrisburg PA 17112
MILLER, DO, William H GP
895 South Arlington Avenue
Harrisburg PA 17109
MILLER JR, MD, William B DR
1056 Brookwood Drive
Mechanisburg PA 17055
MILLS, MD, M Duane IM
517 North Second Street
Harrisburg PA 17101
MOFFITT JR, MD, George R CD
92 Tuscarora Street
Harrisburg PA 17104
MOGLIA, MD, Bernadine A PD
242 University Manor
Hershey PA 17033
MOLONEY, MD, Joseph D US
302 North Progress Avenue
Harrisburg PA 17109

MOMIN, MD, Malik N IM
6224 Warren Avenue
Harrisburg PA 17112
MONTANER, MD, Jose L P
University Manor East
Hershey PA 17033
MOODY, MD, Jack H IM
330 Lopax Road
Harrisburg PA 17112
MOORE, MD, Barry B NS
920 Century Drive
Mechanicsburg PA 17055
MOORE, MD, Susan J PD
36 University Manor
Hershey PA 17033
MOORE II, MD, Jack C FP
363 Hockersville Road
Hershey PA 17033
MORRISON, MD, Donald E US
R D 2 Box 178
Halifax PA 17032
MORTEL, MD, Rodriguez ND
M S Hershey Medical Center
Hershey PA 17033
MORTON, MD, John C DR
23 Glendale Drive
Mechanicsburg PA 17055
MOYER, MD, Earl S IM
106 State Street
Harrisburg PA 17101
MUELLER, MD, Scott D FP
2601 North Third Street
Harrisburg PA 17105
MULLER, DO, Arthur J CD
92 Tuscarora Street
Harrisburg PA 17104
MURRAY, MD, William M ORS
145 Bryce Road
Camp Hill PA 17011
MUSSER, MD, Benjamin G CDS
2247 North Front Street
Harrisburg PA 17110
MYERS, MD, Gordon D GS
350 North 21st Street
Camp Hill PA 17011
MYERS, MD, John L TS
M S Hershey Medical Center
Hershey PA 17033
MYERS III, MD, Franklin J PUD
1631 North Front Street
Harrisburg PA 17102
NAEYE, MD, Richard L PTH
M S Hershey Medical Center
Hershey PA 17033
NEWTON, MD, Frederick C DR
4518 Union Deposit Road
Harrisburg PA 17111
NICHOLS, MD, Claude E GP
2645 North Third Street
Harrisburg PA 17110
NORATO, MD, Joseph F AN
West Shore Anesthesia Ltd
Camp Hill PA 17011
NORDENBERG, MD, Aaron PDC
2612 North Third Street
Harrisburg PA 17110
OCONNELL, MD, Brent J PD
4601 Devonshire Road
Harrisburg PA 17109
OLIVES, MD, Manuel GER
2900 Derry Street
Harrisburg PA 17111
ORECCHIA, MD, Paul M GS
650 North 12th Street
Lemoyne PA 17043
ORMAN, MD, Steven K D
104 Erford Road
Camp Hill PA 17011
OSTDAHL, MD, Roger H NS
920 Century Drive
Mechanicsburg PA 17055
OSTMAN, MD, Zenaida E AN
West Shore Anesthesia Ltd
Camp Hill PA 17011
PACKMAN, MD, Ira J IM
129 Lucknow Road
Harrisburg PA 17110
PAE, MD, Walter E TS
M S Hershey Med Ctr Surg Dept
Hershey PA 17033
PAGE, MD, Michael J GS
890 Poplar Church Road
Camp Hill PA 17011
PAGE, MD, Robert B NS
M S Hershey Medical Center
Hershey PA 17033
PARIKH, MD, Mukul L AN
Central Penn Anes Ltd
Harrisburg PA 17110
PARIKH, MD, Neelima M AN
P O Box 413
Camp Hill PA 17011
PARK, MD, Nae H OTO
2413 North Front Street
Harrisburg PA 17110
PARNES, MD, Herbert M D
104 Erford Road
Camp Hill PA 17011
PATEL, MD, Shashikant B HEM
3912 Trindle Road
Camp Hill PA 17011

PATTERSON, MD, Leland F N
3300 Trindle Road
Camp Hill PA 17011
PATTERSON, MD, Lewis T GS
2645 North Third Street
Harrisburg PA 17110
PATTERSON, MD, Richard J ORS
875 Poplar Church Road
Camp Hill PA 17011
PATTISHALL III, MD, Evan G PD
Hershey Med Ctr Box 850
Hershey PA 17033
PAUL, MD, Laurence H IM
890 Poplar Church Road
Camp Hill PA 17011
PAWELSKI, MD, Richard J R
P O Box 3410
Harrisburg PA 17105
PEASE, MD, William E CD
92 Tuscarora Street
Harrisburg PA 17104
PELBERG, MD, Arthur L IM
111 University Manor
Hershey PA 17033
PENDRAK, MD, Robert F IM
4787 Sweetbrier Terrace
Harrisburg PA 17111
PENNOCK, MD, John L CDS
Cardiovascular & Thoracic Asc
Harrisburg PA 17110
PERNA, MD, Francis X IM
1521 Cedar Cliff Drive
Camp Hill PA 17011
PEROUTKA, MD, Kathryn ON
425 North 21st Street
Camp Hill PA 17011
PEZZUTI, MD, John E GP
246 South 31st Street
Harrisburg PA 17109
PHEASANT, MD, Thomas R OPH
220 Grandview Avenue
Camp Hill PA 17011
PHILLIPS, MD, J Douglas GP
53 North 13th Street
Harrisburg PA 17103
PHILLIPS, MD, Paul F P
251 Wiconisco Street
Harrisburg PA 17110
PHILLIPS, MD, Vernon R FP
2515 Market Street
Camp Hill PA 17011
PICCINI, MD, Paul A CD
92 Tuscarora Street
Harrisburg PA 17104
PIERCE, MD, William S TS
Milton S Hershey Med Ctr
Hershey PA 17033
POLACHECK JR, MD, ORS
William J
99 November Drive
Camp Hill PA 17011
POLK, MD, Miriam R OS
321 North Street
Millersburg PA 17061
POOL, MD, Champe C ORS
71 Greenwood Circle
Wormleysburg PA 17043
POPAT, MD, Anjana V PD
1000 North Second Street
Harrisburg PA 17102
PORR, MD, George H P
500 Cabin Hollow Road
Dillsburg PA 17019
PORTER, MD, Albert R DR
Six Fox Chase Drive
Harrisburg PA 17111
POTTER, MD, Jeffrey N FP
890 Poplar Church Road
Camp Hill PA 17011
PRENSKY, MD, Jay G OPH
Pennview Place
Camp Hill PA 17011
PROCOPIO, MD, Frank PD
153 South 32nd Street
Camp Hill PA 17011
QUESADA, MD, Manuel F GS
1106 Carlise Road
Camp Hill PA 17011
QUICKEL, MD, Kenneth E CD
400 Arlington Road
Camp Hill PA 17011
QUIOGUE, MD, Thelma PDR
M S Hershey Medical Center
Hershey PA 17033
QUIRK, MD, Brian C FP
4918 Locust Lane
Harrisburg PA 17109
RABIN, MD, Harold S IM
806 Riverview Road
Lemoyne PA 17043
RAHAM, MD, David C FP
One Phico Drive
Mechanicsburg PA 17055
REDDY, MD, Patricia A OBG
1400 Market Street
Camp Hill PA 17011
REILLY, MD, Desmond J AN
4200 Jonathan Road
Harrisburg PA 17110
RICCI, MD, Joseph A HEM
443 Woodcrest Drive
Mechanicsburg PA 17055

RICH, MD, James F IM
509 Kentwood Drive
Mechanicsburg PA 17055
RIFE, MD, Charles J OPH
2003 Market Street
Camp Hill PA 17011
RIGGLEMAN, MD, Michael P FP
2506 Rivington Terrace
Harrisburg PA 17103
ROBISON, MD, Robert N FP
4813 Jonestown Road
Harrisburg PA 17109
ROCHMAN, MD, Alan J FP
R D 2 Box 864
Duncannon PA 17020
RODRIGUEZ, MD, Rodolfo E GP
Harrisburg State Hospital
Harrisburg PA 17105
ROHLAND, MD, Donald V IM
340 Blacklatch Lane
Camp Hill PA 17011
ROHNER JR, MD, Thomas J U
M S Hershey Medical Center
Hershey PA 17033
ROHRABAUGH JR, MD, OBG
Charles M
331 Schuylkill Street
Harrisburg PA 17110
ROHRER, MD, G Victor R
M S Hershey Med Ctr Xray
Hershey PA 17033
ROMM, MD, Daniel S PM
Medical Arts Building Ste 101
Camp Hill PA 17011
ROSSI, MD, John A GS
3908 Ridgeland Blvd
Mechanicsburg PA 17055
ROTH JR, MD, George R NS
920 Century Drive
Mechanicsburg PA 17055
ROUMM, MD, Alan D IM
650 Poplar Church Road
Camp Hill PA 17011
ROUSSEL, MD, Paula L FP
4918 Locust Lane
Harrisburg PA 17109
ROWEHL, MD, Jane B FP
915 Derbyshire Avenue
Mechanicsburg PA 17055
ROWLEY, MD, Lawrence J OBG
940 C Innsbruck Drive
Hummelstown PA 17036
RUBENSTEIN, MD, Morton J PUD
3712 Woodridge Drive
Harrisburg PA 17110
RUBIN, MD, Morton L ORS
3916 Trindle Road
Camp Hill PA 17011
RUFFLE, MD, Joan M AN
M S Hershey Medical Center
Hershey PA 17033
RUSSEK, MD, Edward P
P O Box 11845
Harrisburg PA 17108
RUSSELL, MD, Richard L CDS
2247 North Front Street
Harrisburg PA 17110
RYCHAK, MD, John S ORS
2800 Green Street
Harrisburg PA 17110
SACKMAN, MD, Ira CD
Cowley Assoc Plaza 21 Ste 2-1
Camp Hill PA 17011
SAMBUNARIS, MD, Angelo IM
243 East New Street
Lancaster PA 17602
SANDERSON, MD, Douglas K ORS
205 Grandview Avenue
Camp Hill PA 17011
SANFORD, MD, Robert G RHU
650 Poplar Church Road
Camp Hill PA 17011
SANGILLO, MD, Cathleen K FP
4007 Eastbrood Road
Harrisburg PA 17109
SANGILLO, MD, Mario M PD
2645 North Third Street
Harrisburg PA 17110
SANTANGELO, KATHYLEE GS
University Manor
Hershey PA 17033
SANTEN, MD, Richard J END
M S Hershey Medical Center
Hershey PA 17033
SAPIRSTEIN, MD, Wolf TS
2247 North Front Street
Harrisburg PA 17110
SARGE, MD, Terence J OBG
5430 Springtide Drive
Harrisburg PA 17111
SASSANI, MD, Joseph W OPH
304 Candlewyck Lane
Hershey PA 17033
SAUERTIEG, MD, Elliott A OBG
2337 North Third Street
Harrisburg PA 17110
SAVASTIO, MD, Joseph A OM
515 Fishing Creek Road
New Cumberland PA 17070
SAVORY, MD, William J GS
890 Poplar Church Road
Camp Hill PA 17011

SAVRIN, MD, Ronald A CDS
Polyclinic Medical Center
Harrisburg PA 17110
SAXON, MD, Joseph G P
890 Poplar Church Road
Camp Hill PA 17011
SAYE JR, MD, William H D
100 Colonial Road
Harrisburg PA 17109
SCHAFFER, MD, David N PD
475 Governor Road
Hershey PA 17033
SCHEIN, MD, Alan L OPH
4310 Valley View Road
Harrisburg PA 17112
SCHIETROMA, MD, Cindy J DR
156 Primrose Drive
Hershey PA 17033
SCHIETROMA, MD, John J OPH
220 Grandview Avenue
Camp Hill PA 17011
SCHIRO, MD, John C IM
161 South 32nd Street
Camp Hill PA 17011
SCHREIBER, MD, Richard IM
1106 Carlisle Road
Camp Hill PA 17011
SCHUCKER, MD, Forrest A GS
890 Poplar Church Road #501
Camp Hill PA 17011
SCHWENTKER, MD, Edward P ORS
M S Hershey Medical Center
Hershey PA 17033
SEBASTIAN, MD, Eugene F OPH
207 State Street
Harrisburg PA 17101
SEES, MD, Jack N PTH
5074 Pajabon Drive
Harrisburg PA 17111
SEIDLICH, MD, Franklin T OBG
2416 Green Street
Harrisburg PA 17110
SHAFFER, MD, Carolyn W CDS
650 North 12th Street
Lemoyne PA 17043
SHAFFER, MD, Lawrence J CDS
650 North 12th Street
Lemoyne PA 17043
SHAH, MD, Satish A ON
4315 New Jersey Avenue
Harrisburg PA 17112
SHAMBAUGH, MD, Shawn C IM
5786 Severna Place
Harrisburg PA 17111
SHAMIMI-NOORI, MD, Soroush P
M S Hershey Medical Center
Hershey PA 17033
SHANNON, MD, Robert E FP
3301 Schoolhouse Lane
Harrisburg PA 17109
SHAPIRO, MD, Andrew M GS
M S Hershey Medical Center
Hershey PA 17033
SHAW, MD, James A ORS
M S Hershey Medical Center
Hershey PA 17033
SHENAI, MD, Pundalik G AN
2645 North Third Street
Harrisburg PA 17110
SHERMAN, MD, Alfred J OBG
104 Erford Road
Camp Hill PA 17011
SHIELDS, MD, Lee H IM
425 North 21st Street
Camp Hill PA 17011
SHINDLER, MD, Robert L OPH
1517 Cedar Cliff Drive
Camp Hill PA 17011
SHOCHET, MD, Morris M IM
177 Beacon Drive
Harrisburg PA 17112
SICKEL, MD, Edward F OTO
2645 North Third Street
Harrisburg PA 17110
SIEGELBAUM, MD, Steven P GE
2645 North Third Street
Harrisburg PA 17110
SILVER, MD, Israel O FP
660 Boas Street
Harrisburg PA 17102
SILVER, MD, Lawrence B OBG
2645 North Third Street
Harrisburg PA 17110
SIMMONDS, MD, Mary A IM
Hershey Medical Center
Hershey PA 17033
SIMMS, MD, George R FP
M S Hershey Medical Center
Hershey PA 17033
SIMONS, MD, Richard J IM
1253 Stonegate Road
Hummelstown PA 17036
SIRIO, MD, Carl A IM
115-A East Oak Street
Palmyra PA 17078
SMELTZER, MD, Kenneth L IM
425 North 21st Street
Camp Hill PA 17011
SMITH, MD, David A IM
Polyclinic Medical Center
Harrisburg PA 17105

SMITH, MD, Ellen G FP
Family Medicine Center
Middletown PA 17057
SMITH, MD, Paul H U
789 Poplar Church Road
Camp Hill PA 17011
SMITH JR, MD, J Stanley GS
M S Hershey Medical Center
Hershey PA 17033
SMOLKO, MD, James M AN
813 Rhue Haus Lane #B
Hummelstown PA 17036
SNYDER, MD, John J GER
2716 Derry Street
Harrisburg PA 17111
SOLLENBERGER, MD, Larry L CRS
2701 North Front Street
Harrisburg PA 17110
SOLLER, MD, Herbert I NEP
P O Box 710 Suite 203
Harrisburg PA 17108
SOTO, MD, Angela M GS
890 Poplar Church Road
Camp Hill PA 17011
SROUJI, MD, Samir J PS
3438 Trindle Road
Camp Hill PA 17011
STACKS JR, MD, Jacob C P
Harrisburg State Hospital
Harrisburg PA 17105
STAHL, MD, Robert W GS
Seidel Memorial Hospital
Mechanicsburg PA 17055
STAHLE, MD, Dale C IM
1069 Twin Lakes Drive
Harrisburg PA 17111
STALTERI, DO, Michael F OS
5508 Silvercreek Drive
Mechanicsburg PA 17055
STANKOVIC, MD, Ljubisa IM
1106 Gettysburg Pike
Mechanicsburg PA 17055
STEIN, MD, Eleanor R PD
P O Box 246
Wernersville PA 19565
STEIN, HOWARD M PD
857-A Rhue Haus Lane
Hummelstown PA 17036
STERLING, MD, Nancy I AN
Four Oakglade Circle
Hummelstown PA 17036
STERSTE, MD, Andrea M FP
3801 Maple Street
Harrisburg PA 17109
STEWART, MD, Richard P DR
1501 North Front Street
Harrisburg PA 17102
STOKEN, MD, Drew J OPH
313 South Hanover Street
Carlisle PA 17013
STONER, MD, John C GP
1900 Bridge Street
New Cumberland PA 17070
STONER, MD, Max A PM
Polyclinic Hospital
Harrisburg PA 17105
STONER, MD, Paul S GP
21 West Main Street
Hummelstown PA 17036
STONER JR, MD, Robert R GS
890 Poplar Church Road
Camp Hill PA 17011
STRAUSS, MD, Melvin HNS
M S Hershey Medical Center
Hershey PA 17033
STROCK, MD, Bradford K FP
Harrisburg Hospital
Harrisburg PA 17101
STRYKER, MD, John A TR
M S Hershey Medical Center
Hershey PA 17033
SULLIVAN, MD, John M FP
Southpoint Professional Ofc
Mechanicsburg PA 17055
SULLIVAN, MD, William A IM
280 Winding Way
Camp Hill PA 17011
SUSSMAN, MD, Nathan RHU
2880 Sunset Drive
Camp Hill PA 17011
SUTLIFF, MD, Carlene S EM
2602 Market Street
Camp Hill PA 17011
SWAMIDOSS, MD, PTH
Stephenson S
Holy Spirit Hospital
Camp Hill PA 17011
SWARTZ JR, MD, Oliver H GP
1320 Horick Drive
Boiling Springs PA 17007
SYKES, DO, Leroy I IM
725 Maple Road
Middletown PA 17057
SZARKO, MD, Richard J IM
425 North 21st Street
Camp Hill PA 17011
TAN, MD, Yoke Y PD
152 South 32nd Street
Camp Hill PA 17011
TANTUM, MD, Kermit R AN
545 Windsor Court
Hummelstown PA 17036

TARABISHY, MD, Ramsey OPH
4100 Linglestown Road
Harrisburg PA 17112
TAYLOR III, MD, James S EM
Harrisburg Hospital
Harrisburg PA 17101
TECAU, DO, Robert L IM
5720 Cricket Lane
Harrisburg PA 17112
TEICH, MD, Kenneth W OBG
247 Yorktown Road
Hershey PA 17033
TEPLIS, MD, Alan C GS
106 Banbury Circle
Hummelstown PA 17036
TESTA, MD, Donna M P
M S Hershey Medical Center
Hershey PA 17033
THIELE, MD, Brian L GS
M S Hershey Medical Ctr-Surg
Hershey PA 17033
THOMAS, MD, Chester G IM
100 Chestnut Street
Harrisburg PA 17101
TOCKS, MD, Jonathan B FP
512 Gale Road
Camp Hill PA 17011
TOLAN, MD, Jeffrey R FP
205 Barrington Court
Palmyra PA 17078
TOM, MD, Patricia FP
301 Chestnut Street
Harrisburg PA 17101
TORCHIA, MD, Joseph A IM
27 Barnett Street
New Bloomfield PA 17068
TRAIN, MD, Henry D OBG
1465 Colonial Road
Harrisburg PA 17112
TRAUTLEIN, MD, Joseph J IM
6430 Colchester Avenue
Harrisburg PA 17111
TRAVISANO, MD, Frank J CDS
Capital Area Card Surg Inst
Camp Hill PA 17011
TRIANO, MD, Gene J R
Harrisburg Hospital
Harrisburg PA 17101
TRISTAN, MD, Theodore A R
353 North 28th Street
Camp Hill PA 17011
TRUMP, MD, David H FP
4208 Woodport Circle
Virginia Beach VA 23452
TURSKY, MD, Rosemarie J PD
1000 North Second Street
Harrisburg PA 17102
TYNDALL, MD, James A IM
1106 Carlisle Road
Camp Hill PA 17011
TZANIS, MD, Loucas C IM
501 North Second Street
Harrisburg PA 17101
ULRICH, MD, Richard G GS
4401 Fargreen Road
Harrisburg PA 17110
ULRICH, MD, Samuel D OS
3420 Derry Street
Harrisburg PA 17111
VANNUCCI, MD, Robert C CHN
Ms Hershey Medical Center
Hershey PA 17033
VARANO, MD, Lottie A R
M S Hershey Medical Center
Hershey PA 17033
VARMA, MD, Neena PD
15 Campbell Place
Campbell PA 17011
VICKERY, MD, Jon L N
3300 Trindle Road
Camp Hill PA 17011
VIOLAGO, MD, Eduardo S PM
1008 Brookwood Drive
Mechanicsburg PA 17055
VOLPE, MD, Frank J PD
Keystone Health Plan Central
Camp Hill PA 17011
WALDHAUSEN, MD, John A CDS
500 University Drive
Hershey PA 17033
WALLENDJACK, MD, John C IM
501 North Second Street
Harrisburg PA 17101
WALLIN, MD, Thomas E OBG
1400 Market Street
Camp Hill PA 17011
WALTZ, MD, Paul K CRS
729 Indiana Avenue
Lemoyne PA 17043
WARD, MD, Samuel P PTH
26 Primrose Drive
Hershey PA 17033
WARREN, MD, James W R
4518 Union Deposit Road
Harrisburg PA 17111
WATKIN JR, MD, Walter B IM
2645 North Third Street
Harrisburg PA 17110
WEBER, MD, Daniel I OBG
1181 Draymore Court
Hummelstown PA 17036

WEBER, MD, George W P
618 West High Street
Hummelstown PA 17036
WEIDNER, MD, William A DR
M S Hershey Medical Center
Hershey PA 17033
WEIGEL, MD, Jesse A EM
Harrisburg Hospital
Harrisburg PA 17101
WEINSTEIN, MD, Lee OPH
3530 Green Street
Harrisburg PA 17110
WEITEKAMP, MD, Michael R IM
644 Hilltop Road
Hummelstown PA 17036
WELDNER, MD, Paul W GS
1338 South 19th Street
Harrisburg PA 17104
WENGER, MD, Allen S U
Medical Arts Building
Camp Hill PA 17011
WENGERT JR, MD, Paul A GS
2447 North Third Street
Harrisburg PA 17110
WENNER, DO, David R FP
1900 Bridge Street
New Cumberland PA 17070
WERTIME, MD, Clara G PD
829 Ohio Avenue
Lemoyne PA 17043
WETMORE, MD, Stanley M IM
809 Market Street
Lemoyne PA 17043
WICKEY, MD, Gregory S AN
Box 1387 P O Box 850
Hershey PA 17033
WIDOME, MD, Mark D PD
M S Hershey Medical Center
Hershey PA 17033
WIECKS, MD, Michael J AN
390 Mountain Road
Dauphin PA 17018
WIEGAND, MD, David A OTO
151 Forest Avenue
Hershey PA 17033
WIEST, MD, Hiram L FP
505 Elm Avenue
Hershey PA 17033
WILLIAMS, DO, Paul D FP
2708B Green Street
Harrisburg PA 17110
WILLIAMS, MD, Virginia M PD
809 Market Street
Lemoyne PA 17043
WILSON, MD, J Edward GS
2447 North Third Street
Harrisburg PA 17110
WISMAN, MD, Craig B CDS
M S Hershey Medical Center
Hershey PA 17033
WOLDORF, MD, Norman M OTO
1043 Mumma Road
Wormleysburg PA 17043
WOLFE, DO, Gary E FP
52 West Main Street
Thompsontown PA 17094
WOLFE, MD, William F GS
890 Poplar Church Road
Camp Hill PA 17011
WON, MD, Kwan H OTO
3810 Trindle Road
Camp Hill PA 17011
WONG, MD, Randolph K M PS
C 520 Box 850
Hershey PA 17033
WOODCOCK, MD, Charles W AI
4023 Greene Street
Harrisburg PA 17110
WOODWARD, MD, Edward G OBG
626 Fishburn Road
Hershey PA 17033
YANG, MD, Harold C GS
M S Hershey Medical Center
Hershey PA 17033
YANOFSKY, MD, Charles S N
3300 Trindle Road
Camp Hill PA 17011
YARNALL, MD, G Winfield IM
1192 Lowther Road
Camp Hill PA 17011
YATES, MD, James A PS
Grandview Corporate Place
Camp Hill PA 17011
YESKEY, MD, Kevin S EM
9176 North 103rd Place
Scottsdale AZ 85258
YORK, MD, Eugene P IM
857 South Arlington Avenue
Harrisburg PA 17109
YOUNG, MD, William W IM
350 North 24th Street
Camp Hill PA 17011
YUCHA, MD, Thomas J ORS
875 Poplar Church Road
Camp Hill PA 17011
YUHAS, MD, Thomas R GS
89 University Manor
Hershey PA 17033
ZAHORIAN III, DO, George T U
845 Sir Thomas Court
Harrisburg PA 17109

ZAINO, MD, Richard J PTH
M S Hershey Medical Center
Hershey PA 17033
ZAMBARANO, MD, Thomas J DR
1501 North Front Street
Harrisburg PA 17102
ZEIGLER JR, MD, Maurice L AN
P O Box 3410
Harrisburg PA 17105
ZELIGER, DO, Bernard I ORS
450 Powers Avenue
Harrisburg PA 17109
ZELINKA, MD, Maureen A IM
301 Chestnut Street #1912
Harrisburg PA 17101
ZELIS, MD, Robert F CD
M S Hershey Medical Center
Hershey PA 17033
ZERBE, MD, Grover F GP
2828 Fairview Road
Camp Hill PA 17011
ZIMMERMAN, MD, David S GP
169 West Vine Street
Shiremanstown PA 17011
ZIMMERMAN, MD, Lawrence B GER
Harrisburg Hospital
Harrisburg PA 17101

DELAWARE

ABELLA, MD, Romeo S IM
2596 Cranston Road
Philadelphia PA 19131
ABRAMSON, MD, John GE
231 Lankenau Medical Bldg
Philadelphia PA 19151
ADELSON, MD, Andrew J OPH
1120 Christian Street
Philadlephia PA 19147
ALDERFER, MD, Gill R OBG
Eight Morton Avenue
Ridley Park PA 19078
ALEXANDER, MD, Charles M OPH
930 West Sproul Road
Springfield PA 19064
ALIKAKOS, MD, Louis C P
34 Williams Road
Haverford PA 19041
ALLEN JR, MD, Samuel D U
100 Granite Drive
Media PA 19063
ANDRIES, MD, Raymond C AN
300 Sycamore Mills Road
Media PA 19063
ANDRIS, DO, Joseph J IM
1272 Providence Road
Secane PA 19018
ANDRZEJEWSKI JR, MD, PTH
Chester
505 West Ridley Circle
Morton PA 19070
ANNESLEY JR, MD, William H OPH
135 Lankenau Medical Bldg
Philadelphia PA 19151
APPLEGATE, MD, Russel C PD
Riddle Health Care Center Ii
Media PA 19063
ARDITO, MD, Joseph M OTO
301 West Chester Pike
Havertown PA 19083
ARMAO, MD, Joseph J FP
557 East Springfield Road
Springfield PA 19064
ARMITAGE, MD, Harry V GS
220 South Ridley Creek Road
Moylan PA 19065
ARORA, MD, Manju DR
406 Laurel Lane
Wallingford PA 19086
AROUH, MD, Albert R
201 Indian Creek Road
Philadelphia PA 19151
ARSHT, MD, Edwin D FP
3909 State Road
Drexel Hill PA 19026
BAIO, MD, Michael V IM
72-12 Drexelbrook Drive
Drexel Hill PA 19026
BAKER JR, MD, Arthur G GS
Erb Stevens Baker & Cronin
Philadelphia PA 19104
BALABAN, MD, Selma A R
468 Merion Road
Merion PA 19066
BALIN, MD, Arthur K US
2129 Providence Road
Chester PA 19013
BALIN, MD, Benjamin R GP
S E 22Nd And Providence
Chester PA 19013
BALIS, MD, Sol AN
211 Stanford Drive
Wallingford PA 19086
BARB, MD, Herman T P
2733 Morris Road
Ardmore PA 19003
BARR, MD, Richard G PD
15Th Street And Upland Avenue
Upland PA 19015
BATCHELET, DO, Richard B AN
15 Firethorne Drive
West Chester PA 19382

BATIPPS JR, MD, Percy O GP
920 Yarnall Street
Chester PA 19013
BAUM, MD, Sheldon F NM
Lankenau Hospital
Philadelphia PA 19151
BECKWITH, MD, William R CD
2100 Keystone Avenue
Drexel Hill PA 19026
BEDROSSIAN, MD, E Howard OPH
4501 State Road
Drexel Hill PA 19026
BEDROSSIAN JR, MD, PS
Edward H
4501 State Road
Drexel Hill PA 19026
BEHBEHANIAN, MD, Mahin D GS
Riddle Memorial Hospital
Media PA 19063
BELL, MD, James B IM
21 South Gate Road
West Chester PA 19380
BENDER JR, MD, Frank C PD
1025 Blythe Avenue
Drexel Hill PA 19026
BENESKI, MD, Daniel A AN
7203 Sellers Avenue
Upper Darby PA 19082
BENNETT, MD, Brian H AM
Naval Air Development Center
Warminster PA 18974
BEPLER, MD, Charles R RHU
312 East Second Street
Media PA 19063
BERD, MD, Irvin B FP
4200 North Ocean Drive
Singer Island FL 33404
BERGMAN, MD, Martin J CD
Sacred Heart
Chester PA 19013
BERNABEI, MD, Joanne Y P
403 Scofield Lane
West Chester PA 19380
BERNETT, MD, Gary B IM
2245 Garrett Road
Drexel Hill PA 19026
BETESH, MD, Joel S END
2000 Sproul Road
Broomall PA 19008
BHATT, MD, Anjali G PTH
Fitzgerald Mercy Hospital
Darby PA 19023
BIALAS, MD, Robert F PS
609 Lakeview Road
Clearwater FL 33516
BICHARA, MD, Wahib M R
317 Earles Lane
Newtown Square PA 19073
BILANIUK, MD, Larissa T DR
100 Plush Mill Road
Wallingford PA 19086
BLAKE, MD, Paul O GP
273 North Lansdowne Avenue
Lansdowne PA 19050
BLANNETT, MD, John D CD
1501 Lansdowne Avenue
Darby PA 19023
BLEEDEN, MD, Edward M IM
2235 Garrett Road
Drexel Hill PA 19026
BLEIER, MD, Adolph H D
401 East 13th Street
Chester PA 19013
BLIZZARD, MD, John J END
30 South Providence Road
Wallingford PA 19064
BLOCK, MD, Ronald M IM
23 Starbridge Lane
Wayne PA 19087
BOGDANOFF, MD, Bruce M N
Crozer Chester Medical Center
Chester PA 19013
BOGUCKI, MD, Edwin I PD
23 Chester Pike
Ridley Park PA 19078
BOLMARCICH, MD, Virginia D R
1208 Wilde Avenue
Drexel Hill PA 19026
BONNER, MD, James F PM
1375 Cold Spring Road
Newtown Square PA 19073
BOOR, MD, John W N
1128 Dorset Drive
West Chester PA 19382
BOOVA, MD, Robert S TS
380 Old Lancaster Rd Ste 100
Bryn Mawr PA 19010
BOSCHETTI, DO, John EM
59 Charter Oak Drive
Newtown Square PA 19073
BOYD, MD, Kenneth J CRS
Riddle Memorial Hospital
Media PA 19063
BOYD, MD, Robert L HEM
922 Youngsford Road
Gladwyne PA 19035
BOYLE, MD, Denis A PM
111 Long Lane
Upper Darby PA 19082
BOYLE JR, MD, Denis A PM
708 Millbrook Lane
Haverford PA 19041

BRANDFASS, MD, W Taylor ORS
Crozer Chester Medical Center
Chester PA 19013
BRASLOW, MD, Norman H PUD
1078 Baltimore Pike
Media PA 19063
BRAUNFELD, DO, Robert GP
800 Derwyn Road
Drexel Hill PA 19026
BRILL, MD, Joseph M US
411 East Country Club Lane
Wallingford PA 19086
BRISKIN, MD, Jonathan A PTH
839 Lancaster Avenue
Bryn Mawr PA 19010
BROD, MD, Robert C CD
1078 W Baltimore Pk #109-110
Media PA 19063
BROOKS JR, MD, Clint E GS
15Th Street And Upland Avenue
Chester PA 19013
BROWN, MD, Elizabeth B A
207 Turner Road
Wallingford PA 19086
BROWN, DO, Marion L OBG
220 Merrybrook Drive
Havertown PA 19083
BROWNGOEHL, MD, Kevin H PD
Nine Selwyn Drive
Broomall PA 19008
BUSILLO, MD, Nicholas A IM
6245 Elmwood Avenue
Philadelphia PA 19142
CAINE-ROOS, MD, Ruth IM
551 Cornell Avenue
Swarthmore PA 19081
CALEB, MD, Mae H IG
111 Dartmuth Avenue
Swarthmore PA 19081
CAMP, MD, Mark O IM
642 East Chester Pike
Ridley Park PA 19078
CAMPBELL, MD, Kevin M AN
1720 Dorham Court
Blue Bell PA 19422
CARBO, DO, Anthony P EM
Crozer Chester Medical Center
Chester PA 19013
CAREY, MD, William B PD
319 West Front Street
Media PA 19063
CELLINI, MD, L Luke FP
4225 Edgmont Avenue
Brookhaven PA 19015
CENTRONE, DO, Robert A IM
116 East Montgomery Avenue
Ardmore PA 19003
CHADAGA, MD, P C S R
1057 Creamery Lane
West Chester PA 19382
CHAUDHRI, MD, Munawar S PTH
167 Sproul Road
Villanova PA 19085
CHEN, MD, Chijen GS
Lankenau Med Bldg 233
Philadelphia PA 19151
CHERNOFF, MD, Robert W IM
Eight Morton Avenue
Ridley Park PA 19078
CHITALE, MD, Vidyadhar S NS
317 Sissinghurst Drive
West Chester PA 19382
CHOGICH, MD, John C R
417 East 22nd Street
Chester PA 19013
CHRISTIE, DO, Peter N FP
One Kenny Circle
Broomall PA 19008
CHRZANOWSKI, MD, Robert T EM
45 Park Lane
Glen Mills PA 19342
CIANCIULLI, MD, Francis D PUD
1088 West Baltimore Pike
Media PA 19063
CLARE, MD, Henry E P
111 North 49th Street
Philadelphia PA 19139
CLARK, MD, James E NEP
Five Wellesley Road
Swarthmore PA 19081
CLELAND, MD, James W PD
327 Wendy Lane
Waverly OH 45690
CLEVELAND, MD, Albert F OPH
655 Creighton Road
Villanova PA 19085
COHEN, DO, William L IM
Aston Medical Associates
Aston PA 19014
COLEMAN, MD, Martin R ORS
Llanerch Medical Center
Havertown PA 19081
COLEMAN-BRACKEN, DO, IM
Barbara A
Mercy Fitzgerald Med Off Bldg
Darby PA 19023
COLOMBO, MD, James L PS
601 East Baltimore Pike
Media PA 19063
COLOMBO, MD, John M IM
325 North Lansdowne Avenue
Lansdowne PA 19050

CONDON, MD, Robert H PM
Crozer Chester Medical Center
Chester PA 19013
CONROY, DO, Ellen D FP
18 South Long Point Lane
Rose Valley PA 19063
CONSTANTINE, MD, Ginger D RHU
401 Moore Road
Wallingford PA 19063
CONSTANTINE, MD, Jay J END
Providence Medical Center
Media PA 19063
COOK, MD, William L GP
303 Governors Drive
Wallingford PA 19086
COOPER, MD, Joseph H CLP
Seven Myrtle Avenue
Havertown PA 19083
COOPER JR, MD, E Newbold AN
Orchard Lane
Wallingford PA 19086
CORNACCHIA, DO, Damian J IM
1901 Ryans Run East
Maple Shade NJ 08052
CORREA-MEYER, MD, Paulo M OPH
295 Old Eagle School Road
Wayne PA 19087
COYLE, MD, William A
Crozer Chester Medical Center
Chester PA 19013
CRAM, MD, Robert H ORS
510 West Darby Road
Havertown PA 19083
CROCKETT, MD, Barbara A P
34 Meadow Lane
Haverford PA 19041
CROTHERS, MD, W Gifford ORS
Box 1516
Media PA 19063
CUISON, MD, Navora G AN
Fox Valley
Glen Mills PA 19342
CUISON, MD, Sergio Q AN
Fox Valley
Glen Mills PA 19342
D'ELIA, MD, Frank L U
23 Chester Pike
Ridley Park PA 19078
DALRYMPLE, MD, W Howard ORS
224 North Providence Road
Wallingford PA 19086
DARNALL, MD, Jeffrey T IM
Taylor Hospital Med Bldg #206
Ridley Park PA 19078
DAVIES, MD, Robert J IM
740 South Chester Road
Swarthmore PA 19081
DECARO, MD, Joseph A FP
419 Netherwood Road
Upper Darby PA 19082
DEES-PORCH, MD, Frances OBG
2835 Plaza Rojo Park Plazas
Sante Fe NM 87501
DELGUERCIO, MD, Edmund T IM
Mercy Fitzgerald Med Off Bldg
Darby PA 19023
DELONE JR, MD, Francis X PS
Riddle Memorial Health Center
Media PA 19063
DEMARCO, MD, James C PD
412 Wyntre Lea
Bryn Mawr PA 19010
DERIVAN, MD, Albert T P
226 Hardwicke Lane
Villanova PA 19085
DERKRIKORIAN, MD, Hagop L NS
1088 West Baltimore Pike
Media PA 19063
DESIMONE, MD, Gregory G IM
23 West Dartmouth Circle
Media PA 19063
DESTEFANO, MD, Louis M FP
3475 West Chester Pike
Newtown Square PA 19073
DIAMOND, MD, Sidney J FP
136 Lookout Point Drive
Osprey FL 34229
DIETER, MD, Kevin F FP
800 Derwyn Road
Drexel Hill PA 19026
DIGIOVANNI, MD, Alphonse J GS
Four Martins Run Lane
Media PA 19063
DIGIOVANNI, MD, Anthony J AN
751 Dunwoody Drive
Springfield PA 19064
DIGIOVANNI, MD, Robert J GS
Professional Bldg Suite 101
Chester PA 19013
DILIBERTO, DO, Thomas A R
R D 2 242-A Chunning Drive
Malvern PA 19355
DIMAGGIO, MD, Olivia T PD
2500 North Providence Road
Media PA 19063
DIMEDIO, MD, Joseph A US
2456 Hillcrest Avenue
Drexel Hill PA 19026
DIWAN, MD, Kanta GP
211 North Monroe Street
Media PA 19063

DIWAN, MD, Satyendra K P
34 Springton Pointe Drive
Newtown Square PA 19073
DODDS, MD, H Thomas OPH
134 Lankenau Medical Bldg
Philadelphia PA 19151
DOHERTY, DO, John M GP
5000 Chichester Avenue
Aston PA 19014
DOMINGO, MD, Orville H GS
Lansdowne Tower Apts
Aldan PA 19018
DORAZIO, DO, Ronald J GP
Two Caroline Lane
Ocean City NJ 08226
DORFMAN, MD, Murray L GP
1001 Cty Line Ave E C 103
Philadelphia PA 19151
DOUGHERTY, MD, Michael J IM
239-42 Lankenau Med Bldg
Philadelphia PA 19151
DUPONT, MD, Jean-Rene VS
Ten Hunters Run
Newtown Square PA 19073
DURKIN, MD, James B FP
5134 Fankford Avenue
Philadelphia PA 19124
EAGLE, MD, Ewa L OPH
Six Wychwood Lane
Rose Valley PA 19186
EBERLY, MD, David E IM
Chesley Office Campus
Media PA 19063
EGBERT, MD, E Wayne R
Kendal At Longwood #33
Kenneth Square PA 19348
EICHNER, MD, Lambert G IM
Seven Davis Avenue
Broomall PA 19008
EISEN, MD, Carole L IM
16 Orchard Lane
Rose Valley PA 19086
ELICKER, MD, John E GP
22 Summitt Drive
Bryn Mawr PA 19010
ELLIS, MD, David J U
112 Drakes Drum Drive
Bryn Mawr PA 19010
EMANUEL, MD, E Stephen OBG
7348 Drexel Road
Philadelphia PA 19151
ERB JR, MD, William H GS
Erb Stevens Baker & Cronin Pc
Philadelphia PA 19104
ESPOSITO, MD, John C A
226 East Springfield Road
Springfield PA 19064
FABER, MD, Mark R PD
Providence Medical Center
Media PA 19063
FABIUS, MD, Raymond J PD
3407 Goshen Road
Newtown Square PA 19073
FALGUERA, MD, Dominador Q GP
2265 North Providence Road
Media PA 19063
FANNING, DO, John M FP
25 Chester Pike
Ridley Park PA 19078
FAUST, MD, Elizabeth B P
P O Box 115
Haverford PA 19041
FEDERMAN, MD, Jay L OPH
Lankenau Medical Bldg 102
Philadelphia PA 19151
FEINGOLD, MD, Joseph L GS
Elwyn Institutes
Elwyn PA 19063
FERRONI, MD, Joseph S OBG
6100 City Line Avenue
Philadelphia PA 19131
FINK JR, MD, Albert H IM
#5 The Clusters Chesley Off
Media PA 19063
FIRPO JR, MD, John J NEP
850 West Chester Pike
Havertown PA 19083
FISCHER, MD, Steven W OTO
2112 Providence Avenue
Chester PA 19013
FISHER, DO, Steven J FP
250 Brookline Boulevard
Havertown PA 19083
FITZMAURICE, MD, John W GP
Box 160 Penn Lake
White Haven PA 18661
FITZPATRICK, MD, Marcia A PS
Three Westbrae Avenue
Greenville DE 19807
FITZPATRICK, MD, Ruthann P END
Crozer Chester Med Ctr
Chester PA 19013
FLANAGAN, MD, Joseph C PS
135 Lankenau Medical Bldg
Philadelphia PA 19151
FLETCHER, MD, Peter R AN
1515 West Montgomery Avenue
Rosemont PA 19010
FLORES, MD, Lisa E PD
941 South St Bernard Street
Philadelhia PA 19143

FLORES, MD, Maria L AN
252 Philip Place
Philadelphia PA 19106
FORNASIER, MD, Louis S GP
1015 Groveland Avenue
Somers Point NJ 08244
FORNWALT, MD, George R OBG
231 Old Gulph Road
Wynnewood PA 19096
FOULK JR, MD, Morris OS
821 Crum Creek Road
Media PA 19063
FOX, MD, Michael L OS
45 Oak Avenue
East Lansdowne PA 19050
FOX, MD, Roger E IM
The Clusters Unit 4
Media PA 19063
FOXHALL, MD, Edward N GS
1002 Hamstead Road
Penn Wynne PA 19151
FRANK, MD, Barbara B GE
Crozer Chester Medical Ctr
Chester PA 19013
FREELAND, MD, George R GP
454 Glenmary Lane
St Davids PA 19087
FREENOCK JR, MD, Thomas F OS
1361 Farrington Road
Philadelphia PA 19151
FRIEDMAN, MD, Ben-Zion R
211 Pembroke Road
Wallingford PA 19086
FRIEDMAN, MD, Donald RHU
1802 Waverly Street
Philadelphia PA 19146
FURIA, MD, Frederick A CD
21 Marple Road
Haverford PA 19041
FURIA, MD, Robert IM
2245 Garrett Road
Drexel Hill PA 19026
GAARY, MD, Alvin E AN
320 Cherry Lane
Wynnewood PA 19096
GALATI, MD, Victor G PUD
431 Doe Run Lane
Springfield PA 19064
GALIA, MD, Joseph H FP
21 Beaver Dam Road
Cape May Court Hs NJ 08210
GALLAGHER, MD, Donald I OBG
363 Echo Valley Lane
Newtown Square PA 19073
GARRAWAY, DO, Wayne S GP
Three East Ridley Avenue
Ridley Park PA 19078
GARTLAND, DO, Charles J A IM
76 Berkley Avenue
Lansdowne PA 19050
GARTNER, MD, William S GP
2325 Madade Boulevard
Holmes PA 19043
GARTNER JR, MD, William S OTO
115 Harvey Lane
Chadds Ford PA 19317
GAWCHIK, DO, Sandra M PDA
Rivers Edge, 12-C
Philadelphia PA 19103
GELLER, DO, Robert J OS
1012 Kingston Drive
Cherry Hill NJ 08034
GERSON, MD, Leroy T IM
300 East Lancaster Avenue
Wynnewood PA 19096
GEVJAN, MD, Armen H FP
536 Dogwood Place
Newtown Square PA 19073
GIAMMATTEI, MD, Frank P ORS
Crozer Chester Medical Center
Chester PA 19013
GIBBONS, MD, Jacquelyn H PD
2500 North Providence Road
Media PA 19063
GIBSON, MD, William B D
907 Heathdale Road
Wallingford PA 19086
GILLIGAN, MD, Frank P US
8135 Beechmont Avenue
Cincinnati OH 45230
GILLIS, MD, Angus T AN
105 Mulberry Lane
Newtown Square PA 19073
GILMORE JR, MD, Hugh R PTH
405 Moreland Road
Wallingford PA 19086
GINSBURG, MD, David S OBG
201 Sycamore Lane
Wallingford PA 19086
GIORGIO, MD, Quentin M IM
907 Clifton Avenue
Collingdale PA 19023
GLADSTONE, MD, Julian L CD
Delaware County Med Ctr
Broomall PA 19008
GO, MD, Josephine L AN
204 North Lexington Avenue
Havertown PA 19083
GOESER, MD, Eugene EM
40 Dutton Mill Road
Malvern PA 19355

GOLD, MD, Herman CD
510 North Lomon Street #D-9
Media PA 19063
GOLDBLUM, MD, Kenneth D IM
1219 Dermond Road
Drexel Hill PA 19026
GOLDMAN, MD, Arthur IM
135 Harned Drive
Springfield PA 19064
GOLDMAN, MD, Richard J IM
Carr House
Wallingford PA 19086
GOLDSTEIN, MD, Jerome B OBG
431 Macdade Boulevard
Folsom PA 19033
GOLLOMP, MD, Stephen M N
100 Church Road
Ardmore PA 19003
GOODKIN, MD, Michael B CD
16 Orchard Lane
Rosevalley PA 19086
GOODMAN, MD, Bruce A IM
1141 Cobbs Street
Drexel Hill PA 19026
GOODMAN, MD, William H OTO
1166 Muhlenberg Avenue
Swarthmore PA 19081
GORBY, MD, Charles K IM
138 Brookline Boulevard
Havertown PA 19083
GORDON, MD, Harold M PD
418 East Lancaster Avenue
Wayne PA 19087
GORDON, MD, Joseph S IM
4017 Garrett Road
Drexel Hill PA 19026
GORDON, MD, Stuart L ORS
619 College Avenue
Haverford PA 19041
GORRY, MD, John D EM
15Th Street And Upland Avenue
Chester PA 19013
GOYNE, MD, Ruth G FP
31 College Row
Brevard NC 28712
GRANT, MD, B David ORS
Delaware County Medical Ctr
Broomall PA 19008
GRECO, MD, Jonathan P IM
220 Harwicke Road
Springfield PA 19064
GREEN, MD, Lawrence N
315 Maple Avenue
Swarthmore PA 19081
GREEN, MD, William H DR
103 Country Club Lane
Wallingford PA 19086
GREENE, MD, Gary S DR
48 West Eagle Road Apt 210
Havertown PA 19083
GUARINI, MD, Pasquale B GP
103 Stanton Road
Wildwoodcrest NJ 08260
GUIRGUIS, MD, Morris F IM
498 Ramblewood Drive
Bryn Mawr PA 19010
GUMINA, MD, Thomas F IM
Delaware Cty Medical Center
Broomall PA 19008
HADFIELD JR, MD, William A IM
5201 Township Line Road
Drexel Hill PA 19026
HAGGERTY, MD, Robert W OBG
P O Box I Suite 306
Chester PA 19013
HALL, MD, Robert L FP
3718 Gradyville Road
Newtown Square PA 19073
HALLERMEIER JR, MD, IM
Robert G
33 Winding Way
Boothwyn PA 19061
HAMILTON, MD, Geraldine E DR
5010 Dermond Road
Drexel Hill PA 19026
HANES, MD, Robert B GP
301 West Chester Pike
Havertown PA 19083
HARRER, MD, Daniel C OBG
Lankenau Medical Center
Philadelphia PA 19151
HARRIS, MD, Max PD
14 Oak Knoll Drive
Berwyn PA 19312
HARSHAW JR, MD, Edward PD
322 North Lansdowne Avenue
Lansdowne PA 19050
HART, DO, William J FP
3407 Garrett Road
Drexel Hill PA 19026
HARTFORD, MD, Charles E GS
Crozer Chester Medical Center
Chester PA 19013
HARVEY, MD, Gregory D NR
475 Kedrow Avenue
Folsom PA 19033
HATTI, MD, Shivkumar S P
1025 Plumly Road
West Chester PA 19382
HATTON, MD, Duncan S OTO
205 Sycamore Lane
Wallingford PA 19086

HAUPT, MD, Richard M PD
213 Hazelwood Road
Ardmore PA 19003
HAYES, MD, Merrill B OTO
R D 3 Ross Neck 114
Cambridge MD 21613
HELFRICH JR, MD, Harry M IM
256 West Chelsea Circle
Newtown Square PA 19073
HENDRICKSON, MD, Frank O US
Lexington Health Care Center
Lombard IL 60148
HENRY, MD, Stephen J NEP
850 West Chester Pike
Havertown PA 19083
HERRERA, MD, Anibal F GE
51 North 39th Street
Philadelphia PA 19104
HIMMELSTEIN, MD, Eugene R
395 Marple Road
Broomall PA 19008
HIRSH, MD, Leonard F NS
Crozier Chester Med Ctr
Chester PA 19013
HIRSH, MD, S Jay U
15Th St And Uplane Ave #102
Upland Chester PA 19013
HITCHNER, MD, Lewis C AN
Nine Kincaid Court
Media PA 19063
HOLGADO, MD, Priscila C OBG
10 Stephens Green
Glen Mills PA 19342
HOLMS, DO, Barry C IM
2709 Stoney Creek Road
Broomall PA 19008
HOLST, MD, Hazel I PS
401 South Chester Road
Swarthmore PA 19081
HOLSTEIN, MD, James J DR
664 West Rolling Road
Springfield PA 19064
HSIEH, MD, Yehchiu PD
500 Dawn Lane
Bryn Mawr PA 19010
HUMMER JR, MD, Charles D ORS
Crozer Chester Medical Center
Chester PA 19013
HURLEY, MD, Harry J D
39 Copley Road
Upper Darby PA 19082
HUSHION, MD, William F OM
120 East Bishop Hollow Road
Media PA 19063
HYKEL-MALONE, MD, Nancy C IM
44 Paper Mill Lane
Newtown Square PA 19073
IMAIZUMI, MD, Shotaro PTH
Lankenau Hospital
Philadelphia PA 19151
IOZZI, MD, Louis U
Ridley Park Medical Center
Ridley Park PA 19078
IVINS, MD, Joseph L GS
Three Arthur Court
Wallingford PA 19086
IVINS, MD, Samuel P P
19Th And Providence Avenue
Chester PA 19013
JACKSON, MD, Paul W PS
2112 Providence Avenue
Chester PA 19013
JACOBS, MD, Mark END
129 Lori Lane
Broomall PA 19008
JAEGER, MD, Edward A OPH
240 East Rose Tree Road
Media PA 19063
JAHNLE, MD, Richard L OPH
343 Virginia Avenue
Havertown PA 19083
JALBUENA, MD, Robert C OPH
Delaware County Medical Ctr
Broomall PA 19008
JAMALI, MD, Anmar A IM
Suite 2207 Riddle Hlth Ctr 2
Media PA 19063
JENKINS, MD, Timothy F FP
224 West Macdade Boulevard
Milmont Park PA 19033
JOFFE, DO, Ralf OS
P O Box 1005
Drexel Hill PA 19026
JONES, MD, Ancil A CD
Crozer-Chester Mc Ste 301
Chester PA 19013
JONES, MD, J Albright PD
303 Elm Avenue
Swarthmore PA 19081
JONES, MD, Robert K NS
115 Lankenau Med Bldg
Philadelphia PA 19151
JURNOVOY, MD, Joel B D
Delaware County Medical Ctr
Broomall PA 19008
KAIN III, MD, Thomas M ORS
Mercy Fitzgerald Med Off Bldg
Darby PA 19023
KALODNER, DO, David R GP
25 Chester Pike
Ridley Park PA 19078

KANE, MD, Joan D ND
2251 Garrett Road
Drexel Hill PA 19026
KANE, MD, William M OBG
29 Glendale Avenue
Upper Darby PA 19082
KANNAN, MD, Vaidehi PTH
Lankenau Hospital Pth Dept
Philadelphia PA 19151
KAPADIA, MD, Dilip L NM
1037 North Providence Road
Media PA 19063
KAPLAN, MD, Richard Z PD
Delaware County Memorial Hosp
Drexel Hill PA 19026
KARPIN, MD, Max NS
32 South Morton Avenue
Morton PA 19070
KASPER, MD, Donald J R
80 Stony Bank Road
Glen Mills PA 19342
KASPER, MD, Kevin J IM
80 Stony Bank Road
Glen Mills PA 19342
KAUFMAN, MD, Jerold DR
704 Manchester Avenue
Media PA 19063
KAVJIAN, MD, Edward M U
56 Marple Road
Haverford PA 19041
KEAGLE, DO, Douglas L IM
1501 Lansdowne Avenue
Darby PA 19023
KEARNEY, MD, Martin J GER
23 Saxer Avenue
Springfield PA 19064
KEENAN JR, MD, Paul C US
611 Niblick Lane
Wallingford PA 19086
KELLY, MD, Edward A FP
4713 State Road
Drexel Hill PA 19026
KELLY, MD, James J GP
20 North Ninth Street
Darby PA 19023
KELLY, MD, Paul O IM
832 Wilde Avenue
Drexel Hill PA 19026
KELLY JR, MD, John J CD
239-42 Lankenau Medical Bldg
Philadelphia PA 19151
KELSEY, MD, David M U
Six Gunning Lane
Gladwyne PA 19035
KENNEDY, MD, Patrick J OPH
640 Montgomery School Lane
Wynnewood PA 19096
KEPLER, MD, Furman T FP
667 Harbor Island
Clearwater FL 33515
KESSLER, MD, Rex K IM
Providence Medical Center
Media PA 19063
KESSLER, MD, Woodrow B IM
Providence Medical Center
Media PA 19063
KHOURY, MD, Jacques A GE
1230 Burmont Road
Drexel Hill PA 19026
KIEL, MD, Steven M N
550 Farnum Road
Media PA 19063
KIMMEL, MD, Henry A IM
33 Purple Martin Lane
Hilton Head SC 29925
KINDER, MD, Roy R D
Ludlow Street & Brandon Road
Upper Darby PA 19082
KIRCHHOFER, MD, Lewis H GP
16 East Woodland Avenue
Springfield PA 19064
KITCHEN III, MD, James G CD
239-42 Lankenau Med Bldg
Philadelphia PA 19151
KLAVAN, MD, Marshall OBG
Providence Med Ctr Ste 400
Media PA 19063
KLEIN, MD, Gerald M DR
Six Sunan Road
Broomall PA 19008
KLEIN, MD, Thomas E AI
19 Johathan Morris Circle
Media PA 19063
KLEINMAN, DO, Jay M DR
7319 Woodbine Avenue
Philadelphia PA 19151
KLINE, MD, Irwin K PTH
Lankenau Hospital
Philadelphia PA 19151
KLINE, MD, Tilde S PTH
Lankenau Hospital
Philadelphia PA 19151
KLINEFELTER, MD, Hylda C OBG
264 South Ivy Lane
Glen Mills PA 19342
KLINOW, MD, Linda F PD
958 County Line Avenue
Bryn Mawr PA 19010
KLINZING, MD, Gerard F FP
Family Health Associates
Drexel Hill PA 19026

KNOWLES, MD, Willard E GP
7200 Pine Street
Upper Darby PA 19082
KODUMAL, MD, Luis E IM
P O Box 65
Woodlyn PA 19094
KOHLER, MD, F Peter U
314 Avon Road
Bryn Mawr PA 19010
KOHUTIAK, MD, Vsevolod IM
Riddle Hlth Care Ctr #109-110
Media PA 19063
KOTYO, MD, John A FP
3774 School Lane
Newtown Square PA 19073
KOZIN, MD, William FP
Delaware County Medical Ctr
Broomall PA 19008
KRACKOW, MD, Joel A CD
107 Brent Drive
Wallingford PA 19086
KRAIN, MD, Raymond D
417 Lankenau Med Bldg
Philadelphia PA 19151
KRALL, MD, J Thomas OPH
134 Lansdowne Court
Lansdowne PA 19050
KRAUSZ, MD, Marcos AN
602 Pine Ridge Road
Media PA 19063
KRISTO, MD, Catherine V AN
Five Pilgrim Lane
Drexel Hill PA 19026
KURTZ, MD, James W P
275 Bryn Mawr Avenue
Bryn Mawr PA 19010
KURTZ, MD, Michael B PD
Elwyn Institute
Elwyn PA 19063
KURTZ, MD, Rosa T PM
33 South Middletown Road
Media PA 19063
KUTNEY, MD, Francis G GS
238-A Concord Road
Aston PA 19014
KWAPIEN, MD, Frederic J P
401 West Front Street
Media PA 19063
LABORDA, MD, Oscar E GE
Eight Morton Avenue
Ridley Park PA 19078
LABORDE, MD, Andrea T OS
1600 Garrett Street
Upper Darby PA 19082
LACAVARO, MD, Jules A IM
931 Hunt Road
Broomall PA 19008
LACHMAN, MD, Joseph PD
Crozer Chester Medical Center
Chester PA 19013
LAMBICHI, MD, Marika E OBG
222 Mocking Bird Trail
Palm Beach FL 33480
LANGAN III, MD, E Lawrence OBG
Lankenau Hospital
Philadelphia PA 19151
LASKA, MD, Edward M IM
215 Hansell Road
Newtown Square PA 19073
LASKAS, MD, John J D
15Th Street And Upland Avenue
Chester PA 19013
LASKAS JR, MD, John J D
Crozer Chester Medical Ctr
Chester PA 19013
LATTANAND, MD, Saowanee AN
8100 Pennhill Road
Philadelphia PA 19117
LAWRENCE, MD, John W RHU
1078 West Baltimore Pike #208
Media PA 19063
LAZORIK, MD, Francis C D
3309 Chatham Place
Media PA 19063
LEASE, DO, James A PTH
414 Country Lane
Narberth PA 19022
LECHMAN, MD, Michael J TS
217 Lankenau Hospital
Philadelphia PA 19151
LEE, MD, Charles Y GP
13106 Buccaneer Road
Silver Spring MD 20904
LEHMAN, DO, Gregory M IM
82 Slitting Mill Road
Glen Mills PA 19342
LEIBOWITZ, MD, Arthur N PD
543 Oxford Road
Bala Cynwyd PA 19004
LEIBOWITZ, MD, Helen A R
Mcmc Bailey & Lansdowne Ave
Darby PA 19023
LEIGH, MD, Flora B FP
828 Sharon Circle
West Chester PA 19380
LEISE, MD, Eleanor O OBG
409 Lankenau Med Bldg
Philadelphia PA 19151
LEITNER, MD, Stephen J EM
331 Timberjump Lane
Media PA 19063

LELE, MD, Pramod S NEP
202 Netherloch Lane
Wallingford PA 19086
LEMAN, MD, William W GP
206 Ballymore Road
Springfield PA 19064
LEOPOLD, DO, Norman A N
Crozer Chester Medical Center
Chester PA 19013
LESSIN, MD, Stuart R D
308 Golf Hills Road
Havertown PA 19083
LEUTE, MD, Millard S IM
248 North Belfield Avenue
Havertown PA 19083
LEVIN, MD, Simon OBG
2500 Edgmont Avenue
Chester PA 19013
LEVY, MD, Edwin J D
85 North Lansdowne Avenue
Lansdowne PA 19050
LEWBART, MD, Marvin L OM
Crozier Chester Medical
Chester PA 19013
LEWIS, DO, James GP
2422 Edgmont Avenue
Chester PA 19013
LEWIS, MD, Stuart H TRS
931 Haverford Road
Bryn Mawr PA 19010
LEWIS, MD, William J OTO
831 Northwinds Drive
Bryn Mawr PA 19010
LIBERACE, MD, Ettore V PTH
Sacred Heart Hospital
Chester PA 19013
LIBERI, MD, Alfred A DR
209 Dogwood Lane
Wallingford PA 19086
LICHTENBERG, MD, Richard A CD
821 Northwinds
Bryn Mawr PA 19010
LILLEY, MD, George W IM
Ringfield Five Ring Road
Chadds Ford PA 19317
LIM, MD, Osmundo U EM
Five Stephens Green
Glen Mills PA 19342
LINCOFF, MD, William OPH
1919 Chestnut Street
Philadelphia PA 19103
LINDER, MD, Lisa J OPH
835 Strawberry Lane
Wynnewood PA 19096
LINTZMEYER, MD, Emil A CD
Five Yarmouth Lane
Media PA 19063
LISBERGER, MD, Mark D IM
Delaware Cty Med Ctr Ste 21
Broomall PA 19008
LITTMAN, MD, Solomon I P
527 Wynlyn Road
Wynnewood PA 19096
LOFARO, MD, Salvatore A NEP
850 West Chester Pike
Havertown PA 19083
LONDON, MD, Gladys Z GP
19Th And Providence Ave
Chester PA 19013
LOPUSNIAK, MD, Mieczyslaw S GE
618 Hazelhurst Avenue
Merion Station PA 19066
LUBERTI, MD, Anthony A PD
1003 Mitchell Avenue
Mortan PA 19070
LUBIN, DO, Howard S FP
112 Deerfeild Road
Broomall PA 19008
LUCENA, MD, Aurora L AN
340 Tower Lane
Narberth PA 19072
LUCENA, MD, Ernesto E R
1900 South Broad Street
Philadelphia PA 19145
LUCIER, MD, Alfred C OPH
30 Hampden Road
Upper Darby PA 19082
LUONGO, MD, Joseph C PD
3030 Garrett Road
Drexel Hill PA 19026
MAGUIRE, MD, Joseph I OBG
29 Glendale Road
Upper Darby PA 19082
MAGUIRE, MD, Leo J U
203 Sycamore Lane
Wallingford PA 19086
MAHER, DO, Patricia M AN
609 Merion Avenue
Havertown PA 19083
MALOLES JR, MD, Orlando Z FP
1010 Stewart Avenue
Springfield PA 19064
MANN, MD, Douglas G OTO
2112 Providence Avenue
Chester PA 19013
MANN, MD, Irving A OBG
P O Box I Suite 306
Chester PA 19013
MANSURE, MD, Frank T OS
697 Matsons Ford Road
Villanova PA 19085

MARGULIES, MD, Milton R
Lankenau Hospital
Philadelphia PA 19151
MARINO, MD, Daniel J CD
14 Ringfield Ring Road
Chadds Ford PA 19317
MARSHALL JR, DO, V Blake IM
86-5 Ferne Boulevard
Drexel Hill PA 19026
MARSICO, DO, Dominic E IM
2900 Highland Avenue
Broomall PA 19008
MARVIN, MD, Robert F CD
2100 Keystone Avenue
Drexel Hill PA 19026
MATULEWSKI, MD, Thomas J CDS
143 Allgates Drive
Haverford PA 19041
MAURER, MD, Philip M EM
631 Addison Street
Philadelphia PA 19147
MAYO, LMD, Edith A GP
600 East Cathedral Road
Philadelphia PA 19128
MCALEER, MD, David J GS
410 Township Line Road
Havertown PA 19083
MCBRIDE, MD, Thomas J IM
Crozer Chester Med Ctr
Chester PA 19013
MCCADDEN, MD, Joseph A FP
613 Morris Lane
Wallingford PA 19086
MCCANN, MD, Tomi J IM
410 South Union Street
Kennett Square PA 19348
MCCAUSLAND, MD, Paul J FP
47 Windsor Avenue
Upper Darby PA 19082
MCCLELLAN, MD, R Michael PS
1078 West Baltimore Pike
Media PA 19063
MCCLOSKEY, MD, PTH
Sister Ann M
Mercy Catholic Medical Center
Darby PA 19023
MCCURDY, MD, Richard R CD
219 Country Club Lane
Wallingford PA 19086
MCGARRIGLE, DO, Robert D GS
514 Terravilla Lane
Ridley PA 19078
MCGARRY, MD, Thomas F IM
3815 Marshall Road
Drexel Hill PA 19026
MCGEE JR, MD, Joseph P AN
1300 Manor Road
Yeadon PA 19050
MCGILL, MD, Regina B IM
111 Chestnut Avenue
Narberth PA 19072
MCGINNIS, MD, Andrew W CD
1501 South Lansdowne Avenue
Darby PA 19023
MCGOWAN, MD, William E U
2100 Keystone Avenue
Drexel Hill PA 19026
MCKEE, MD, Edward T GP
450 Long Lane
Upper Darby PA 19082
MCKEIGHAN EXEC DIR, DAVID
State And Sproul Roads
Springfield PA 19064
MCKNIGHT, MD, Lancess US
25 West Fourth Street
Media PA 19063
MCLAUGHLIN, MD, Edward EM
79 North Bayard Avenue
Woodbury NJ 08096
MCMILLIAN, MD, Lothar FP
41-12 Revere Road
Drexel Hill PA 19026
MCNAMEE SR, MD, William B ORS
151 Long Lane
Upper Darby PA 19082
MELLON JR, MD, Lawrence J OM
P O Box 860
Valley Forge PA 19482
MELODY, MD, M Joseph IM
E19 North Woodmont
Downingtown PA 19335
MELTZ, DO, Richard C OBG
Crozer Chester Medical Center
Chester PA 19013
MENDEL, MD, Kenneth D CD
Crozer Chester Medical Center
Chester PA 19013
MESETE, MD, A Francis CD
Eight Bradford Terrace
Newtown Square PA 19073
MEYER, MD, Allen E NEP
Mercy Fitzgerald Med Off Bldg
Darby PA 19023
MIELCAREK JR, MD, Leon M OPH
319 West State Street
Media PA 19063
MILEWSKI, MD, Leonard F GS
301 West Chester Pike
Havertown PA 19083
MILLER, MD, Curt D ORS
1974 Sproul Road
Broomall PA 19008

MILLER, MD, Herman CRS
50 Belmont Avenue #510
Bala Cynwyd PA 19004
MILLINER, MD, David H AN
C C M C Prof Bldg Ste 400
Upland PA 19013
MILSTEIN, MD, Seymour W FP
3200 Edgmont Avenue
Chester PA 19015
MISHALOVE, MD, R David CD
Crozer Chester Medical Center
Chester PA 19013
MITTERLING, MD, Robert C CD
469 Eaton Way
West Chester PA 19380
MIYAMOTO, MD, Curtis T ON
941 South Avenue L-30
Secane PA 19018
MONTGOMERY, MD, Patricia A FP
909 Pritchard Place
Newtown Square PA 19073
MORANZ, MD, Joel G OBG
207 Sycamore Lane
Wallingford PA 19086
MORGAN, MD, Harry E R
2440 N 56th St
Philadelphia PA 19131
MORGAN, MD, John M IM
418 Redleaf Road
Wynnewood PA 19096
MORLEY, MD, Robert R OBG
411 Sheffield Drive
Wallingford PA 19086
MORRIS, MD, Richard J GP
2304 Edgmont Avenue
Chester PA 19013
MORRIS, MD, Sheldon L OPH
Professional Office Bldg
Upland PA 19013
MORRIS JR, MD, James A IM
Nine Woodcroft Road
Havertown PA 19083
MUCH, DO, Mandell J US
Route 1
Concordville PA 19331
MUDRICK, MD, David L FP
521 East Nineth Street
Chester PA 19013
MUETTERTIES, MD, Craig L AN
240 Rushleyway
Media PA 19063
MULLER, MD, Otto F CD
T Fitzgerald Mercy Hospital
Darby PA 19023
MUNDTH, MD, Eldred D CDS
Bryn Mawr Medical Building
Bryn Mawr PA 19010
MUROFF, DO, Robert E GP
Two St Albans Avenue
Newtown Square PA 19073
MURPHY, MD, Mary H EM
664 Valley View Lane
Wayne PA 19087
NAGLE, MD, W William DR
1037 North Providence Road
Media PA 19063
NARDELLA JR, MD, Guy M GS
601 East Baltimore Pike
Media PA 19063
NATTER, MD, Howard M IM
4714 Conshohocken Avenue
Philadelphia PA 19131
NEAL, MD, Hunter S GS
Lankenau Surgical Assoc
Philadelphia PA 19151
NEGREY, MD, John N GP
56 West Eagle Road
Havertown PA 19083
NEGREY JR, MD, John N OPH
56 West Eagle Road
Havertown PA 19083
NELSON, MD, Diana F TR
Highland Hospital Dept R & On
Rochester NY 14620
NEWMAN, MD, Frank W P
Westminster Gardens
Duarte CA 91010
NGUYEN, MD, Bach V IM
109 Valley Forge Terrace
Wayne PA 19087
NGUYEN, MD, Kham V IM
567 Lansdowne Avenue
Darby PA 19023
NUSSBAUM, MD, Steven J GE
1010 West Chester Pike
Havertown PA 19083
OBERFIELD, MD, William J P
19 East Second Street
Media PA 19063
OCONNELL, MD, James R U
3319 Saw Mill Road
Newtown Square PA 19073
OHANISSIAN, MD, Hanrick G HEM
28 Wiltshire Road
Greenhill Farms PA 19151
OHARA, MD, Kevin W IM
2245 Garrett Road
Drexel Hill PA 19026
OLEKSZYK, DO, Joseph P OTO
309 South Oak Avenue
Primos PA 19018

ONEILL, MD, John J GP
710 Long Lane
Upper Darby PA 19082
ORTLEY, DO, Glenn R FP
17 North Norwinden Drive
Springfield PA 19064
OUTLAND, MD, Cheryl A PD
301 Hathaway Lane
Wynnewood PA 19096
PALENA, MD, Peter V OPH
Riddle Hospital Hcc 102
Media PA 19063
PALOS, MD, Lorraine C PD
3030 Garrett Road
Drexel Hill PA 19026
PAPOLA, MD, Gino G GP
4311 State Road
Drexel Hill PA 19026
PARISI, MD, Erika F AN
633 Childs Avenue
Drexel Hill PA 19026
PARRY, MD, Peter IM
181 Gordons Drive
Media PA 19063
PASSERO, MD, Frank C RHU
1120 Wilde Avenue
Drexel Hill PA 19026
PATEL, MD, Mukesh A IM
Eight Nicole Drive
Media PA 19063
PATEL, MD, Prabha H PTH
730 Windsor Place
Wallingford PA 19086
PATTERSON, MD, Chris IM
204 Berkley Avenue
Lansdowne PA 19050
PATTON, MD, Mary L GS
Crozer Chester Medical Ctr
Chester PA 19013
PAULETTO, MD, Ferrel J CD
1517 Brookhaven Road
Wynnewood PA 19097
PECHIN, MD, Sergius P GS
430 Sycamore Mills Road
Media PA 19063
PEIMER, MD, Michael E IM
Eight Morton Avenue
Ridley Park PA 19078
PERLSTEIN, MD, Deborah A OTO
Providence Med Ctr
Media PA 19063
PETRIDES, MD, Anastasia B PD
14 South Medley Drive
Newtown Square PA 19073
PIAZZA, MD, Michael R ORS
38 West Stratford Avenue
Lansdowne PA 19050
PICKAR, MD, James H OBG
P O Box 8299
Philadelphia PA 19101
PINSK, MD, Jeffrey H IM
2202 Graymoor Road
Broomall PA 19008
PIRAINO, MD, Anthony J PA
172 Dam View Drive
Media PA 19063
PLAGATA, MD, Edith M EM
1230 Sonora Avenue
Astoria OR 97103
POLLACK, MD, David M PD
Delaware County Memorial Hosp
Drexel Hill PA 19026
POWER, DO, Theresa C R
409 South Lansdowne Avenue
Yeadon PA 19050
POWERS, MD, Donald V NEP
330 Fishers Road
Bryn Mawr PA 19010
PRESS, MD, Arthur J DR
405 Cotswold Lane
Wynnewood PA 19096
PRESTEL JR, MD, Thomas F PUD
850 West Chester Pike
Havertown PA 19083
PRICE, MD, Joseph J IM
309 Ellis Road
Havertown PA 19083
PURNER JR, DO, William M EM
1078 West Baltimore
Media PA 19063
RAMPRASAD, MD, Krishnamurti DR
Sharpe Associates
Springfield PA 19064
RATNER, MD, Richard R IM
P O Box 92
Ridley Park PA 19078
RECH, MD, Frank M OBG
2500 Edgmont Avenue
Chester PA 19013
RED, MD, Donald E DR
Lankenau Hosp Dept Radiology
Philadelphia PA 19151
REID, MD, Daniel W FP
Dcmh Health Institute
Drexel Hill PA 19026
REITANO JR, MD, Joseph F IM
Seven Davis Avenue
Broomall PA 19008
RENDIN, MD, Larry J GP
245 South Ridley Creek Road
Moylan PA 19065

RENO, MD, Joseph D GP
Wyeth Lab P O Box 8299
Philadelphia PA 19101
REOHR, MD, Marie E PD
15 Morton Avenue
Ridley Park PA 19078
REPICE, MD, Ronald M FP
1502 Upland Street
Chester PA 19013
RESNICK, MD, Myron E CD
Delaware County Medical Ctr
Broomall PA 19008
RHODES, MD, Robert A D
Eighth Morton Avenue
Ridley Park PA 19078
RHOOD, MD, Samuel G AN
C C M C Professional Bldg
Chester PA 19013
RIAL, MD, William Y FP
676 North Saint Clair Street
Chicago IL 60611
RICCIARDI, MD, Susan L IM
30-25 Revere Road
Drexel Hill PA 19026
RICHARDSON, MD, Claude E OS
Box 661
North Amherst MA 01059
RICHTER, MD, Howard A NS
115 Lankenau Medical Bldg
Philadelphia PA 19151
RING, MD, Ilona R PTH
1001 City Avenue
Philadelphia PA 19151
RING, MD, Stephen I P
1001 City Avenue
Philadelphia PA 19151
RINGIEWICZ, MD, Paul A OS
23 Chester Pike
Ridley Park PA 19078
RITCHIE, MD, Charles A OBG
2225 Garrett Road
Drexel Hill PA 19026
RIZZO, MD, John S OPH
Eight Morton Avenue Suite 101
Ridley Park PA 19078
ROCCARIO, DO, Dante S GP
107 West Providence Road
Aldan PA 19018
RODGERS, MD, Charles H GP
33 Haverford Road
Ardmore PA 19003
RODRIGUEZ, MD, Hugo F R
P O Box 426
Kimberton PA 19442
ROOKLIN, MD, Anthony R A
70 Chapel Hill Road
Media PA 19063
ROSEMAN, MD, Richard L IM
1761 Marilyn Drive
Havertown PA 19083
ROSEN, MD, Bruce J PTH
22 Cedar Hollow Drive
Wallingford PA 19086
ROSEN, MD, Leonard GP
15Th Street And Upland Avenue
Chester PA 19013
ROSENBERG, MD, Frank IM
1410 Upland Avenue
Chester PA 19013
ROSENFELD, MD, Ronald N ORS
590 Reed Road
Broomall PA 19008
ROSSIN, MD, Richard A PD
146 South Highland Road
Springfield PA 19064
RUBIN, DO, Morton FP
113 Whitemarsh Road
Ardmore PA 19003
RUBIN, MD, Robert F GP
Two Concord Road
Darby PA 19023
RUBIO, MD, Emir W FP
227 Applewood Lane
Penns Grove NJ 08069
RUDNITZKY, MD, Jerome PUD
Crozer Chester Medical Center
Chester PA 19013
RUFFINI, MD, John A GP
23 Chester Pike
Ridley Park PA 19078
RUFFINI, MD, Robert A GE
107 Chatham Manor
Ardmore PA 19003
RUMSEY, MD, William P GS
206 Sycamore Lane
Wallingford PA 19086
RUSSELL, MD, Marie O PD
Riddle Health Care Ctr Ii
Media PA 19063
RUSSINO, MD, Joseph L OBG
3541 Darby Road
Haverford PA 19041
RYAN, MD, Timothy M PD
1001 Pennsylvania Avenue
Havertown PA 19083
SALAND, MD, David K ORS
700 South Chester Road
Swarthmore PA 19081
SALIM, MD, Bozorgmehr PTH
651 Shellbark Lane
Bryn Mawr PA 19010

SALKIND, MD, Gary D FP
Lansdowne Avenue & School Ln
Drexel Hill PA 19026
SALUK, MD, Patricia H DR
28 Liberty Lane
Cherry Hill NJ 08002
SANTOPOLO, MD, Anthony C FP
115 Beaumont Place
Gwynedd Valley PA 19437
SANTORE, MD, Felice J OTO
661 Shellbark Lane
Rosemont PA 19010
SARIK, DO, Michael J IM
917 Kenmore Road
Philadelphia PA 19151
SATINSKY, MD, Jonathan D CD
303 Lankenau Med Bldg
Philadelphia PA 19151
SCHAAF, MD, Richard D CD
516 Wynne Avenue
Havertown PA 19083
SCHEINER, MD, Robin B D
103 Cherry Hill Land
Broomall PA 19008
SCHEUERMANN, MD, Henry A PS
115 East Township Line Road
Upper Darby PA 19082
SCHILLING, MD, John F R
Lankenau Hospital
Philadelphia PA 19151
SCHRAN, MD, Albert G GP
41 Paxon Hollow Road
Media PA 15063
SCHRECK, MD, Roger I IM
1733 Wallace Street
Philadelphia PA 19130
SCHRENZEL, MD, Steven AN
2163 Providence Road
Media PA 19063
SCHULER, MD, Shelley S D
27 East Windermere Terrace
Lansdowne PA 19050
SCHWABE, MD, Karl G IM
209 Cameron Gov Sproul Apts
Broomall PA 19008
SCHWARTZ, MD, Edward OPH
3460 South Ocean Blvd
Palm Beach FL 33480
SCHWARTZ, DO, Gerson IM
2504 Highland Avenue
Broomall PA 19008
SCHWEIZER, MD, Robert A IM
111 Elwyn Road
Elwyn PA 19063
SCOTT, MD, David G IM
114 Pennock Place
Media PA 19063
SCOTT, DO, Mark E DR
117 West Possum Hollow Road
Wallingford PA 19068
SEARS, MD, Alan J GE
25 Llanfair Circle
Ardmore PA 19003
SECUNDA, MD, Steven K P
1050 Baltimore Pike
Springfield PA 19064
SEEGER, MD, Allen R U
2111 Belvedere Avenue
Havertown PA 19083
SEIFERT, MD, Richard A CD
Ten Victoria Manor Court
Sicklerville NJ 08081
SELARNICK, MD, Hope S GP
155 Bala Avenue
Bala Cynwyd PA 19004
SELIGER, MD, Gustav R
242 Locust Street
Philadelphia PA 19106
SEYLER, MD, Raymond Q GPM
1425 East Darby Road
Havertown PA 19083
SHAH, MD, Ranjan R OBG
5000 Chichester Avenue
Aston PA 19014
SHAH, MD, Ranjit R R
106 Raccoon Plaza
Media PA 19063
SHAPIRO, DO, Eric B PD
1440 Conchester Highway
Boothwyn PA 19061
SHARMA, MD, Raj K NPM
20 Highland Drive
Media PA 19063
SHARPLESS, MD, Edwin D GS
15Th Street And Upland Ave
Chester PA 19013
SHEAFFER, MD, Harold C IM
Seven Davis Avenue
Broomall PA 19008
SHMOKLER, MD, Mitchell F FP
850 West Chester Pike
Havertown PA 19083
SHORE, MD, Paul D GP
201 Wembly Road
Upper Darby PA 19082
SHULKIN, MD, Mark W P
105 Mary Watersford Road
Bala Cynwyd PA 19004
SHUSMAN, MD, Robert S FP
Nine North Brookside Road
Springfield PA 19064

SHUSTERMAN, DO, Larry IM
3000 Valley Forge Circle
King Of Prussia PA 19406
SIBINGA, MD, Maarten S PD
244 Bortondale Road
Media PA 19063
SIEGAL, MD, Todd L R
1008 Childs Avenue
Drexel Hill PA 19026
SIEGEL, MD, Donald L PTH
3901 Conshohocken Avenue #521
Philadelphia PA 19131
SILVER, MD, Bruce G IM
Wynnewood House Suite 303-304
Wynnewood PA 19096
SILVER, MD, Richard C IM
670 Malin Road
Newton Square PA 19073
SILVER, MD, Stephen C CRS
Five Michele Drive
Media PA 19063
SILVERS, MD, Arthur H GS
R D 1 Box 109 The Point
Oxford MD 21654
SINGER, MD, Jerome PD
Lansdowne And Baily Mercy
Darby PA 19023
SKALINA, MD, Stefan M DR
Crozer Chester Medical Center
Chester PA 19013
SKWIRUT, MD, Frank A DIA
2601 West Ninth Street
Chester PA 19013
SLATER, MD, Robert N
Delaware County Med Ctr #12
Broomall PA 19008
SMILEY, MD, Joseph W NEP
Mercy Fitzgerald Med Off Bldg
Darby PA 19023
SMINK JR, MD, Robert D GS
233 Landenau Medical Bldg
Philadelphia PA 19151
SMITH, MD, Cathy S IM
1133 Belfield Avenue
Drexel Hill PA 19026
SMITH, MD, Edgar C IM
1501 Lansdowne Avenue
Darby PA 19023
SMITH, MD, Maria B EM
423 Concord Road
Glen Mills PA 19342
SMITH, MD, Robert A FP
740 South Chester Road
Swarthmore PA 19081
SMITH, MD, William D CRS
1088 West Baltimore #2101
Media PA 19063
SMITH JR, MD, B Davison OTO
705 Penfield Avenue
Havertown PA 19083
SMOCK, MD, Richard A IM
103 Cumberland Place
Bryn Mawr PA 19010
SOKOL, MD, Joel H EM
408 Hawthorne Road
Wallingford PA 19086
SOLAN, MD, Merrill J TR
North Orchard Lane
Wallingford PA 19086
SOLBERG, MD, Byrne L PM
Rehabilitation Medicine
Lansdowne PA 19023
SOMMER, MD, John T U
339 Lankenau Medical Bldg
Philadelphia PA 19151
SOPPAS, MD, Despina PD
105 Fairfax Road
Rosemont PA 19010
SORICELLI, MD, Richard R NEP
Crozer Chester Medical Center
Chester PA 19013
SOVETSKY, DO, Charles L R
30 Old Covered Bridge Road
Newtown Square PA 19073
SPENCER, MD, H Newton ORS
590 Reed Road
Broomall PA 19008
SPINA JR, MD, Joseph OPH
767 Woodlea Road
Rosemont PA 19010
SQUADRITO, MD, James F GP
243 East Woodland Avenue
Springfield PA 19064
STAFFORD, MD, Calvin R N
Crozer Chester Medical Center
Chester PA 19013
STAHLNECKER, MD, C Stephen US
The Clusters Unit 4
Media PA 19063
STAPLES, MD, Herman D P
Beatty And Providence Roads
Media PA 19063
STARER, MD, Larrimore J OPH
Eight Morton Avenue
Ridley Park PA 19078
STARKWEATHER, MD, PD
George A
39 Savannah Trail
Hilton Island SC 29928
STAUB JR, MD, Carl A FP
185 Macdade Blvd
Glenolden PA 19036

STEIN JR, MD, Donald B PTH
3000 Robin Lane
Havertown PA 19083
STERN, MD, Richard O IM
1600 Garrett Road
Upper Darby PA 19082
STORM, MD, Charles T AN
912 Ridley Creek Drive
Media PA 19063
STROWHOUER, DO, William J FP
414 Mill Road
Havertown PA 19083
SUGAR, MD, Miklos PD
782 Louise Drive
Springfield PA 19064
SULLIVAN, MD, Edward M OBG
1078 West Baltimore Pike
Media PA 19063
SUNDMAKER, MD, Wilfried K OTO
Manoa Medical Center
Havertown PA 19083
SURKIN, MD, Marc I OTO
400 Ballytore Circle
Wynnewood PA 19096
SZABO, MD, Patricia E IM
5051 Marvine Road
Drexel Hill PA 19026
TAXIN, MD, Richard N DR
5 Hilltop Road
Wallingford PA 19086
TCHONG, MD, Kuo-Liang PUD
Sacred Heart Prof Building
Chester PA 19013
TEANO, MD, Dan A NEP
Two Troon Road
Laurel Springs NJ 08021
TERZIAN, MD, Edward F L IM
Exeter Road
Haverford PA 19041
THOMAS JR, MD, James A ORS
Crozer Chester Medical Center
Chester PA 19013
THORNTON III, MD, James J GE
231 Lankenau Medical Bldg
Philadelphia PA 19151
THURMAN, MD, John N IM
608 University Place
Swarthmore PA 19081
TIONGSON, MD, Eleanor S OBG
824 Evans Road
Springfield PA 19064
TIONGSON JR, MD, Jose G IM
824 Evans Road
Springfield PA 19064
TOBIA, MD, Enio W GP
614 Clifton Avenue
Collingdale PA 19023
TOMLINSON, MD, John W OPH
411 North Middletown Road
Lima PA 19037
TORRENCE, MD, Michael B PD
23 Chester Pike
Ridley Park PA 19078
TOTINO, MD, Joseph A OPH
Crozer Chester Prof Bldg
Upland PA 19013
TROTZKY, MD, Margret S PD
1300 West Ninth Street
Chester PA 19013
TUCH, MD, Arthur F GE
Crozer Chester Med Ctr
Chester PA 19013
TULLAI, MD, John AN
818 Meredith Drive
Media PA 19063
TUMAIAN, MD, Aram AN
28 Crespy Lane
Broomall PA 19008
TURNER JR, MD, J Ellis GP
1113 Putnam Blvd
Wallingford PA 19086
TYLER-HILL, MD, Yasmin C PD
Chespenn Health Service
Chester PA 19013
ULRICH, MD, Wesley D OS
2050 West Chester Pike
Havertown PA 19083
UNGAR-SARGON, MD, Julian Y N
2401 Walnut Street
Philadelphia, PA 19103
URIBE, MD, Alexander GS
34 Shawnee Road
Ardmore PA 19003
UZYCH, MD, Walter OTO
103 Canterbury Drive
Wallingford PA 19086
VACCARO, MD, Vincent M OBG
146 Montgomery Avenue
Bala Cynwyd PA 19004
VAKIL, MD, Hassan C GS
P O Box 603
Media PA 19063
VALENTEEN, MD, J Walter PUD
1078 West Baltimore Pike
Media PA 19063
VALLE, MD, Edgar O GS
39 North Green Acre Drive
Cherry Hill NJ 08003
VANETT, MD, Bruce B ORS
1974 Sproul Road
Broomall PA 19008
VILLASIS, MD, Cynthia D NPM
250 E Rosetree Rd
Media PA 19063
VOGT, MD, Merle A OBG
2110 Chestnut Street
Chester PA 19013
VONRUEDEN, MD, David G GS
128 Drakes Drum Drive
Bryn Mawr PA 19010
WALICHUCK, MD, John G GP
454 Spring Valley Road
Media PA 19063
WALLACE JR, MD, Joseph OTO
Five North Owen Avenue
Lansdowne PA 19050
WANG, MD, George C IM
40 North Chester Pike
Glenolden PA 19036
WARD, MD, Edward J OBG
5001 Brandywine Way
Stuart FL 33497
WARNER, DO, Mark A PD
3030 Garrett Road
Drexel Hill PA 19026
WEAN, MD, Lawrence P IM
891 Baltimore Pike
Springfield PA 19064
WEBER, MD, George L OS
2804 North Kent Road
Broomall PA 19008
WEBSTER, MD, Gordon W IM
236 Westwood Park Drive
Havertown PA 19083
WEIBEL, MD, Robert E PD
1458 West Lamplighter Lane
Gwynedd PA 19436
WEINBERG, MD, Carroll A CHP
261 Indian Creek Road
Philadelphia PA 19151
WEINBERG, MD, Richard A D
930 West Sproul Road
Springfield PA 19064
WEINER, MD, Roger D CD
Eight Morton Avenue
Ridley Park PA 19078
WEISMAN, MD, Kenneth M U
23 Chester Pike
Ridley Park PA 19078
WEISS, MD, Richard D R
Sacred Heart Medical Center
Chester PA 19013
WELSH, MD, Judith B PD
210 Moylan Avenue
Wallingford PA 19086
WENTZ JR, MD, Walter E GP
603 Crum Creek Road
Media PA 19063
WERTHEIMER, MD, Marc J IM
Five Clusters Chelsey Drive
Media PA 19063
WHELAN, MD, Stephen T D
Ludlow Street And Brandon Ave
Upper Darby PA 19082
WHITAKER, MD, H Craig OBG
1088 West Baltimore Pike
Media PA 19063
WHITE, MD, Robert A OBG
712 Darby Road
Havertown PA 19083
WHITMORE, MD, Mason R
Box 814
State College PA 16801
WIDDOWSON, MD, Harold R AN
132 Seminole Avenue
Norwood PA 19074
WIESNER, MD, Irving S P
119 Pennock Place
Media PA 19063
WILEY, MD, Catherine C PD
116 Gladstone Road
Lansdowne PA 19050
WILKERSON, MD, Joseph L U
2100 Keystone Avenue
Drexel Hill PA 19026
WILKINSON, MD, Harold A FP
111 Dartmouth Avenue
Swarthmore PA 19081
WILKINSON, MD, Roselise H PD
111 Dartmouth Avenue
Swarthmore PA 19081
WILLIAMS, MD, Burton L R
Eight Orchard Lane
Wallingford PA 19086
WILLIAMS, MD, Claude M OBG
903 Heathdale Road
Media PA 19063
WILLIAMS, MD, Susan L IM
15Th Street And Upland Avenue
Chester PA 19017
WILSON, MD, Roma A PTH
Ninth And Wilson Streets
Chester PA 19013
WINN, MD, Charles OTO
6100 North West 44th Street
Lauderhill FL 33319
YAGNIK, MD, Pratap M N
Two Steeplechase Drive
Media PA 19063
YAGNIK, MD, Rekha P PD
501 East Ninth Street
Chester PA 19013
YARDNEY, MD, Marc J IM
207 Midland Avenue
Wayne PA 19087
YEOMAN, MD, Margaret P PS
1500 Monk Road
Gladwyne PA 19035
YETIMYAN, MD, Vahe PTH
3854 Garrett Road
Drexel Hill PA 19026
YODER, MD, Morris L IM
149 Decatur Road
Havertown PA 19083
YOW, MD, Michael V CD
906 Twyckenham Road
Media PA 19063
YUM, MD, Keuk Y GS
334 Lankenau Medical Bldg
Philadelphia PA 19151
ZABEL, DO, Christine M FP
3501 West Chester Pike
Newton Square PA 19073
ZAGURSKY, MD, Joyce A IM
891 Baltimore Pike
Springfield PA 19064
ZAKEOSIAN, MD, Garabet M AN
3909 Gradyville Road
Newtown Square PA 19073
ZAMOSTIEN, MD, Paul S OBG
Providence Med Ctr Suite 400
Media PA 19063
ZEE, MD, Mary K EM
121 Bortondale Road
Media PA 19063
ZIBELMAN, MD, Mark IM
Eight Morton Avenue
Ridley Park PA 19076
ZIEGENFUS, MD, William D U
Health Care Center Suite 2105
Media PA 19063
ZIMMERMAN, MD, John F IM
4410 Township Line Road G3d
Drexel Hill PA 19026
ZINTL, MD, William J GS
1016 Warrior Road
Drexel Hill PA 19026

ELK/CAMERON

ARMSTRONG, MD, B Irene OPH
102 Park Road
St Marys PA 15857
BABIN, MD, Roman A PD
117 North Michaels Street
St Marys PA 15857
BAUMAN, MD, Thomas W GS
4268 Old New England Rd
Allison Park PA 15101
BLACKBURN, MD, Joseph M GP
275 East Fourth Street
Emporium PA 15834
CARUSO, MD, David M FP
20 North Michael Street
St Marys PA 15857
CIENCIVA, MD, Rosemaria J FP
136 State Street
St Marys PA 15857
COPPOLO, MD, Bernard L CD
121 Arch Street
St Marys PA 15857
DELICH, MD, John P GP
455 Dorothy Avenue
Johnstown PA 15906
DY, MD, Ernesto Y GS
316 Dewey Circle
Ridgeway PA 15853
FLORES JR, MD, Emilio G NM
Andrew Kaul Memorial Hospital
St Marys PA 15857
JAYAPRAKASH, MD, CHP
Srinivasa K
220 Center Street
Ridgway PA 15853
JOLLY, MD, Raj K OTO
20 North Michael Street
St Marys PA 15857
JOSEPH, MD, Kadankavil C GS
Andrew Kaul Memorial Hospital
St Marys PA 15857
KEARNEY, DO, Starr M IM
245 Grove Avenue
Ridgway PA 15853
LARKIN, MD, Stephen G FP
Andrew Kaul Memorial Hospital
St Marys PA 15857
LIN, MD, Pu Ching R
Elk County General Hospital
Ridgway PA 15853
LIN, MD, Wu Jan OBG
129 North Michael Street
St Marys PA 15857
LU, MD, Luis W OPH
P O Box 309
St Marys PA 15857
MIN, MD, Henry M ORS
530 South St Marys Street
St Marys PA 15857
MINTEER, MD, James W IM
505 Hyde Avenue
Ridgway PA 15853
MYERS, MD, Paul R GS
Elk County Hospital
Ridgway PA 15853
ORDIWAY, MD, M Vernon P
220 Center Street
Ridgway PA 15853
OSTROWSKI, DO, Charles A AN
P O Box 140
St Marys PA 15857
PATANKAR, MD, Jayant L FP
921 Vine Road
St Marys PA 15857
PERNESKI, MD, Robert L ORS
Andrew Kaul Memorial Hospital
St Marys PA 15857
PHEMISTER, MD, Thurman L FP
P O Box 131
Weedville PA 15868
PONTZER, MD, Herbert GP
173 Main Street
Ridgway PA 15853
PUNZALAN JR, MD, OBG
Catalino G
324 South Street
Ridgway PA 15853
REGEC, MD, Stephen P OBG
C/O Maple Avenue Hospital
Dubois PA 15801
SCHMIDT, MD, Robert J FP
20 North Michael Street
St Marys PA 15857
SCHULTZ, MD, David M FP
275 East Fourth Street
Emporium PA 15834
SORG, MD, Maurus L FP
316 West Theresia Road
St Marys PA 15857
SORIANO, MD, Manuel G U
Andrew Kaul Memorial Hospital
St Marys PA 15857
SUBRAMANY, MD, GS
Narayanaswamy
129 North Michael Street
St Marys PA 15857
THOMPSON, MD, William W GP
107 Center Street
Ridgway PA 15853
UDARBE, MD, Guillermo G FP
102 Center Street
Ridgway PA 15853
VALIGORSKY, MD, Paul J GP
Box 43
Force PA 15841
WU, MD, Chau H FP
81 Clarion Road
Johnsonburg PA 15845

ERIE

ADKINS, MD, William C U
2314 Sassafras Street
Erie PA 16502
ALBERT II, MD, John D AN
201 State Street
Erie PA 16550
ALLANIGUE, MD, Rogelio M IM
20 West High Street
Union City PA 16438
ALLEN, MD, Hugh L IM
4440 Wildberry Lane
Erie PA 16505
ALMQUIST, MD, John F FP
41 West Main Street
North East PA 16428
AMACHER, MD, Howard C FP
3125 French Street
Erie PA 16504
ANDERSON, MD, Gordon P CD
224 West 26th Street
Erie PA 16508
ANDERSON JR, MD, William H GP
Box 25
West Springfield PA 16443
ANON, MD, Jack B OTO
311 West 24th Street
Erie PA 16502
AQUILINO, MD, James F FP
5165 Imperial Parkway
Girard PA 16417
BAKER, MD, Graeme C PS
300 State Street Suite 303
Erie PA 16507
BALES, MD, Charles R PS
300 State Street Suite 203
Erie PA 16507
BARBER, MD, Joseph C PD
4921 Sunnydale Blvd
Erie PA 16509
BARZYK, MD, Peter P NEP
5421 Pepperwood Circle
Erie PA 16506
BATHRICK, MD, Charles E DR
104 East Second Street
Erie PA 16507
BEATON, DO, David L OBG
5003 Sir Lancelot Drive
Erie PA 16506
BEAVER, MD, Warren J FP
5165 Imperial Parkway
Girard PA 16417
BECK, MD, Gerald OBG
3750 West 26th Street
Erie PA 16506
BEDNARSKI, MD, Jeffrey J GS
238 West 22nd Street
Erie PA 16502
BEEBY, MD, James L GS
3228 Georgian Court
Erie PA 16506
BENJAMIN, MD, David R D
3416 State Street
Erie PA 16508
BENNETT, MD, Leo L IM
2618 Sigsbee Street
Erie PA 16508
BERESKY, MD, Barnabas S GP
472 Hilltop Road
Erie PA 16509
BIENIEK, MD, Russell B EM
1701 Sassafras Street
Erie PA 16501
BLAKE, MD, Jeffery I CD
224 West 26th Street
Erie PA 16508
BOHLENDER, MD, George P OBG
140 West Second Street
Erie PA 16507
BOYLE, MD, Richard C FP
5165 Imperial Parkway
Girard PA 16417
BRASILE, DO, Domenick J GP
5192 Ferndale Place
Fairview PA 16415
BRERETON, MD, William F HEM
Regional Cancer Center
Erie PA 16505
BROCKMYER, MD, M Lawrence IM
1154 Candy Lane
Erie PA 16505
BROTHERSON, MD, Gary T OPH
104 East Second Street
Erie PA 16507
BROWN, MD, A Craig CRS
3216 State Street
Erie PA 16508
BU, MD, Tae-Hyung OBG
2314 Sassafras Street
Erie PA 16502
BURBRIDGE, MD, Geoffrey R IM
104 East Second Street
Erie PA 16507
BURBRIDGE JR, MD, I Ralph P
Conneautee Road
Waterford PA 16441
BURDICK, MD, Mitchell DR
310 Monaca
Erie PA 16505
BYERS, MD, Robert O IM
1500 South Ocean Blvd #604
Pompano Beach FL 33062
CAMBE, MD, Phil C PM
602 Ravine Drive
Erie PA 16505
CANTONI, MD, James D AN
Hamot Medical Center
Erie PA 16550
CARBONE, MD, Robert J FP
104 East Second Street
Erie PA 16550
CARNEVAL, DO, Daniel C ORS
306 West 11th Street
Erie PA 16501
CARTER, MD, Joseph H AN
816 Hilltop Road
Erie PA 16509
CASSELMAN, MD, Hyman L FP
820 Sassafras Street
Erie PA 16501
CHAFFEE, MD, John S GS
820 Sassafras Street
Erie PA 16501
CHEKKA, MD, Balachandra R NPM
1611 Peach Street
Erie PA 16501
CHU, MD, Winston PS
P O Box 3496
Erie PA 16508
CHUNG, MD, Chin-Yong PD
210 East Second Street
Erie PA 16507
COGLEY, MD, Richard L FP
249 West 24th Street
Erie PA 16544
COHEN, MD, William W FP
3822 Wayne Street
Erie PA 16504
COLE, MD, Dennis G ORS
1611 Peach Street
Erie PA 16501
COLE, MD, Richard A DIA
3504 State Street
Erie PA 16508
COOPER, MD, Homi S OM
1575 Pinewood Road
Fairview PA 16415
COOVER, MD, Leonard R R
Radiology Associates Of Erie
Erie PA 16507
CORNELL, MD, Lynne L FP
3232 West 32nd Street
Erie PA 16506
CRUZ, MD, Rogelio A GS
1086 Mead Avenue
Corry PA 16407
CSIR, MD, Floyd M U
104 East Second Street
Erie PA 16507

CUNNINGHAM, MD, John R CDS
300 State Street
Erie PA 16507
DAIL, MD, Eric M OBG
210 East Second Street
Erie PA 16507
DAILEY, MD, Ellen E OBG
2314 Sassafras Street
Erie PA 16502
DANGELO, MD, George J TS
104 East Second Street
Erie PA 16507
DANIELE, MD, Joseph Q GS
238 West 22nd Street
Erie PA 16502
DECKER, MD, Richard L FP
41 West Main Street
North East PA 16428
DEFRANCO, MD, Joseph M IM
1940 West Eighth Street
Erie PA 16505
DEIMEL, MD, Joseph F FP
3330 Peach Street
Erie PA 16508
DEMARCO, MD, John J OBG
2314 Sassafras Street #305
Erie PA 16502
DEMATTEIS, MD, James A N
104 East Second Street
Erie PA 16507
DESHPANDE, MD, EM
Sharadchandra
St Vincent Hospital
Erie PA 16512
DHALIWAL, MD, Ranjit S TR
Regional Cancer Center
Erie PA 16505
DIETEMAN, MD, David F D
3190 Glenwood Park Avenue
Erie PA 16508
DIMASI, DO, Robert E EM
5945 Doris Drive
Erie PA 16509
DISTEFANO, MD, Berardino IM
1243 Saint Ann Drive
Erie PA 16509
DORFMAN, MD, Charles E U
3313 Amherst Road
Erie PA 16506
DOUPE, MD, David W OBG
Hamot Professional Building
Erie PA 16507
DREYFUS, MD, Richard NEP
2511 Myrtle Street
Erie PA 16502
DRUCKEMILLER, MD, William H NS
167 West Holly Drive
Fairview PA 16415
DUBEY, MD, Saroj K GP
232 West 25th Street
Erie PA 16544
DUDENHOEFER, MD, Frederick J A
140 West Second Street
Erie PA 16507
DUDZINSKI, DO, John E GP
5515 Peach Street
Erie PA 16509
DUGAN, MD, Thomas M CD
6694 Knollwood Drive
Fairview PA 16415
DULABON, MD, David A U
2314 Sassafras Street
Erie PA 16502
DUNCOMBE, MD, Michael P N
2314 Sassafras Street
Erie PA 16502
DUNN, MD, David D GS
104 East Second Street
Erie PA 16507
DUNN, MD, Geoffrey P GS
104 East Second Street
Erie PA 16507
EARICK, MD, Michael E OPH
2626 Sigsbee Street
Erie PA 16508
ECKBERG, MD, John J IM
311 West Grandview Boulevard
Erie PA 16508
EHRLER, MD, August H US
4144 Trask Avenue
Erie PA 16508
EISENBERG, MD, Richard B PTH
4929 Edgevale Drive
Erie PA 16509
ERB, MD, Kathleen M GS
316 West 23rd Street
Erie PA 16502
ESPER, DO, Alan N TS
5050 West Ridge Road
Erie PA 16506
ESPER, DO, Gary F US
5050 West Ridge Road
Erie PA 16506
ESPER, DO, James M GS
606 Erie Street
Edinboro PA 16412
ESPER, DO, Robert J GP
5050 West Ridge Road
Erie PA 16506
ESPER, DO, Roger A GP
4506 West 12th Street
Erie PA 16505
ESPER, DO, Ronald A U
5050 West Ridge Road
Erie PA 16506
ESPER, DO, William A CD
5050 West Ridge Road
Erie PA 16506
EULIANO JR, MD, John J ORS
406 Peach Street
Erie PA 16507
EULIANO SR, MD, John J ORS
406 Peach Street
Erie PA 16507
FAGENHOLZ, MD, S Allen PUD
2314 Sassafras Street
Erie PA 16502
FALASCA, DO, Thomas D AN
252 West 11th Street
Erie PA 16501
FEEMAN, MD, Theresa J RHU
300 State Street
Erie PA 16507
FERNANDEZ, MD, Oscar V PTH
252 West 11th Street
Erie PA 16501
FERNANDO, MD, Neville A AN
947 West 52nd Street
Erie PA 16509
FERRARO, MD, Robert J CD
104 East Second Street
Erie PA 16507
FERRETTI, DO, Silvia M PM
143 East Second Street
Erie PA 16507
FERRIS, MD, Joseph M FP
2901 East Lake Road
Erie PA 16531
FIERRO, DO, Vincent S GE
143 East Second Street
Erie PA 16507
FINN, MD, Joanne OBG
140 West Second Street
Erie PA 16507
FLAMINI, MD, John A N
2314 Sassafras Street
Erie PA 16502
FLICK, MD, Kathryn L FP
136 Meadville Street
Edinboro PA 16412
FLITTER, MD, Marc A NS
104 East Second Street
Erie PA 16507
FLOREK, MD, Florian F ORS
27 Market Street
Edinboro PA 16412
FOREMAN, MD, Bruce P DR
232 West 25th Street
Erie PA 16544
FORMAN, MD, John M CDS
300 State Street
Erie PA 16507
FOURNIER, MD, Raymond OBG
132 North Main Street
Union City PA 16438
FRANKOVITCH, MD, Karl F ORS
406 Peach Street
Erie PA 16507
FRYCZYNSKI, MD, Thaddeus P CD
15 East 12th Street
Erie PA 16501
FURR, MD, Charles M CD
104 East Second Street
Erie PA 16507
FUST, MD, John A PTH
1209 Wilkins Road
Erie PA 16505
GALLAGHER, DO, John M DR
630 Cherry Street
Erie PA 16502
GALLAGHER, MD, Philip E PDA
140 West Second Street
Erie PA 16507
GARVEY, MD, William P GP
3860 Stellar Drive
Erie PA 16506
GEBHARDT, MD, Bruce C FP
357 West Tenth Street
Erie PA 16502
GEIGLE, MD, Carl F CRS
3216 State Street
Erie PA 16508
GEORGE, MD, Jacob TS
225 West 25th Street
Erie PA 16502
GERMAN, MD, Antonio I PTH
232 West 25th Street
Erie PA 16544
GMUER, MD, Paul J GE
238 West 22nd Street
Erie PA 16502
GOKHALE, MD, Sudhir B OTO
1611 Peach Street
Erie PA 16501
GOLD, MD, Jack PD
926 West 38th Street
Erie PA 16508
GOODRICH, MD, Jack K NM
104 East Second Street
Erie PA 16507
GUELCHER, MD, Robert T OTO
Suite 408 Medical Arts Bldg
Erie PA 16502
GUNDUZ, MD, Paula A OBG
1631 North Pearl Street
North East PA 16428
GUSTIN, MD, Thomas A P
5606 Bonaventure Drive
Erie PA 16505
GUTHLEBEN, MD, John G OBG
2104 State Street
Erie PA 16503
HAIBACH, MD, Raymond A FP
3330 Peach Street
Erie PA 16508
HANSON, MD, Elbert L CDS
Bayfront Professional Bldg
Erie PA 16507
HARDY, MD, Heidrun D AN
406 Rondeau
Erie PA 16505
HARDY JR, MD, Willie L IM
Sr Citizen Health Care Prog
Erie PA 16501
HEMEYER, MD, Edward J FP
551 West Eighth Street
Erie PA 16502
HENDRICKS JR, MD, William C NS
202 East Second Street
Erie PA 16507
HERBST, MD, Charles G RHU
3317 Liberty
Erie PA 16508
HESSERT, MD, Timothy R PD
1720 Holland St-Prim Hlth Cr
Erie PA 16503
HICKS, MD, Gregory D GS
226 Monaca Drive
Erie PA 16505
HILEMAN, MD, James D GP
Box One
Spring Creek PA 16436
HINES, MD, Joseph H END
300 State Street
Erie PA 16507
HO, MD, Raymond C GP
19065 Hillcrest Drive
Corry PA 16407
HO, MD, Sze-Key P
1383 Strathmann Drive
Southampton PA 18966
HOCHREITER, DO, George C ORS
1334 West 38th Street
Erie PA 16508
HOU, MD, Ching W OBG
740 Wanye Street
Corry PA 16407
HOWELL JR, MD, David D ON
2500 West 12th Street
Erie PA 16505
HRINDA, MD, John G FP
920 Pine Tree Drive
Girard PA 16417
HUDSON, MD, Howard L R
104 East Second Street
Erie PA 16507
HYATT, MD, Floyd R R
St Vincent Health Center
Erie PA 16544
JAGEMAN, MD, James R US
3330 Peach Street
Erie PA 16508
JAGEMAN, MD, John C IM
3330 Peach Street Suite 104
Erie PA 16508
JANA, MD, Dilip K IM
4618 Cherry Street
Erie PA 16509
JENCO, DO, Vincent L OBG
423 West Grandview
Erie PA 16509
JENKINS, MD, Jay L HEM
Regional Cancer Center
Erie PA 16505
JOHNS IV, MD, Walter S IM
213 East 41st Street
Erie PA 16504
JOHNSTON, DO, Craig T FP
1611 Peach Street
Erie PA 16501
JOY, MD, Charles A IM
Four West 34Th Street
Erie PA 16508
JOY, MD, Charles R CHP
4406 Sunnydale Boulevard
Erie PA 16509
JUANG, MD, Richard C GS
318 East Main Street
Girard PA 16417
JURGENS, MD, Kenneth H PTH
St Vincent Health Center
Erie PA 16544
KALAGAYAN, MD, Hector J GS
R D 3 Meadville Road
Union City PA 16438
KALKHOF, MD, Thomas C GER
P O Box 7265
Erie PA 16510
KAMINSKY, MD, James F AN
3520 Beech Avenue
Erie PA 16508
KARAMANIAN, MD, Agop V AN
201 State Street
Erie PA 16550
KARLE, MD, John G OPH
103 Wilderness Drive
Naples FL 33942
KARSH, MD, Carl A GP
160 Oakmont Avenue
North East PA 16428
KEISTER, MD, Stephen R IM
300 State Street
Erie PA 16507
KHERA, MD, Dinesh C IM
238 West 22nd Street
Erie PA 16502
KISH, MD, George F CDS
104 East Second Street
Erie PA 16507
KLAUS, MD, Thomas C IM
3304 Forest Drive
Erie PA 16505
KLAWON, MD, David L PTH
St Vincent Health Center
Erie PA 16544
KLEES, DO, David A FP
217 West 11th Street
Erie PA 16501
KLIMAS, MD, Victor A NEP
2511 Myrtle Street
Erie PA 16502
KOSENKO, MD, Alexander IM
2703 Post Avenue
Erie PA 16508
KOZLOWSKI, DO, Maryann EM
201 State Street
Erie PA 16550
KREMER JR, MD, Edwin S OBG
2314 Sassafras Street
Erie PA 16502
KUHN, MD, Richard H FP
P O Box 740
Erie PA 16544
KUKLINSKI, MD, Lawrence M ORS
204 West 26th Street
Erie PA 16508
LAMBERTON, MD, William D FP
213 East 41st Street
Erie PA 16504
LAMBERTON, MD, William F IM
213 East 41st Street
Erie PA 16504
LAMP, MD, Albert L OS
232 West 25th Street
Erie PA 16544
LARA, MD, Henry R PTH
Hamot Medical Center
Erie PA 16512
LASHER, MD, J Donald GS
316 West 23rd Street
Erie PA 16502
LASHER, MD, Robert L GS
316 West 23rd Street
Erie PA 16502
LAVIN, MD, David M IM
104 East Second Street
Erie PA 16507
LAYDEN, MD, Paul W ORS
6730 West Manchester Beach Rd
Fairview PA 16415
LEE, MD, In W P
3102 El Corto Way
Erie PA 16506
LEONE, MD, Charles R FP
4601 Glenwood Park Avenue
Erie PA 16509
LEVIN, MD, Howard M OPH
2626 Sigsbee Street
Erie PA 16508
LEVINSON, MD, Peter G OBG
2104 State Street
Erie PA 16503
LEVY, MD, David J GE
104 East Second Street
Erie PA 16507
LIEBENTRITT, MD, Frank J FP
6427 Downhill Drive
Erie PA 16505
LIPMAN, MD, Sidney P OTO
Medical Arts Bldg Suite 408
Erie PA 16502
LLOYD, MD, Gerald R FP
315 York Street
Corry PA 16407
LOEB, MD, Robert L IM
557 West Eighth Street
Erie PA 16502
LORD, MD, Kenneth J FP
Corry Medical Group
Corry PA 16407
LOVERANES, MD, Mariano D GS
R D 4 Box 129
Corry PA 16407
LUBAHN, MD, John D ORS
300 State Street
Erie PA 16507
LUND, MD, Peter S U
2314 Sassafras Street
Erie PA 16505
LUPO, DO, Stephen F AN
2001 Berkshire Lane
Erie PA 16509
LUSTIG, MD, Keith A ORS
104 East Second Street
Erie PA 16507
LYONS, MD, Carolann W DR
232 West 25th Street
Erie PA 16544
LYONS, MD, Gary W CDS
225 West 25th Street
Erie PA 16502
LYONS, MD, John C ORS
2314 Sassafras Street
Erie PA 16502
LYONS, MD, Richard C U
9460 East Lake Road
North East PA 16428
MACLACHLAN, MD, William W OTO
1611 Peach Street
Erie PA 16501
MAINZER, MD, Francis K NS
Five East 34Th Street
Erie PA 16504
MAKAROWSKI, MD, William S RHU
600 Old Mill Road
Erie PA 16505
MALONEY, MD, Richard W OTO
311 West 24th Street
Erie PA 16502
MANASSE, MD, Howard S OPH
311 West 24th Street
Erie PA 16502
MARSH, MD, Robert J U
2314 Sassafras Street
Erie PA 16502
MARSHALL, MD, Jack H FP
P O Box 8264
Erie PA 16505
MARTINI, MD, Victor S FP
1455 West 38th Street
Erie PA 16508
MASSEY, MD, Gordon J GP
60 North Lake Street
North East PA 16428
MCCARROLL-LINDSEY, MD, IM
Darrolyn M
506 West Arlington Road
Erie PA 16509
MCCARTNEY, MD, Ronald L R
104 East Second Street
Erie PA 16507
MCCOMBS, MD, Ray D GP
4834 Wolf Road
Erie PA 16505
MCGEEHAN, MD, Paul A R
104 East Second Street
Erie PA 16507
MCGUIRE, MD, Thomas E FP
4348 Iroquois Avenue
Erie PA 16511
MCJUNKIN, MD, Cheryl L FP
104 East Second Street
Erie PA 16550
MCNEILL, MD, Donald B OBG
1611 Peach Street
Erie PA 16501
MEAD, MD, Robert M GP
3674 Sw Pheasant Run
Palm City FL 33490
MERCIER, MD, Edward E CD
6300 Lakeshore Drive
Erie PA 16505
MERSKI, MD, Anthony T AN
2624 Lakeside Drive
Erie PA 16511
MILLER, MD, Roland E FP
Hamot Med Ctr Ambulatory Care
Erie PA 16507
MILLER II, MD, Tom R FP
201 Waterford Street
Edinboro PA 16412
MIR, MD, David J ORS
406 Peach Street
Erie PA 16507
MIRSKY, MD, Howard A U
104 East Second Street
Erie PA 16507
MISCHLER, MD, Forrest C GS
104 East Second Street
Erie PA 16507
MITRA, MD, Atin K US
232 West 25th Street
Erie PA 16544
MORK, MD, Gustave W PD
1611 Peach Prof Bldg
Erie PA 16501
MORRIS, MD, John L FP
High Street
Edinboro PA 16412
MOYER, MD, Thelbert R PM
2902 Homestead Street
Erie PA 16506
MOZDY, MD, Frank E FP
3125 French Street
Erie PA 16504
MRAZ, MD, James E ORS
204 West 26th Street
Erie PA 16508
MRAZ, MD, John P D
2620 Sigsbee Street
Erie PA 16508
MSZANOWSKI, MD, Edwin M GS
502 East 12th Street
Erie PA 16503
NADWORNY, MD, Howard A ID
2314 Sassafras Street
Erie PA 16502

NAGLE, MD, Douglas B R
104 East Second Street
Erie PA 16507
NAGLE, MD, Richard W DR
104 East Second Street
Erie PA 16507
NAIR, MD, Krishnan K OTO
1611 Peach Street
Erie PA 16501
NARDUCCI, MD, Anthony E GS
2800 State Street
Erie PA 16508
NARUS, MD, Vetold T D
1123 West 38th Street
Erie PA 16508
NASCA, MD, Leonardo S EM
4121 Sassafras Street
Erie PA 16508
NEAGOY, MD, Daniel R NS
225 West 25th Street
Erie PA 16512
NEDRESKY, MD, Joseph P DR
104 East Second Street
Erie PA 16507
NEGRON, MD, Angel M N
104 East Second Street
Erie PA 16507
NULLET, MD, Francis R CD
104 East Second Street
Erie PA 16507
OBRIEN, MD, Edward T ON
Regional Cancer Center
Erie PA 16505
OVERFIELD, MD, Edward M PUD
2618 Sigsbee Street
Erie PA 16508
PARK, MD, Chong S PM
5207 Maplewood Court
Erie PA 16506
PARSONS, MD, William H P
303 Cherokee Drive
Erie PA 16505
PATEL, MD, Kantilal C AN
1217 St Mary Drive
Erie PA 16509
PATEL, MD, Vinod M GE
238 West 22nd Street
Erie PA 16502
PELLIZZARI, MD, Rinaldo G PTH
Hamot Medical Center
Erie PA 16512
PEPICELLO, MD, James A GS
5050 Tramarlac Lane
Erie PA 16505
PESKE, MD, Edgar D FP
104 East Second Street
Erie PA 16550
PETERSON, MD, Clifford M OBG
2314 Sassafras Street
Erie PA 16502
PETRE JR, MD, John H U
Eight Lefe Court
Haines City FL 33844
PETT JR, MD, Stephen D TS
225 West 25th Street
Erie PA 16502
PHELPS, MD, William R GS
Bayfront Professional Bldg
Erie PA 16507
PROY, MD, Bernard C FP
315 York Street
Corry PA 16407
PRYLINSKI, MD, Gregory V GS
238 West 22nd Street
Erie PA 16502
PWINT, MD, Aung AN
St Vincent Health Center
Erie PA 16544
RACE, MD, David F EM
1212 Mission Drive
Erie PA 16509
RAHNER, MD, Richard A ORS
204 West 26th Street
Erie PA 16508
RAJ, MD, Stephen S GP
Hamot Medical Center
Erie PA 16550
RALSTON, MD, Emerald M FP
111 East Pine Street
Payson AZ 85541
RAM, MD, Sant PD
2108 West Eighth Street
Erie PA 16505
RANISH, MD, Deborah A FP
225 West 25th Street #406
Erie PA 16502
REILLY, MD, John C CRS
405 West Gore Road
Erie PA 16509
REITZ, MD, Maryellen PTH
St Vincents Health Center
Erie PA 16544
RENZ, MD, Robert T HEM
3283 Georgian Court
Erie PA 16506
RICHMAN, MD, Tobi B D
3800 West 12th Street
Erie PA 16505
RICHTER, DO, Lauren B FP
10 Westgate Drive
Erie PA 16509

RICKLOFF, MD, Raymond J D
165 Doral Circle
Naples FL 33940
RINT, MD, Elnora C PM
602 Ravine Drive
Erie PA 16505
ROCHE, MD, Robert J OBG
1122 East Avenue
Erie PA 16503
ROGERS, MD, Vincent P ORS
4850 Wolf Road
Erie PA 16505
ROMANO-JANA, MD, RHU
Lourdes R
4618 Cherry Street
Erie PA 16509
ROOS, MD, Alfred T FP
3125 French Street
Erie PA 16504
ROOT, MD, Douglas C FP
Saint Vincent Health Center
Erie PA 16544
ROQUIZ, MD, Eliseo M AN
232 West 25th Street
Erie PA 16544
ROSENBERG, MD, Carol A IM
104 East Second Street
Erie PA 16507
ROTH, MD, Russell B U
2314 Sassafras Street
Erie PA 16502
ROZWADOWSKI, MD, Jack V CLP
Hamot Medical Center
Erie PA 16550
RUSIN, MD, Lawrence C CRS
1153 Hilltop
Erie PA 16509
RUSSO JR, DO, Anthony P AN
620 Lyme Court
Erie PA 16505
RYAN, MD, Nancy R FP
930 West Eighth Street
Erie PA 16502
SALMON, MD, James H NS
220 Anderson Drive
Erie PA 16509
SALVATORE, MD, Michael R FP
611 Virginia Avenue
Erie PA 16505
SAMARASINGHE, MD, Gunasiri AN
3685 Culpepper Drive
Erie PA 16506
SANDSTROM, MD, Paul H R
104 East Second Street
Erie PA 16507
SANTOMENNA, MD, Michael A GS
238 West 22nd Street
Erie PA 16502
SANTOSO, MD, Limjadi IM
2618 Parade
Erie PA 16504
SARDESAI, MD, Prabhaker G TS
104 East Second Street
Erie PA 16507
SCHAAF, MD, John T PUD
2618 Sigsbee Street
Erie PA 16508
SCHELL, MD, Stephen E OTO
1611 Peach Street
Erie PA 16501
SCHLABACH, MD, Donald M DR
4731 Lawndale Drive
Erie PA 16505
SCHUSTER, MD, James L ORS
Va Hospital
Erie PA 16504
SCHWARTZ, MD, Robert M GE
3012 Madeira Drive
Erie PA 16506
SCIBETTA, MD, Mario P TR
Regional Cancer Center
Erie PA 16505
SCULLY, MD, Dennis M FP
1444 West 38th Street
Erie PA 16508
SEGU, MD, Subramanyam OPH
350 West Tenth Street
Erie PA 16502
SEIFERTH, MD, Paul D FP
434 Vermont Avenue
Erie PA 16505
SEIFERTH, MD, William J IM
309 Connecticut Drive
Erie PA 16505
SELLARO, DO, Salvatore R AN
306 West 11th Street
Erie PA 16501
SEMPLE, MD, Joseph M AN
3204 State Street
Erie PA 16508
SENJALIA, MD, Govind P ORS
315 York Street
Corry PA 16407
SHARMA, MD, Sukh D CD
4914 Tramarlac Lane
Erie PA 16505
SHIN, MD, Maung T AN
5010 Wolf Road
Erie PA 16505
SHIPLEY, MD, Alan E EM
745 East 40th Street
Erie PA 16504

SHIVDE, MD, Pinakini NPM
104 East Second Street
Erie PA 16507
SHUBERT, MD, Edward AN
1324 South Shore Drive
Erie PA 16505
SIMORA, MD, Felix S P
1611 Peach Street
Erie PA 16501
SINGH, MD, Ravi S IM
3845 State Street
Erie PA 16508
SKOVRON, MD, Michael ORS
820 Sassafras Street
Erie PA 16501
SLABIC, MD, Peter P IM
2800 State Street
Erie PA 16508
SLABIC, MD, Stan F IM
2800 State Street
Erie PA 16508
SMYTH, MD, William T PTH
515 West Arlington Road
Erie PA 16509
SNIDER, MD, B Leonard D
3416 State Street
Erie PA 16508
SNOW, MD, Ross A FP
2031 East 20 Street
Erie PA 16510
STAMM, MD, Barry D OPH
104 East Second Street
Erie PA 16507
STEINBRINK, MD, William H OBG
140 West Second Street
Erie PA 16508
STRATTON, MD, Robert D OPH
Bayfront Prof Bldg Ste 200-A
Erie PA 16507
STREIFF JR, MD, John J FP
249 East 33rd Street
Erie PA 16504
STUART, MD, Robert B FP
1565 West 38th Street
Erie PA 16508
SUMMERS, MD, David S N
2314 Sassafras Street
Erie PA 16502
SUPPA, MD, Osvaldo S DIA
300 State Street
Erie PA 16507
SUSANN, MD, Philip W GS
Hamot Medical Building
Erie PA 16507
SUSI, MD, Jesse G ORS
1465 Persimmon Lane
Fairview PA 16415
SWANSON, MD, Lee A OBG
2314 Sassafras Street
Erie PA 16502
SWANTEK, DO, Leo J GP
2007 West 32nd Street
Erie PA 16508
TAN, MD, Wilfredo S CDS
104 East Second Street
Erie PA 16507
TATE, MD, J Harrison GP
4106 Glennwood Park Avenue
Erie PA 16509
TAVANA, MD, Manoucher GS
238 West 22nd Street
Erie PA 16502
TAVARES, MD, Joao O ORS
1611 Peach Street
Erie PA 16501
THEUERKAUF JR, MD, CRS
Frank J
3255 Kingston Court
Erie PA 16506
THOMAS JR, MD, James J OBG
210 East Second Street
Erie PA 16507
TOOZE, MD, Frank M PS
P O Box 3496
Erie PA 16508
TOPERZER, MD, Betty C FP
104 East Second Street
Erie PA 16507
TSAI, MD, Ming C CD
102 Forest Lane
Corry PA 16407
UNDERHILL, MD, William L CD
104 East Second Street
Erie PA 16507
VANDAMIA, MD, Donald N GP
3330 Peach Street
Erie PA 16509
VANVORIS, MD, Lee P D
104 East Second Street
Erie PA 16507
VARCELOTTI, MD, Jorge R GS
2803 Madeira Drive
Erie PA 16506
VATAVUK, MD, Mark K FP
1158 Appletree Lane
Erie PA 16509
VEMULAPALLI, MD, Kutumbarao AN
Hamot Medical Center
Erie PA 16507
VEMULAPALLI, MD, OBG
Lakshmi R
300 State Street
Erie PA 16507

VERDECCHIA, MD, Leo M OBG
1611 Peach Street
Erie PA 16501
VILLANOS, MD, Jesus M PD
33 West High Street
Union City PA 16438
VILUSHIS, DO, George J PD
1611 Peach Street
Erie PA 16501
VISOT, MD, Luis R PM
143 East Second Street
Erie PA 16507
VITANZA, DO, Sebastian A GP
3710 Pine Avenue
Erie PA 16504
VOORA, MD, Sambasivarao PD
225 West 25th Street
Erie PA 16502
WALKER, MD, Brent E OPH
4820 Kinter Hill Road
Edinboro PA 16412
WALKER, MD, James F IM
302 West Ninth Street
Erie PA 16502
WALLACE, MD, Wilbur S PH
526 California Drive
Erie PA 16505
WALLERSTEIN, MD, Edward M P
150 East Eighth Street
Erie PA 16501
WARD, MD, Edgar H IM
104 East Second Street
Erie PA 16507
WARD, MD, Timothy J FP
4620 Buffalo Road
Erie PA 16510
WARDEN, MD, James R GS
316 West 23rd Street
Erie PA 16502
WARFEL, MD, Martin C GP
P O Box 6239
Erie PA 16512
WEAVER, MD, James D FP
P O Box 865
Fairfax VA 22030
WELLES, MD, Richard V N
104 East Second Street
Erie PA 16507
WELLS, MD, E Buist IM
140 West Second Street
Erie PA 16507
WERNER, MD, A William DR
1460 Perisimmon Lane
Fairview PA 16415
WHARTON, MD, Stanley W EM
1950 Lakeside Drive
Erie PA 16511
WICKRAMASINGHE, MD, GP
Eardly K
3013 Contessa Lane
Erie PA 16506
WILHELM, MD, William C PD
104 East Second Street
Erie PA 16507
WILKOS, MD, Francis J GP
619 East Tenth Street
Erie PA 16503
WILLIAMS, MD, Richard A DR
104 East Second Street
Erie PA 16507
WITTMANN, MD, Thomas A PUD
2618 Sigsbee Street
Erie PA 16508
WOODRUFF, MD, David L FP
5766 Georgetown Drive
Erie PA 16509
WRIGHT, MD, Merle T EM
451 West Ninth Street
Erie PA 16501
YAKISH, MD, Jack E FP
3682 West 32nd Street
Erie PA 16506
YAVOREK, MD, Henry G GS
Hamot Medical Center
Erie PA 16550
YOO, MD, Ho Joon DR
104 East Second Street
Erie PA 16507
YUN, MD, Jae K DR
232 West 25th Street
Erie PA 16512
ZADEH, MD, Mehdi L GS
4520 Upland Drive
Erie PA 16509
ZEITLIN, MD, Mark H AN
1024 Mission Drive
Erie PA 16509
ZERBONIA, DO, Angelo N R
252 West 11th Street
Erie PA 16501
ZIEGLER, MD, Thomas R PTH
764 East 41st Street
Erie PA 16504
ZIEZIULA, MD, Ronald F PD
104 East Second Street
Erie PA 16507
ZIMM, MD, Edward J OTO
311 West 24th Street
Erie PA 16502
ZONE, MD, Donald D CD
104 East Second Street
Erie PA 16507

FAYETTE

AREZA, MD, Pablo R AN
2021 Revere Drive
Connellsville PA 15425
AYRES, MD, William W PTH
107 Professional Plaza
Uniontown PA 15401
BERONILLA JR, MD, Hilarion A GS
212 North Chestnut Street
Scottdale PA 15683
BINNS, MD, Veronica PD
200 Union Building
Brownsville PA 15417
BLASS, MD, David C EM
202 Professional Plaza
Uniontown PA 15401
BLUMENSCHEIN, MD, Gertrude FP
105 Medical Arts Building
Uniontown PA 15401
BOBAK, MD, Leopold CD
125 Simpson Road
Brownsville PA 15417
BOBAK, MD, Wladyslaw IM
621 Mckean Avenue
Donora PA 15033
BONUCCI, MD, Bruno L FP
Box 355
Star Junction PA 15482
BOONVISUDHI, MD, Thumrong PD
R D 1 Box 337
Monongahela PA 15063
BRADLEY, MD, William L AN
303 Shirley Lane
Uniontown PA 15401
BRAUN, MD, Jean B US
105 Bierer Lane
Uniontown PA 15401
CARBO, MD, Thomas L IM
513 Market Street
Brownsville PA 15417
CARDENAS, MD, Florencio P U
101 Professional Plaza
Uniontown PA 15401
CARVER, MD, Margaret A OBG
105 Medical Arts Building
Uniontown PA 15401
CHALFANT, MD, John C FP
102 North Liberty Avenue
Perryopolis PA 15473
CHO, MD, Jong S GP
Masontown Professional Bldg
Masontown PA 15461
COOK, MD, Ralph W GP
R D 1
Smock PA 15480
COOK, MD, Richard A FP
131 Eggleston Street
Uniontown PA 15401
CORRADO JR, MD, Cataldo F GP
86 Connor Street
Uniontown PA 15401
COX, MD, Ralph L GP
301 East Patterson Avenue
Connellsville PA 15425
DAS, MD, Arunava ORS
1150 Seventh Street
Waynesburg PA 15370
DAURIA, MD, Thomas M PD
205 Professional Plaza
Uniontown PA 15401
DESAI, MD, Shirishkumar B U
1150 Seventh Street
Waynesburg PA 15370
DILEO, MD, Dominic W CD
649 Cherry Tree Lane
Uniontown PA 15401
DIXIT, MD, Niranjan D IM
38 Heritage Hill Road
Uniontown PA 15401
EDGE, MD, Fred C PM
1220 University Drive
Dunbar PA 15431
ELLENZWEIG, MD, Morris S OBG
3014 North Arrowhead Street
Chandler AZ 85224
ENANY, MD, Albert K IM
171 West Crawford Avenue
Connellsville PA 15425
ENGLISH, MD, Robert S D
Route 1 Box 373
Smithfield PA 15478
ESGUERRA JR, MD, Pablo R EM
33 Francis Street
Uniontown PA 15401
ESHELMAN, MD, Joseph C GP
28 Francis Street
Uniontown PA 15401
FARMER, MD, Robert C DR
110 South Arch Street
Connellsville PA 15425
FLYNN, MD, Jenean M EM
240 Derrick Avenue
Uniontown PA 15401
FRANKLIN, MD, Donald S EM
P O Box 9369
Coral Springs FL 33075
FRANZ, DO, Mark G GP
1221 Route 119 South
Dunbar PA 15431
GABRIEL, MD, Peter DR
Eight Adams Lane
Uniontown PA 15401

GAROFALO, MD, Carl A US
130 Simpson Road
Brownsville PA 15417
GOODMAN, MD, David B IM
206 Professional Plaza
Uniontown PA 15401
GROSSMAN, MD, I William PTH
500 West Berkeley Street
Uniontown PA 15401
HACKETT, MD, Anne E AN
Uniontown Hospital
Uniontown PA 15401
HART, MD, Philip L DR
Uniontown Hospital Xray
Uniontown PA 15401
HARTLEY, MD, Paul A IM
2012 20Th Avenue South
Birmingham AL 35209
HEBRANK, MD, Gregory T OBG
105 Medical Arts Building
Uniontown PA 15401
HERSHMAN, MD, Antoinette W PTH
Route One Box 168 A
Maidsville WV 26541
IANNAMORELLI, MD, Anthony S IM
197-B Morgantown Street
Uniontown PA 15401
ISARIYAWONGSE, MD, Prakorb GS
53 Market Street
Brownsville PA 15417
JIN, MD, Byunghak GS
107 Medical Arts Building
Uniontown PA 15401
JOSHI, MD, Kishor E IM
201 Lexington Place
Uniontown PA 15401
KIGHTLINGER, DO, James GP
1221 Route 119 South
Dunbar PA 15431
KIM, MD, Dong H A
169 South Mount Vernon Avenue
Uniontown PA 15401
KIM, MD, Myoung S OBG
121 Professional Plaza
Uniontown PA 15401
KIM, MD, Wha S OBG
659 Cherry Tree Lane
Uniontown PA 15401
KUNKEL, MD, George A IM
Eight Clover Lane
Uniontown PA 15401
KUNKEL, MD, Mary E IM
One South Mount Vernon Avenue
Uniontown PA 15401
LABUDA II, MD, Joseph M FP
105 Medical Arts Bldg
Uniontown PA 15401
LAMONTE, MD, Thomas E EM
240 Derrick Avenue
Uniontown PA 15401
LARKIN, MD, Francis L GS
1357 Jamaica Road
Marco Island FL 33937
LARKIN, MD, William A GS
107 Medical Arts Building
Uniontown PA 15401
LEE, MD, Ying P GS
205 Easy Street
Uniontown PA 15401
LEMENTOWSKI, MD, Michal GS
125 Simpson Road
Brownsville PA 15417
LESACA, MD, Timothy G P
396 Kenmore Street
Morgantown WV 26505
MAHER, MD, Regis M GS
19 Shady Lane
Uniontown, PA 15401
MARQUEZ, MD, Pedro A DR
Uniontown Hospital
Uniontown PA 15401
MASSULLO JR, MD, Ralph E P
1236B-9 Vanvoorhis Road
Morgantown WV 26505
MCLELLAN JR, MD, Thomas G OPH
320 Breakneck Road
Connellsville PA 15425
MCMONAGLE, MD, Carey L IM
650 Cherry Tree Lane
Uniontown PA 15401
MEDINA, MD, Roldan G GS
60 Connellsville Street
Uniontown PA 15401
MEDLEN, MD, Rudolph E US
102 Concord Place
Uniontown PA 15401
MITCHELL, MD, William J ORS
180 North Gallatin Avenue
Uniontown PA 15401
MONTGOMERY, MD, Mark R GP
107 Church Street
Fairchance PA 15436
MURELLO, MD, David M CD
650 Cherry Tree Lane
Uniontown PA 15401
NARASIMHAN, MD, OBG
Seethalakshmi
1221 Route 119 South
Dunbar PA 15431
NELSON, MD, Owen A ORS
211 Easy Street Suite 211
Uniontown PA 15401
NEWILL, MD, William K GS
804 South Pittsburgh Street
Connellsville PA 15425
NOCHE, MD, Cesar N FP
136 Belmont Circle
Uniontown PA 15401
OLIVERIO, MD, Anthony J OTO
102 Professional Plaza
Uniontown PA 15401
PAPINCAK, MD, Larry J AN
Uniontown Hospital
Uniontown PA 15401
PARK, MD, Thomas E GP
208 Union Station Building
Brownsville PA 15417
PATEL, MD, Subodh G U
127 Dillon Drive
Lemont Furnace PA 15456
PATNAM, MD, Sridhar V IM
25 Highland Park Drive
Uniontown PA 15401
PATRICIO, MD, Alejandro M OBG
413 Joanne Lane
Uniontown PA 15401
PELAEZ, MD, Manuel FOP
122 Belmont Circle
Uniontown PA 15401
PEREZ, MD, Erlinda B FP
43 Connellsville Street
Dunbar PA 15431
PEREZ, MD, Godofredo B GS
134 South Pittsburgh Street
Connellsville PA 15425
PERRONE, MD, Frank F R FP
P O Box 10
Markleysburg PA 15459
PETERS, MD, Raymond F OM
125 Simpson Road
Brownsville PA 15417
PETERS, MD, Robert J IM
87 Kensington Street
Uniontown PA 15401
PINEDA, MD, Honorio G GS
119 Eastgate Road
Uniontown PA 15401
RALSTON, MD, James C GP
418 North Main Street
Masontown PA 15461
REILLY, MD, Michael J GS
205 Easy Street
Uniontown PA 15401
REILLY, MD, Phillip E GP
125 Belmont Circle
Uniontown PA 15401
ROZICK, MD, Mark S FP
Main Street
Republic PA 15475
RUPP, MD, Robert A OPH
30 Delaware Avenue
Uniontown PA 15401
RUSH, MD, John F GP
One South Mount Vernon Avenue
Uniontown PA 15401
SALIDO, MD, Desamparados S R
130 Nassau Street
Uniontown PA 15401
SARADAR, MD, Riad IM
25 Highland Park Drive
Uniontown PA 15401
SHELBY, MD, Joseph E GP
P O Box 1166
Uniontown PA 15401
SINGH, MD, Malkit IM
406 Union Station Boulevard
Brownsville PA 15417
SINGLEY, MD, Thomas L IM
116 Lansdowne Drive
Coraopolis PA 15108
SLOAN, MD, Charles R GP
One South Mount Vernon Avenue
Uniontown PA 15401
SONTHEIMER, MD, Gary G FP
9-11 Veech Street
Uniontown PA 15401
SPINUZZA, MD, Thomas J R
Uniontown Hospital
Uniontown PA 15401
STARCHER, DO, Sam G EM
P O Box 1298
Morgantown WV 26505
STURGEON JR, MD, John D PD
100 Norman Drive Box 345
Mars PA 16046
TAGHIZADEH, MD, Firooz GS
115 Medical Arts Building
Uniontown PA 15401
TAYLOR, MD, Brian T FP
Route 2 Box 72
Grafton WV 26354
TAYLOR, MD, Judith E R
R R 2 Box 72
Grafton WV 26354
TIBERIO, MD, Richard A IM
171 West Crawford Avenue
Connellsville PA 15425
TRANOVICH, MD, Mark ORS
R D 5 Box 190
Uniontown PA 15401
TROILO, MD, Camillo T GS
P O Box 154
Hampstead NC 28443
VARGA, MD, Arthur B AN
109 Hague Lane
Uniontown PA 15401
VILLAVICENCIO-NOCHE, MD, EM
Lydia L
136 Belmont Circle
Uniontown PA 15401
WARD, MD, Linda A IM
650 Cherry Tree Lane
Uniontown PA 15401
WARD JR, MD, Louis E IM
650 Cherry Tree Lane
Uniontown PA 15401
WHITE EXEC SEC, MS ANNE L
P O Box 1212
Uniontown PA 15401
WILHELM, MD, Barbara E EM
R D 2 Box 498
Uniontown PA 15401
WRIGHT JR, MD, Alfred E U
101 Professional Plaza
Uniontown PA 15401
ZAGLAMA, MD, Nabil E IM
Union Station Building
Brownsville PA 15417
ZAIDAN, MD, James G GS
221 Professional Plaza
Uniontown PA 15401
ZAMMERILLA, MD, Charles A GP
P O Box 155
New Salem PA 15468
ZUBCHEVICH, MD, Emira D P
P O Box 1146
Uniontown PA 15401

FRANKLIN

ADAMS, MD, Lynn I GP
411 South Fayette Street
Shippensburg PA 17257
ALLEN, MD, Harold Y GER
731 Cumberland Avenue
Chambersburg PA 17201
ANDERSON, MD, Thomas E EM
7778 Grindstone Hill Road
Chambersburg PA 17201
ANGULO, MD, Armand J AN
778 Lincoln Way East
Chambersburg PA 17201
ASHBY, MD, John D ORS
1035 Wayne Avenue
Chambersburg PA 17201
BAKER JR, MD, George W GP
130 East Main Street
Fayetteville PA 17222
BALARAMAN, MD, AN
Govindachetty
195 Farm Lane
Chambersburg PA 17201
BARTON, MD, James C FP
4073 Frecon Road
Chambersburg PA 17201
BAYER, DO, Jay D GP
17 West Baltimore Street
Greencastle PA 17225
BEIDLER, MD, Jon G D
156 Harvest Lane
Chambersburg PA 17201
BENDER, MD, William A GP
533 South Seventh Street
Chambersburg PA 17201
BIKLE, MD, Charles A D
848 Philadelphia Avenue
Chambersburg PA 17201
BLANCHET, MD, Garrett H FP
6155 Anthony Highway
Mt Alto PA 17237
BOYLER, MD, Lawrence J GP
Chambersburg Hospital
Chambersburg PA 17201
BRENEMAN, MD, John W FP
67 West King Street
Shippensburg PA 17257
BRICKER, MD, Samuel Q FP
47 Amethyst Drive
Chambersburg PA 17201
BRUBAKER JR, MD, Herman W FP
144 South Eighth Street
Chambersburg PA 17201
BUNDY, MD, Thomas W OBG
1035 Wayne Avenue
Chambersburg PA 17201
BURNS, MD, Frank D OBG
1035 Wayne Avenue
Chambersburg PA 17201
CALLCOTT-STEVENS, MD, EM
Victor A
237 North Fifth Avenue
Chambersburg PA 17201
CASHDOLLAR, MD, Michael R ON
120 North Seventh Street
Chambersburg PA 17201
CHAN, MD, Daniel M AN
P O Box 96
Waynesboro PA 17268
CHERNUS, MD, Steven A AN
1617 King James Drive
Pittsburgh PA 15237
CHICKLO, MD, James M OTO
1039 Wayne Avenue
Chambersburg PA 17201
CHOI, MD, Sang Y AN
925 Eastland Road
Waynesboro PA 17268
CHRISTMAN, MD, James C OBG
1035 Wayne Avenue
Chambersburg PA 17201
CLUTZ, MD, Paul A GP
29 North Main Street
Mercersburg PA 17236
CRAWFORD, MD, George A R
Waynesboro Hospital
Waynesboro PA 17268
CRYER, MD, Theodore H OPH
45 Roadside Avenue
Waynesboro PA 17268
DAGEN, DO, Rose M CD
501 East Main Street
Waynesboro PA 17268
DAVIS, MD, William L D
19 North Fifth Avenue
Chambersburg PA 17201
DELORENZO JR, MD, Donald P IM
120 North Seventh Street
Chambersburg PA 17201
DITTMAR, MD, Stuart W GP
473 Lincoln Way East
Chambersburg PA 17201
DOBISH, MD, Mark P GE
120 North Seventh Street
Chambersburg PA 17201
DONAHOE, MD, Michael T IM
840 Duncan Avenue
Chambersburg PA 17201
EARLY, MD, Calvin B NS
764 Lincoln Way East
Chambersburg PA 17201
ENDERS, MD, John G GE
120 North Seventh Street
Chambersburg PA 17201
ENGLE, MD, Joseph H OPH
223 East Third Street
Waynesboro PA 17268
FANG, MD, Peter J W DR
3875 Lisbon Drive
Chambersburg PA 17201
FARAGALLA, MD, Ramses I U
144 South Eighth Street
Chambersburg PA 17201
FLANAGAN, MD, Margaret M PTH
535 Nelson Street
Chambersburg PA 17201
FRANTZ, MD, Alfred S OBG
1035 Wayne Avenue
Chambersburg PA 17201
FREEMAN, MD, Albert W GP
76 West King Street
Shippensburg PA 17257
FREEMAN, MD, William A FP
67 West King Street
Shippensburg PA 17257
FRY, MD, Robert L OPH
53 Glen Street
Chambersburg PA 17201
GARCIA, MD, Domingo A IM
South Potomac Street
Waynesboro PA 17268
GAUDIOSE, MD, Michael C FP
144 South Eighth Street
Chambersburg PA 17201
GEORGE, MD, Robert B FP
129 North Main Street
Mercersburg PA 17236
GOGLIN, MD, Brett W END
295 Opal Drive
Chambersburg PA 17201
GOLDMAN, MD, Robert F IM
1051 East Main Street
Waynesboro PA 17268
GRAY, MD, Robert T GER
659 Cumberland Avenue
Chambersburg PA 17201
GREENAWALT, MD, Robert G US
1051 Lincoln Way West
Chambersburg PA 17201
GROSSBERG, MD, Michael F PD
59 North Seventh Street
Chambersburg PA 17201
GUTHRIE, MD, David A GS
845 Duncan Avenue
Chambersburg PA 17201
HADDON JR, MD, Harry H IM
23 North Third Street
Chambersburg PA 17201
HARRIS, MD, Albin W IM
85 Garber Street
Chambersburg PA 17201
HARTMAN, MD, Owen W PD
Professional Arts Building
Chambersburg PA 17201
HENDRICKSON, MD, Donald C PD
59 North Seventh Street
Chambersburg PA 17201
HIMELFARB, MD, Hillard M OPH
180 East Queen Street
Chambersburg PA 17201
HOFFMAN, MD, Howard L CLP
Chambersburg Hospital
Chambersburg PA 17201
HUDZINSKI, MD, Martin FP
J L Grove Medical Center
Greencastle PA 17225
HURLEY II, MD, James E GS
845 Duncan Avenue
Chambersburg PA 17201
JABLIN, MD, Peter M PUD
64 Obsidien Drive
Chambersburg PA 17201
JOHNSTON, DO, Harry D OBG
425 East Pine Street
Mcconnellsburg PA 17233
KENT, MD, W David FP
P O Box 57
Mercersburg PA 17236
KHALIFA, MD, Nagib M U
144 South Eighth Street
Chambersburg PA 17201
KIEFER, MD, Robert A GP
42 Meadowlark Trial
Fairfield PA 17320
KISTLER, MD, Warren D OPH
1039 Wayne Avenue
Chambersburg PA 17201
KRAMER, MD, William A FP
144 South Eighth Street
Chambersburg PA 17201
KUNIS, MD, Chris C W IM
128 North Second Street
Mcconnellsburg PA 17233
LAING, MD, John W NS
764 Lincoln Way East
Chambersburg PA 17201
LAYMAN, MD, Richard P PD
Professional Arts Building
Chambersburg PA 17201
LAZO, MD, Alfonso R
24 Spring Creek Road
Hagerstown MD 21740
LEE, MD, David R OBG
1035 Wayne Avenue
Chambersburg PA 17201
LEVIN, MD, Eric M P
166 South Main Street
Chambersburg PA 17201
LORENTZ, MD, Gerald T R
412 Lincoln Way East
Mcconnellsburg PA 17233
LUBIN, DO, David I GS
216 North Second Street
Mcconnellsburg PA 17233
LYON-LOFTUS, MD, Diana J FP
Box 369
Mont Alto PA 17237
LYON-LOFTUS, MD, Gregory T FP
P O Box 36
Mont Alto PA 17237
MAGBOJOS, MD, Quirico R IM
35 Mill Race Lane
Fayetteville PA 17222
MAGBOJOS, MD, Zenaida V AN
35 Mill Race Lane
Fayetteville PA 17222
MANGES, MD, John P DR
1447 Alexander Avenue
Chambersburg PA 17201
MARTZLUF, MD, Douglas R FP
144 South Eithth Street
Chambersburg PA 17201
MATZELLE, MD, Donald W GS
1035 Wayne Avenue
Chambersburg PA 17201
MCKENZIE, MD, James G R
Waynesboro Hospital
Waynesboro PA 17268
MCLUCAS, MD, Russell C GP
P O Box 308
Mcconnellsburg PA 17233
MEHDI, MD, Iftikhar J GS
555 Mcglaughlin
Gettysburg PA 17325
MERCHANT, MD, Ralph P GP
411 Fayette Street
Shippensburg PA 17257
MIDGLEY, MD, Peter M EM
415 Briar Lane
Chambersburg PA 17201
MILLER, MD, Joseph J GP
39 South Broad Street
Waynesboro PA 17268
MILROTH, MD, William L GP
111 S Second St
Mcconnellsburg PA 17233
NAVARRO, MD, Roberto N AN
Waynesboro Hospital
Waynesboro PA 17268
NGEOW, MD, Yin K AN
6307 Fairway Drive
Fayetteville PA 17222
ORANGE, MD, Paul D FP
5075 Lincoln Way East
Fayetteville PA 17222
PALMER, MD, Michael H CD
840 Duncan Avenue
Chambersburg PA 17201
PATALINGHUG JR, MD, PD
Pascual N
13630 Holly Pitcher Highway
Greencastle PA 17225
PYATT JR, MD, Robert S DR
P O Box 693
Chambersburg PA 17201
RAHAUSER, MD, David M FP
634 Lincoln Way East
Chambersburg PA 17201

RAMIREZ, MD, Constancio PTH
Chambersburg Hospital
Chambersburg PA 17201
RECTOR, MD, Robert D GS
Chambersburg Med Bldg
Chambersburg PA 17201
RETTIG, MD, Stephen J FP
1051 East Main Street
Waynesboro PA 17268
RICHARDS, MD, Robert N ORS
1035 Wayne Avenue
Chambersburg PA 17201
RICHARDS JR, MD, Robert N ORS
1035 Wayne Avenue
Chambersburg PA 17201
RING, MD, Floyd O AN
6310 Fairway Drive
Fayetteville PA 17222
RUBBO, MD, Ernest R ORS
1035 Wayne Avenue
Chambersburg PA 17201
SABRI, MD, Philip J NM
727 Orchard Court
Chambersburg PA 17201
SCHORN, MD, Victor G NS
764 Lincoln Way East
Chambersburg PA 17201
SHAPIRO, MD, Charles J GP
1707 Alexander Avenue
Chambersburg PA 17201
SHAPIRO, MD, Harvey H P
120 North Seventh Street
Chambersburg PA 17201
SHUKLA, MD, Rohitkumar S OBG
143 North Oller Avenue
Waynesboro PA 17268
SOWERS, MD, John W GP
300 Terrace Drive
Fayetteville PA 17222
SPRECHER JR, MD, Omer D OM
Grove Mfg Co Box 21
Shady Grove PA 17256
STADER, MD, Richard O ORS
1035 Wayne Avenue
Chambersburg PA 17201
STEINOUR, MD, Thomas A FP
300 South Queen Street
Shippensburg PA 17257
STETSON, MD, Derwood L GP
9052 Possum Hollow Road
Shippensburg PA 17257
STEWART III, DO, Joseph H FP
1051 East Main Street
Waynesboro PA 17268
STRITE JR, MD, James A ORS
120 North Seventh Street
Chambersburg PA 17201
SUKERKAR, MD, Niteen N DR
723 Orchard Court
Chambersburg PA 17201
SWARTZ, MD, Edward F OBG
1035 Wayne Avenue
Chambersburg PA 17201
TEETER, MD, James H GS
45 Roadside Avenue
Waynesboro PA 17268
TERNES, MD, Robert J GP
1051 East Main Street
Waynesboro PA 17268
THANE, MD, Thane T DR
905 Cypress Street
Chambersburg PA 17201
THORNTON, MD, Joseph K FP
50 Eastern Avenue
Greencastle PA 17225
TURCHI, MD, Pierre B FP
175 St Thomas-Edensville Road
St Thomas PA 17252
VANDUUREN, MD, Anton OBG
220 South Potomac Street
Waynesboro PA 17268
VANKIRK, MD, James K GP
634 Lincoln Way East
Chambersburg PA 17201
WHITE, MD, Daryl E FP
765 Country View Drive
Chambersburg PA 17201
WILLWERTH, MD, Gerald E EM
Chambersburg Hospital
Chambersburg PA 17201
WINGERD, MD, Robert A FP
120 North Seventh Street
Chambersburg PA 17201
WINSLOW, MD, Roy E GS
45 Roadside Avenue
Waynesboro PA 17268
WOLFINGER, MD, Walter L CD
203 Homewood Avenue
Waynesboro PA 17268
ZIOBROWSKI, MD, Frank G U
144 South Eighth Street
Chambersburg PA 17201
ZUROWESTE II, MD, Edward L FP
144 South Eighth Street
Chambersburg PA 17201

GREENE

AVNER, MD, David L OM
R D 1
Greensboro PA 15338
BARTHOLOMEW, MD, GS
William W
Sunrise Park Box 271
Waynesburg PA 15370
BROOKS, MD, James L GP
Locust Avenue
Mount Morris PA 15349
BUTERBAUGH, MD, John C GS
1162 Sixth Street
Waynesburg PA 15370
CHAYAPRUKS, MD, Prayun IM
189 East High Street
Waynesburg PA 15370
CRUZ, MD, Alice M OBG
1162 Sixth Street
Waynesburg PA 15370
CRUZ, MD, Trinidad T GS
1162 Sixth Street
Waynesburg PA 15370
CZUBA, MD, Michael T DR
R D 1 Box 13c
Carmichaels PA 15320
DUER, MD, Nathan B FP
S E Greene Community Hlth Ctr
Greensboro PA 15338
FALOR, MD, Stanley E L EM
Route 2 Box 108
Waynesburg PA 15370
GOSAI, MD, Jayesh B IM
P O Box 185
Jefferson PA 15344
GREENLEE, MD, Daniel P GS
Fifth & Bonar Avenues
Waynesburg PA 15370
GRIMES, MD, Clarence W FP
147 Carmichaels Street
Rices Landing PA 15357
HERBIK, DO, Michael J GP
Box 298 House 81
Nemacolin PA 15351
KUMAR, MD, Satish PD
869 Third Avenue
Waynesburg PA 15370
LONG, MD, Cathy R AN
R D 3 Box 125-Aa
Waynesburg PA 15370
LONG, MD, Jim T AN
R D 3 Box 125aa
Waynesburg PA 15370
MERING, MD, Thomas W OBG
54 North Morris Street
Waynesburg PA 15370
MISHRA, MD, Manorama PD
1181 Sixth Street
Waynesburg PA 15370
OCONNELL, MD, C Leonard GP
64 Church Street
Waynesburg PA 15370
PATTERSON JR, MD, Arthur J GS
223 East High Street
Waynesburg PA 15370
REYES, MD, John W PTH
Greene County Memorial Hosp
Waynesburg PA 15370
RUSH, MD, Calvin C OPH
270 West Wayne Street
Waynesburg PA 15370
SMITH, DO, Jeffrey S GP
734 East High Street
Waynesburg PA 15370
STACHER, MD, Eric D PD
142 West High Street
Waynesburg PA 15370
TSAI, MD, Jer-Yuan IM
175 Bonar Avenue
Waynesburg PA 15370
VORA, MD, Prafullchandra CD
R D 3 Waynesburg Plaza
Waynesburg PA 15370
WALKER, MD, A Carl IM
923 North Richhill Street
Waynesburg PA 15370
WHITE, MD, Carol J FP
R D 1 Box 92
Fredericktown PA 15333
WILLET, MD, Andrew A FP
84 Half East Wayne Street
Waynesburg PA 15370
ZARATE, MD, Maria Paz A OBG
1162 Sixth Street
Waynesburg PA 15370

HUNTINGDON

BECK, MD, Robert H IM
R D 4 Box 23
Huntingdon PA 16652
BERGER, MD, Winfried M ORS
3228 Cold Spring Road
Huntingdon PA 16652
BOLINGER, MD, Mark S FP
R D Box 33
Broad Top PA 16621
BUNYOR, MD, Agnes K OPH
Warm Springs Avenue
Huntingdon PA 16652
CARTER, MD, Thomas L
J C Blair Memorial Hospital
Huntingdon PA 16652
COSTA, MD, Ronald E U
Warm Springs Avenue
Huntingdon PA 16652
DIDONATO, MD, Richard R R
J C Blair Memorial Hospital
Huntingdon PA 16652
DUNN, MD, Philip F GP
Rd 1 Box 271
Huntingdon PA 16652
ETTENGER, MD, Allen B PD
J C Blair Memorial Hospital
Huntingdon PA 16652
FILLMAN, MD, John B OBG
R D 1 Box 317 Warrior Oaks
Huntingdon PA 16652
HAYDEN, MD, James B FP
R D 3 Box 148d
Huntingdon PA 16652
ISENBERG, MD, Chester L GP
500 18Th Street
Saxton PA 16678
JONES, MD, Frederick L R
3228 Cold Springs Road
Huntingdon PA 16652
LEE, MD, Kenneth K OBG
J C Blair Mem Hosp-Dept Obg
Huntingdon PA 16652
LIDSTON, MD, Bruce M PD
R D 2 Box 391
Huntingdon PA 16652
LONG, MD, Ronald A FP
Box 127
Broadtop City PA 16621
MAINZER, MD, Francis S OS
Warrior Oaks
Huntingdon PA 16652
MAINZER, MD, Thomas R GS
Bryan Street
Huntingdon PA 16652
MALCOLM, MD, Donald C GP
Box 218
Alexandria PA 16611
MCCLAIN JR, MD, Fred H GP
P O Box 60
Mount Union PA 17066
MELOY, MD, Thomas R EM
512 Seventh Street
Huntingdon PA 16652
MIHELIC, MD, Nicholas E ORS
3228 Cold Springs Road
Huntingdon PA 16652
MILLER, MD, David S FP
3228 Cold Springs Road
Huntingdon PA 16652
SCHLEGEL, DO, Karl J IM
10801 Northwest 39th Street
Yukon OK 73099
SCHOCK, MD, William W PD
R D 2
Huntingdon PA 16652
SUTTON, MD, A Keith FP
923 Mifflin Street
Huntingdon PA 16652
SZABO, MD, Emil R OBG
J C Blair Memorial Hospital
Huntingdon PA 16652
THOMAS, MD, Bruce L IM
Briarcleff
Huntingdon PA 16652
WAWROSE, MD, Frederick E P
J C Blair Hospital
Huntingdon PA 16652
WEST, MD, William B GP
Oneida Heights
Huntingdon PA 16652

INDIANA

ABARBANEL, DO, Jack ON
701 Fourth Avenue
New Kensington PA 15068
ABHYANKAR, MD, OBG
Shreedhar P
1265 Wayne Avenue
Indiana PA 15701
BAUER, MD, James E R
877 Hospital Drive
Indiana PA 15701
BEE, MD, Daniel H CD
555 Water Street
Indiana PA 15701
BERTOLINO, MD, John G FP
155 East Market Street
Blairsville PA 15717
BORON, MD, Stella M IM
25 South Eighth Street
Indiana PA 15701
BOYKIW, MD, Mark E GS
549 Route 119 North
Indiana PA 15701
BROWN, MD, Ralph R FP
R D 3 Box 1810
Homer City PA 15748
BUCHMAN, MD, David H GP
P O Box 175
Blairsville PA 15717
CASADAY, MD, Floyd M CD
70 Bradley Ct
Indiana PA 15701
CAVOTO, MD, Michael J ORS
1265 Wayne Avenue Apt 103
Indiana PA 15701
CLARK, MD, M Dorcas DR
125 Oriole Avenue
Indiana PA 15701
COHEN, MD, Samuel GP
50 West Market Street
Blairsville PA 15717
COPPOLO JR, MD, Bernard L IM
25 South Eighth Street
Indiana PA 15701
DRENCHKO JR, MD, Peter OBG
119 Professional Building
Indiana PA 15701
DROZDIAK, MD, Russell A FP
1050 Pleasant View Avenue
Indiana PA 15701
EVANS, MD, William G FP
48 Sixth Street
Clymer PA 15728
FRIED, MD, Jeffrey A ORS
Indiana Orthopedics Inc
Indiana PA 15701
GARRETTSON, MD, James A IM
590 Indian Springs Road
Indiana PA 15701
GATTI, MD, Joseph W GP
637 Philadelphia Street
Indiana PA 15701
GHATE, MD, Sharad B OBG
119 Professional Center
Indiana PA 15701
GOLDSTROHM, MD, Robert G OPH
1265 Wayne Avenue
Indiana PA 15701
GREENE, MD, Robert F GS
1480 Indian Springs Road
Indiana PA 15701
GRIFFIN, MD, Steven P PTH
Indiana Hospital
Indiana PA 15701
HANNA, MD, Herbert L FP
P O Box 420
Blairsville PA 15717
HATCHER, MD, Kim A FP
119 Professional Center
Indiana PA 15701
HEWIE, MD, S P AN
5195 Redwood
Indiana PA 15701
HUGHES, MD, David C OTO
1047 Lilac Street
Indiana PA 15701
JUHASZ, MD, Alex B GS
549 Route 119 North
Indiana PA 15701
KARANJIA, MD, Minoo D OTO
1803 Route 422 West
Indiana PA 15701
KISH, MD, Zoltan L EM
880 White Farm Road
Indiana PA 15701
LAN, MD, Sung-Shu GP
2255 Canterbury Off Stes R422
Indiana PA 15701
LEAR, MD, William L OBG
119 Professional Bldg
Indiana PA 15701
LONG JR, MD, Herbert C R
303 North Carpenter Avenue
Indiana PA 15701
LUTZ, MD, Harold E EM
R D 5 Box 22
Indiana PA 15701
MALIVER, MD, Deborah S IM
375 Country Club Road
Indiana PA 15701
MALIVER, MD, Leonard E U
375 Country Club Road
Indiana PA 15701
MCCOY, MD, Thomas D ON
875 Hospital Suite 201
Indiana PA 15701
MCDOWELL, MD, Edward P CD
875 Hospital Road
Indiana PA 15701
MILLER, MD, Ralph J U
1480 Indian Springs Road
Indiana PA 15701
MILLS, MD, John W GYN
590 Indian Springs Road
Indiana PA 15701
MIR, MD, Tahir U EM
89 Bradley Circle
Indiana PA 15701
MITCHELL, MD, Henry PD
45 South Eighth Street
Indiana PA 15701
NEAL JR, MD, Harry B GP
936 Church Street
Indiana PA 15701
NEALE, MD, John M PD
668 Georgetowne Vlg
Indiana PA 15701
NESPER, MD, James A OPH
30 Pinecrest Drive
Indiana PA 15701
PARK, MD, Joseph M U
645 North Sixth Street
Indiana PA 15701
PARKS, DO, Joseph L GP
Mahoning Medical Center
Marion Center PA 15759
PHADKE, MD, Yeshwant G GS
1265 Wayne Avenue Suite 106
Indiana PA 15701
PIKE, MD, Debra S OBG
875 Hospital Road
Indiana PA 15701
POLLOCK, MD, Michael S ORS
501 Airport Professional Ctr
Indiana PA 15701
RITTER, MD, Joseph G AN
Indiana Hospital
Indiana PA 15701
SAFLEY, MD, Max W DR
Indiana Hospital
Indiana PA 15701
SAYERS, MD, Kenneth H FP
2050 North East 39th Street
Lighthouse Point FL 33064
SCOTT, MD, Kincy J P
430 North Third Street
Indiana PA 15701
SIBOLBORO, MD, Isabelo Z AN
Indiana Hospital
Indiana PA 15701
SIMONE, MD, Frank J DR
Indiana Hospital Xray
Indiana PA 15701
SINGH, MD, Bijai B IM
1177 South Sixth Street
Indiana PA 15701
SINHA, MD, Chandrika P GS
215 College Lodge Road
Indiana PA 15701
TAKACH, MD, Stephen J GS
P O Box 1286
Indiana PA 15701
TSAI, MD, Edward M IM
1177 South Sixth Street
Indiana PA 15701
TWAL, MD, Shafic Y PD
Indiana Hospital
Indiana PA 15701
VERNOCY, MD, William C GS
45 North Seventh Street
Indiana PA 15701
VERNOCY, MD, William G GS
45 North Seventh Street
Indiana PA 15701
WALDO, MD, Ralph F IM
56 South Sixth Street
Indiana PA 15701
WEINER, MD, Frank PD
590 Indian Springs Rd
Indiana PA 15701
WHITTEN, MD, Warren L OBG
795 Fairman Avenue
Indiana PA 15701
WILLIAMS, MD, Melvin C NM
Indiana Hospital
Indiana PA 15701

JEFFERSON

AL-PACHACHI, MD, Jinan T PTH
R D 5 Route 36 N
Punxsutawney PA 15767
ALLEN, MD, John E P
P O Box Q1
Dubois PA 15801
ASEEM, MD, Wali M CDS
611 South Main Street
Dubois PA 15801
AYDIN, MD, Abed A PD
410 East Mahoning Street
Punxsutawney PA 15767
BADAMO, MD, Francis P GS
912 Fifth Avenue
Brockway PA 15824
BANTLY, MD, Harry C GP
233 Treasure Lake
Dubois PA 15801
BARLEY, MD, Samuel B ORS
Box 601
Du Bois PA 15801
BIZOUSKY, MD, Franklin S EM
Po Box 421
Punxsutawney PA 15767
BLAKESLEE, DO, Colson E FP
47 West Long Avenue
Dubois PA 15801
BRINZ, MD, Laura A HEM
145 Hospital Avenue
Dubois PA 15801
BROHM, MD, Charles G ABS
Hawthorn PA 16230
BUFFONE, MD, David A OBG
P O Box 644
Clarion PA 16214
CARLINO, MD, James T GP
410 Hill Street
Reynoldsville PA 15851
CASTELLANO, MD, George D GS
41 South Main Street
Brookville PA 15825
CHERIAN, MD, George R OBG
Punxsutawney Area Hospital
Punxsutawney PA 15767
CHERRY, MD, Louis J GS
Six North Third Street
Reynoldsville PA 15851
COCHRAN, MD, Bryce C EM
951 Knob Hill
Fayetteville PA 17222
COSTA, MD, Jose M PTH
500 Bush Court
Dubois PA 15801

DANIELS, MD, Dan GS
P O Box 454
Punxsutawney PA 15767
DELA TORRE, MD, Henry G GS
231 East Highland Street
Sykesville PA 15865
DEVITTORIO, MD, Armond A GP
104 Main Street
Reynoldsville PA 15851
DEVLIN, MD, Albert E OM
1100 Main Street
Brockway PA 15824
DINSMORE, MD, Harry H GS
201 South Jefferson Street
Punxsutawney PA 15767
EDWARDS, MD, Arthur M FP
216 Liberty Boulevard
Dubois PA 15801
ELDER, MD, Jay E IM
Medical Arts Building
Punxsutawney PA 15767
FARKAS, MD, Andrew A FP
1301 Niles Lane
York PA 17403
FATULA, MD, George M PD
529 Sunflower Drive
Dubois PA 15801
FRANKLIN, MD, Gregory A PD
Gateway Area Medical Assoc
Dubois PA 15801
FUGATE, MD, James K P
202 Jenks Avenue
Punxsutawney PA 15707
FUGATE JR, MD, Howard IM
633 Maple Avenue
Dubois PA 15801
GORDON, DO, Daniel S GP
545 Main Street
Reynoldsville PA 15851
GREENBERG, MD, Steven M OPH
50 Waterford Pike
Brookville PA 15825
GRILL, MD, Winfred E GP
301 Olive Avenue
Dubois PA 15801
HILL, MD, William R OPH
Sunflower Drive Box 394
Dubois PA 15801
JOGLEKAR, MD, Kanchan S PD
957 Fifth Avenue
Brockway PA 15824
JOGLEKAR, MD, Shirish S IM
Fifth Street
Brockway PA 15824
KERNICH, MD, Joseph J GS
Medical Arts Bldg
Punxsutawney PA 15767
KHALAF, MD, Kamal DR
P O Box 437
Punxsutawney PA 15767
KIM, MD, Sang M ORS
P O Box 311 Med Arts Bldg
Punxsutawney PA 15767
KLEIN, MD, Theodore C GP
625 Maple Avenue
Dubois PA 15801
KOSCO, MD, George M DR
24 South Eighth Street
Dubois PA 15801
KROT, DO, Alexander A ORS
100 Freas Lane
Punxsutawney PA 15767
KUSH, MD, Michael J OBG
145 Hospital Avenue
Dubois PA 15801
LANG, MD, Stanley FP
216 Liberty Blvd
Dubois PA 15801
LEITEL, MD, Harold L R
59 Lincoln Drive
Dubois PA 15801
LIPPERT, MD, Louis C R
P O Box 388
Brookville PA 15825
MALIK, MD, Rajat P IM
23 Beaver Drive
Dubois PA 15801
MALIK, MD, Shakuntala M IM
23 Beaver Drive
Dubois PA 15801
MANNING, MD, Russell G P
Treasure Lake Box 143
Dubois PA 15801
MCKINLEY, MD, Wayne S GP
51 South Main Street
Brookville PA 15825
MURDOCK, MD, Fred E OTO
517 Glenwood Avenue
Dubois PA 15801
MURRAY, MD, Carroll A GP
Six North Third Street
Reynoldsville PA 15851
NICHOLS, MD, David P ORS
P O Box 1063
Dubois PA 15801
ORRIS, MD, Donald J PD
529 Sunflower Drive
Dubois PA 15801
PARLAVECCHIO, MD, Dennis S FP
R D 1 Box 33 A-1
Penfield PA 15849

PATHAK, MD, Rajani K CD
145 Hospital Avenue
Dubois PA 15801
RHOADES, DO, Dennis W FP
Six North Third Street
Reynoldsville PA 15851
RIVERA-RODRIGUEZ, MD, Gabriel IM
746 Treasure Lake
Dubois PA 15801
ROSCOE, MD, Gregory J OTO
P O Box 1106
Dubois PA 15801
SALDANA, MD, Idel J GP
R D 4
Punxsutawney PA 15767
SCERBO, MD, James A IM
C/O Maple Ave Hospital
Du Bois PA 15801
SCHACHTER, MD, Larry G GS
149 Spring Court
Carmel IN 46032
SCHAMP, MD, Richard O FP
Agape Family Health Center
Dubois PA 15801
SCHULTZ, MD, Adrienne J FP
216 Liberty Blvd
Dubois PA 15801
SHAH, MD, Manjula S GYN
307 Greenridge Drive
Dubois PA 15801
SHAH, MD, Shirish N GS
629 South Main Street
Dubois PA 15801
SHILALA, DO, Patrick F OS
T L Box 397
Dubois PA 15801
SIAR, MD, W John NPM
P O Box 348
Dubois PA 15801
SMITH, MD, Thomas W OPH
529 Sunflower Alley
Dubois PA 15801
SUVARNAKAR, MD, Jawahar N HEM
118 Hospital Avenue
Dubois PA 15801
TAN, MD, Domingo C EM
Treasure Lake Box
Dubois PA 15801
THAMES, DO, Richard FP
531 North Main Street
Punxsutawney PA 15767
THOMAS, MD, Thomas K U
38 West Scribner Avenue
Dubois PA 15801
VARACALLO, MD, Albert L FP
Six North Third Street
Reynoldsville PA 15851
VERONESI, DO, John N GP
Dubois Hospital
Dubois PA 15801
YOO, MD, Tai Y OBG
P O Box 402
Dubois PA 15801

LACKAWANNA

AGNONE, MD, Peter M AN
749 North Main Avenue
Scranton PA 18504
ALFANO, DO, Samuel L IM
Geisinger Family Health Ctr
Moosic PA 18507
ANDRIOLE, MD, Joseph P GYN
401 Adams Avenue
Scranton PA 18510
ANDROSKI, MD, John J IM
1211 Wasburn Street
Scranton PA 18504
ANEJA, MD, Krishan K IM
Bank Tower Bldg
Scranton PA 18503
ANTOGNOLI, MD, William J PTH
411 Wyoming Avenue
Scranton PA 18509
ARONICA, MD, Michael J PM
1609 Jefferson Avenue
Dunmore PA 18512
ARORA, MD, Subhash C AN
746 Jefferson Avenue
Scranton PA 18501
ARTABANE, MD, Thomas A IM
R D 2 Box 10
Clarks Summit PA 18411
ARTUSO, MD, Dominick P GS
Abington Gardens
Clarks Summit PA 18411
BADAWI, MD, Radwan A D
130 West Alosta
Glendora CA 91740
BAIKADI, MD, Madhava R
414 Madison Avenue
Scranton PA 18510
BAJAJ, MD, Rajiv K AN
620 Carnation Drive
Clarks Summit PA 18411
BALDINO, MD, William A TS
401 Adams Avenue
Scranton PA 18510
BANNON, MD, Charles J GS
743 Jefferson Avenue
Scranton PA 18503

BARAKAT, MD, Adel R ORS
Medical Arts Building
Scranton PA 18503
BARNES, MD, Willis C AN
311 Race Street
West Pittston PA 18643
BARON JR, MD, Andrew J R
746 Jefferson Avenue
Scranton PA 18501
BARRASSE, MD, Linda D CD
746 Jefferson Avenue
Scranton PA 18510
BATLUCK, DO, David J IM
R D 4 Box 320
Clarks Summit PA 18411
BERGER, MD, Norman S FP
Madison Ave Med Ctr
Scranton PA 18510
BERNSTEIN, MD, A Alexander GE
1500 Adams Avenue
Scranton PA 18509
BIANCA III, MD, Vincent C IM
146 South Main Avenue
Scranton PA 18504
BIANCARELLI, MD, Edmund J IM
405 1/2 Third Avenue
Jessup PA 18434
BISIGNANI, MD, Gabriella M GP
946 Main Street
Peckville PA 18452
BLACK JR, MD, William A NS
R D 4 Box 266
Clarks Summit PA 18411
BLOES, MD, Walter S GP
Five Washington Avenue
Jermyn PA 18433
BLOMAIN, MD, E William OS
709 Main Street
Avoca PA 18641
BLOMAIN, MD, Eric W PS
1222 Marion Street
Dunmore PA 18509
BOCCAGNO, MD, Phillip A IM
219 West Grove Street
Clarks Summit PA 18411
BOLAND, MD, Stanley W OPH
Noble Road
Clarks Summit PA 18411
BOLUS, MD, Charles M PS
Bank Towers Bldg
Scranton PA 18503
BORIOSI, MD, Guido D P
200 Penn Avenue
Scranton PA 18503
BOROWSKI, MD, Gregory D END
1401 Electric Street
Dunmore PA 18512
BRANIN, DO, Bruce K IM
C/O Marworth
Waverly PA 18471
BRERETON, MD, Harmar D TR
Mercy Hospital
Scranton PA 18510
BRILL, MD, Francis W GP
1318 Jackson Street
Scranton PA 18504
BROWN, MD, Sylvan RHU
201 Smallacombe Drive
Scranton PA 18508
BRUNDAGE, MD, John T GS
P O Box 442
Moscow PA 18444
BRUNDAGE, MD, Robert P GP
733 Main Street
Peckville PA 18452
BRUTICO, MD, Anthony C OTO
401 Adams Avenue
Scranton PA 18510
BRUTICO JR, MD, Carmen A IM
730 South Main Street
Old Forge PA 18518
CALDWELL, MD, Douglas R FLX
1401 Tall Trees Drive
Scranton PA 18505
CALI, DO, Gregory E IM
201 Smallacomb Drive
Scranton PA 18508
CARINO, MD, Mariel G GP
204 Burton Street
Peckville PA 18452
CASSONE, MD, Gary J U
427 Madison Avenue
Scranton PA 18510
CECH, MD, Rosanne AI
1401 Electric Street
Dunmore PA 18512
CESARE, MD, Joseph G ORS
Medical Arts Bldg
Scranton PA 18503
CHIAVACCI, MD, Eugene J ORS
The Forum Plaza
Scranton PA 18503
CHIAVACCI, MD, Wayne E PD
802 Jefferson Avenue
Scranton PA 18510
CHUNG, MD, C Kun PS
802 Jefferson Avenue
Scranton, PA 18510
CIANNI, MD, Ronald J IM
722 Connell Bldg
Scranton PA 18501

CLAUSS, MD, Thomas F FP
515 George Street
Throop PA 18512
COCHRAN, MD, Terence A GS
1401 Electric Street
Dunmore PA 18509
COLEMAN, MD, Thomas H FP
76 North Main Street
Carbondale PA 18407
COLLINS, MD, Clyde A GP
1735 Sanderson Avenue
Scranton PA 18509
CONNORS, MD, Charles F FP
110 Potter Street
Dunmore PA 18512
CONTESSA, MD, Benjamin J AN
537 Gladiola Drive
Clarks Summit PA 18411
COTTONE, MD, Benjamin J US
403 Arthur Avenue
Scranton PA 18510
CRONKEY, MD, Joseph E ORS
The Forum
Scranton PA 18503
CRUCIANI JR, MD, Dominick A OPH
304 Third Natl Bank Bldg
Scranton PA 18503
CURTIN, MD, Charles T PTH
441 Wyoming Avenue
Scranton PA 18509
CURTIN, MD, Eugene A OBG
743 Jefferson Avenue
Scranton PA 18501
DAVIS, MD, Harold J OBG
401 Adams Avenue
Scranton PA 18510
DAVIS JR, MD, Robert V OPH
401 Adams Avenue
Scranton PA 18503
DAWGERT, MD, F Dennis PD
802 Jefferson Avenue
Scranton PA 18510
DEGENNARO, MD, Louis P OTO
506 Medical Arts Bldg
Scranton PA 18503
DELEO, MD, Caesar A IM
Clifton Road
Moscow PA 18444
DELEO, MD, Nicholas V GP
405 East Drinker Street
Dunmore PA 18512
DEMARIO JR, MD, Ralph C IM
312 River Street
Old Forge PA 18918
DEMKO, MD, Joseph N GER
919 Drinker Street
Dunmore PA 18512
DEMPSEY, MD, William J FP
103 Crestwood Townhouse R D 2
Moscow PA 18444
DENDE, DO, Paul F IM
1401 Electric Street
Dunmore PA 18509
DENIS, MD, Leonard J CDS
The Forum Plaza
Scranton PA 18503
DENTE, MD, Joseph B GS
235 West Warren Street
Dunmore PA 18512
DESAI, MD, Arundev D AN
120 Welsh Hill Road
Clarks Summit PA 18411
DESAI, MD, Arvind D IM
141 Salem Avenue
Carbondale PA 18407
DESAI, MD, Kashmira A IM
100 Woodhaven Road
Peckville PA 18452
DESAI, MD, Meena B PUD
334 Main Street
Dickson City PA 18519
DHADUK, MD, Vithalbhai D N
1416 Monroe Avenue
Dunmore PA 18509
DIAKIW, MD, John IM
748 Quincy Avenue
Scranton PA 18510
DISILVIO, MD, Thomas V PTH
441 Wyoming Avenue
Scranton PA 18503
DOHERTY JR, MD, John H ORS
746 Jefferson Avenue
Scranton PA 18510
DOHERTY SR, MD, John H OBG
1204 Richmont Street
Scranton PA 18509
DOVYDAITIS, MD, Romas DR
Mercy Hosp Xray
Scranton PA 18501
DRESSEL JR, MD, CD
Christopher J
746 Jefferson Avenue
Scranton PA 18510
DRUFFNER, MD, Charles R IM
Scranton Life Building
Scranton PA 18503
DRUFFNER JR, MD, Lewis C GP
603 Grove Street
Avoca PA 18641
DUNAY, DO, Darlene A M GP
316 Oak Street
Old Forge PA 18518

EAGEN, MD, Jeremiah W NEP
746 Jefferson Avenue
Scranton PA 18501
EISNER, MD, Abraham G IM
801 North Irving Avenue
Scranton PA 18510
EISNER, MD, Steven B CD
808 North Webster Avenue
Scranton PA 18510
EMANUELSON, MD, Richard G HEM
R D 6 Box 123a
Clarks Summit PA 18411
ESCALANTE, MD, Elizabeth N NPM
1822 Mulberry Street
Scranton PA 18510
FABI, MD, Mario N CD
501 Aurther Avenue
Scranton PA 18510
FAGERBURG, MD, Rodger E ID
P O Box 170
Waverly PA 18471
FARRELL, MD, Robert E R
201-6 Medical Arts Building
Scranton PA 18503
FARRELL, MD, William J R
201 Medical Arts Building
Scranton PA 18503
FAVINI, MD, Josephine L GP
1610 Pittston Avenue
Scranton PA 18505
FAVINI, MD, M Peter FP
R D 1 Box 107
Dalton PA 18414
FERRARO, MD, Patrick J GS
201 Smallcombe Drive #202
Scranton PA 18508
FOGLEY, MD, Anees R IM
802 Jefferson Avenue
Scranton PA 18510
FRANGOS, MD, James N R
746 Jefferson Avenue
Scranton PA 18501
FRATTALI, MD, August FP
100 North Main Avenue
Scranton PA 18504
FRIEDMAN, MD, Robert AN
Community Medical Center
Scranton PA 18510
FROOZAN, MD, Homayoon N
201 Smallacombe Drive
Scranton PA 18508
FUREY, MD, Sandy A IM
748 Quincy Avenue
Scranton PA 18510
GAFFNEY, MD, John J IM
310 George Street
Throop PA 18512
GALLAGHER, MD, Michael J IM
746 Jefferson Avenue
Scranton PA 18501
GAREY, MD, Herman S OBG
1416 Monroe Avenue
Dunmore PA 18509
GAZMEN, MD, Candonino C GS
117 Susquehanna Avenue
Olyphant PA 18447
GENTILE, MD, Anthony J IM
1618 Monroe Avenue
Dunmore PA 18512
GENTILEZZA, MD, Kenneth W US
1308 Roberts Way
Voorhees NJ 08043
GILLICK, MD, Alan P ORS
746 Jefferson Avenue
Scranton PA 18510
GIOMBETTI, MD, Joseph J FP
201 Smallacombe Drive
Scranton PA 18508
GOLDSTEIN, MD, Erroll J OBG
315 Colfax Avenue
Scranton PA 18510
GOLDSTEIN, MD, Keith S FP
404 Mountain Manor
Scranton PA 18505
GOLDSTONE, MD, Sheldon B D
523 Northeast Bank Towers
Scranton PA 18503
GOMAR, MD, Alfonso A IM
P O Box 556
Waverly PA 18471
GOMBAR, MD, Edward F GP
522 Sanderson Avenue
Throop PA 18512
GOTTSHALL, MD, Samuel C AN
534 Gladiola Drive
Clarks Summit PA 18411
GRAD, MD, Charles T GE
201 Smallecombe Drive
Scranton PA 18508
GRATZ, MD, Richard E IM
115 River Avenue
Olyphant PA 18447
GRYCZKO, MD, Gerald A ORS
743 Jefferson Avenue
Scranton PA 18510
GUSTAITIS, MD, Joseph A GP
1642 North Main Avenue
Scranton PA 18508
GUZEK, MD, John R IM
Madison Ave And Pine Street
Scranton PA 18510

HAHN, MD, Kon S OPH
141 Salem Avenue
Carbondale PA 18407
HAMZAVI, MD, Siamak CDS
414 Madison Avenue
Scranton PA 18510
HAN, MD, Sun Tak IM
746 Jefferson Avenue
Scranton PA 18510
HANNA, MD, Raouf E PD
Connell Building
Scranton PA 18503
HARASYM, MD, Eugene D FP
201 Smallacombe Drive
Scranton PA 18508
HAZZOURI, MD, Michele A IM
937 Hickory Street
Scranton PA 18505
HEIM, MD, William J HEM
743 Jefferson Avenue
Scranton PA 18510
HENNIGAN, MD, John J GER
404 South Main Street
Old Forge PA 18518
HIJAZI, MD, Saadeddine A GS
381 North Ninth Avenue
Scranton PA 18504
HIPOLITO JR, MD, Emmanuel F IM
959 Wyoming
Scranton PA 18509
HOLLA, MD, P Shripathi NS
Bank Towers Suite 707
Scranton PA 18503
HOLLAND, MD, Sanford J AN
Moses Taylor Hosp An Dept
Scranton PA 18510
HOLMES, MD, John J GP
314 Rushbrook Street
Jermyn PA 18433
HORCHOS, MD, Donald D PM
475 Morgan Hwy-Pob 1103
Scranton PA 18503
HOWARD, MD, Lawrence J FP
746 Jefferson Avenue
Scranton PA 18510
HUANG, MD, Chau Fe CD
201 Smallacombe Drive
Scranton PA 18508
HWAN, MD, Jung J OBG
319 North Abington Road
Clarks Green PA 18411
HYZINSKI, MD, Martin B HEM
Hematology Assocs Suite 205
Scranton PA 18510
ISAKOV, MD, Asparuh D AN
301 Gordon Drive
Clarks Summit PA 18411
JACOBS, MD, Kenneth M PUD
746 Jefferson Avenue
Scranton PA 18501
JACOBSON, MD, Louise P
926 Delaware Street
Scranton PA 18503
JAMA, DO, Robert H TRS
610 Bank Street
Dalton PA 18414
JAN, MD, Tayyaba S PD
Linda Lane
Carbondale PA 18407
JEWETT, MD, Stephen R FP
251 East Grove Avenue
Clarks Summit PA 18411
JONES, MD, C Henry OPH
707 North Rebecca Avenue
Scranton PA 18504
JORDAN, MD, Jerome W OPH
207 North Franklin Avenue
Scranton PA 18503
JORDAN, MD, Wm J OPH
R D 6
Clarks Summit PA 18411
JUNG, MD, Hong I GS
1416 Monroe Avenue
Dunmore PA 18509
KANE, MD, James A GS
743 Jefferson Avenue
Scranton PA 18510
KAREHA, MD, Louis G GP
319 North Abington Road
Clarks Summit PA 18411
KARUMBAYA, MD, Romola NS
Bank Towers #1117
Scranton PA 18503
KAUFMAN, MD, Benjamin V FP
550 Clay Avenue
Scranton PA 18510
KAVILLE, MD, Robert W IM
R D 5
Clarks Summit PA 18411
KEHRLI, MD, Henry J FP
313 South Main Avenue
Scranton PA 18504
KEHRLI, MD, William H OPH
1536 North Washington Avenue
Scranton PA 18509
KELLY, MD, Edward J R
212 Fairview Road
Clarks Summit PA 18411
KIM, MD, Eul K NPM
Community Medical Center
Scranton PA 18510

KIRALY, MD, Laszlo GS
400 North Main Avenue
Scranton PA 18504
KNELLER PHD EXEC DIR, W RICHARD
1416 Monroe Avenue
Dunmore PA 18509
KOCH, MD, L Von CDS
720-732 Madison Avenue
Scranton PA 18510
KONDASH, DO, Dennis J FP
211 North State Street
Clarks Summit PA 18411
KOVAL, MD, Joseph C PUD
2340 Springhouse Lane #F
Martinez GA 30907
KRAFCHIN, MD, Ira C GS
35 West Linden Street
Wilkes Barre PA 18702
KRAUSE, MD, Robert E OS
Marworth
Waverly PA 18471
KRISANDA, MD, Joseph B GP
112 Delaware Avenue
Olyphant PA 18447
LALUNA, MD, Francis J DH
743 Jefferson Avenue
Scranton PA 18510
LAMBERTI, MD, William F P
748 Quincy Avenue
Scranton PA 18510
LARKIN, MD, Walter J OBG
327 West Market Street
Scranton PA 18508
LARKIN JR, MD, Vincent D OS
R D 3 Sugarbush Road
Dalton PA 18414
LARKIN JR, MD, Walter J OBG
401 Adams Avenue
Scranton PA 18510
LAWRENCE, MD, Salvatore A IM
108 East Drinker Street
Dunmore PA 18512
LAWRENCE JR, MD, Slavatore A IM
108 East Drinker Street
Dunmore PA 18512
LEE, MD, Edward Y CHP
1615 East Elm Street
Scranton PA 18505
LEE, MD, Kyung C GS
1027 Pittston Avenue
Scranton PA 18505
LEIBMAN, MD, Joseph B US
606 Clay Avenue
Scranton PA 18510
LEIMAN, MD, Paul M DR
746 Jefferson Avenue
Scranton PA 18501
LESNIAK, MD, John P P
The Forum Plaza Penn Ave
Scranton PA 18503
LEVINSON, MD, Sander J PUD
746 Jefferson Avenue
Scranton PA 18501
LILIK, MD, Kenneth W CHN
Bank Towers
Scranton PA 18503
LIM, MD, Michael K GS
201 Smallacombe Drive
Scranton PA 18508
LINDHOLM, MD, Dale D NEP
748 Quincy Avenue
Scranton PA 18510
LIVECCHI, MD, John T OPH
746 Jefferson Avenue
Scranton PA 18501
LOOMIS, MD, James W GP
1110 Saint Ann Street
Scranton PA 18504
MAAS, MD, Kurt D FP
125 Scranton
Scranton PA 18505
MACARIN, MD, Richard M DR
Five Hunts Court
Clarks Summit PA 18411
MACKRELL, MD, James J GS
401 Adams Avenue
Scranton PA 18510
MACKRELL, MD, William P GP
Kennedy Drive
Archbald PA 18403
MADDEN, MD, Kevin G IM
802 Jefferson Avenue
Scranton PA 18510
MAIGUR, MD, William S GP
R D 4 Box 74-A
Lake Ariel PA 18436
MAJESKI, MD, Joseph T D
404 Packer Avenue
Exeter PA 18643
MALLOY, MD, Edwin S ORS
233 Penn Avenue
Scranton PA 18503
MARIANI, MD, Stephen S NM
746 Jefferson Avenue
Scranton PA 18510
MARINO, MD, Joseph N FP
637 Prescott Avenue
Scranton PA 18510
MARMO, MD, Theodore GP
121 Moosic Road
Old Forge PA 18518

MARTIN, MD, Richard A FP
609 Carnation Drive
Clarks Summit PA 18411
MASANKAY, MD, Manuel G GS
141 Salem Avenue
Carbondale PA 18407
MCANDREW, MD, John J FP
319 Abington Road
Clarks Summit PA 18411
MCANDREW, DO, Patrick J GP
111 Main Street
Vandling PA 18421
MCANDREW, MD, Paul C IM
1100 North Shore Drive N E
St Petersburg FL 33701
MCDONALD, MD, Herbert M GS
622 Scranton Life Building
Scranton PA 18503
MCDONNELL, MD, Thomas J GP
306 Houston Street
Clarks Summit PA 18411
MCGEEHAN, MD, John F IM
802 Jefferson Avenue
Scranton PA 18510
MCGUIRE, MD, Edward J R
13 Starlight Drive
Clarks Summit PA 18411
MCLEOD, MD, Roderick R P
107 Seneca Avenue
Clarks Summit PA 18411
MCNABB, MD, Daniel M EM
165 Fallbrook Street
Carbondale PA 18407
MECCA, MD, Donato D OPH
101 Watres Drive
Scranton PA 18505
MENZEL, MD, Paul H IM
The Forum
Scranton PA 18503
METZGER, MD, Paul C ORS
Medical Arts Bldg
Scranton PA 18503
METZGER, MD, Paul D FP
500 Old Colony Road
Clarks Summit PA 18411
MILANI, MD, Frank A CD
201 Smallacombe Drive
Scranton PA 18508
MINORA, MD, Michael A GP
1714 Pittston Avenue
Scranton PA 18505
MINORA, MD, Thomas L IM
942 Birch Street
Scranton PA 18505
MIRANDA, MD, Jorge U
140 Salem Avenue
Carbondale PA 18407
MIZIN, MD, Lakshmi D J CD
165 Fallbrook Street
Carbondale PA 18407
MOGERMAN, MD, Jeffrey A ORS
100 Lincoln Avenue
Carbondale PA 18407
MOGERMAN, MD, Richard L ORS
100 Lincoln Avenue
Carbondale PA 18407
MOHAMED-ALI, MD, IM
Abul-Kassim
402 North Blakely Street
Dunmore PA 18512
MONAHAN, MD, Maryellen R O DR
1527 Electric Street
Dunmore PA 18509
MONTELLA, MD, Michael IM
120 South Wyoming Avenue
Kingston PA 18704
MOORE, MD, Michael F GS
746 Jefferson Avenue
Scranton PA 18510
MORGAN, MD, Albert P FP
68 Laurel Street
Carbondale PA 18407
MORGAN JR, MD, Vernon W OBG
746 Jefferson Avenue
Scranton PA 18510
MORI, MD, Gino GS
225 Penn Avenue
Scranton PA 18503
MORI, MD, Hugo U
225 Penn Avenue
Scranton PA 18503
MORITZ, MD, Mordekhai GE
Four Lakeside Drive
Clarks Summit PA 18411
MORRIS, MD, Adrian J IM
200 Main Street
Blakely PA 18447
MOXEN, MD, John M R
746 Jefferson Avenue
Scranton PA 18501
MOYLAN, MD, Joseph E FP
602 South Webster Avenue
Scranton PA 18505
MUNCHAK, MD, Alexander M OBG
311 North Irving Avenue
Scranton PA 18501
NALEVANKO, MD, Albert M OTO
501 Medical Arts Bldg
Scranton PA 18503
NATHAN, MD, Radha PD
746 Jefferson Avenue
Scranton PA 18510

NESE, MD, Anthony J GS
1008 Medical Arts Bldg
Scranton PA 18503
NEUMANN, MD, George L US
821 Vine Street
Scranton PA 18510
NEVILLE, MD, Edwin C TS
746 Jefferson Avenue
Scranton PA 18510
NEWMAN III, MD, William H FP
251 East Grove Avenue
Clarks Summit PA 18411
NEWTON, MD, Charles T N
701 Smallacombe Drive
Scranton PA 18508
NOURIAN, MD, Ali A P
706 Medical Arts Building
Scranton PA 18503
NOVEMBER, MD, Stephen R OBG
743 Jefferson Avenue
Scranton PA 18501
OBOYLE, MD, James P OBG
2027 Green Ridge Street
Scranton PA 18512
OBOYLE, MD, Thomas A PD
505 South Blakely Street
Dunmore PA 18512
OCONNOR JR, MD, James J PTH
441 Wyoming Avenue
Scranton PA 18509
ORAM, MD, Melvin FP
431 Wyoming Avenue
Scranton PA 18503
PALANDJIAN, MD, CHP
Khatchadour B
141 Salem Avenue
Carbondale PA 18407
PANCOAST, MD, Stephen J ID
R D 4 Box 326
Clarks Summit PA 18411
PARRILLO, MD, Douglas W R
746 Jefferson Ave
Scranton PA 18510
PARSICK, MD, Daniel P FP
399 North Ninth Avenue
Scranton PA 18504
PASCUCCI, MD, Stephen E OPH
600 Carnation Drive
Clarks Summit PA 18411
PASCUCCI, MD, Stephen E PD
Medical Arts Building
Scranton PA 18503
PATEL, MD, Ashokkumar C P
R D 4 P O Box 505
Clarks Summit PA 18411
PATEL, MD, Bhupendra R P
512 Lackawanna Avenue
Mayfield PA 18433
PATEL, MD, Bipinchandra M CDS
R D 2
Moscow PA 18444
PATEL, MD, Ramesh C OBG
141 Salem Avenue
Carbondale PA 18407
PAULISH, DO, John IM
100 Dunore Street
Throop PA 18072
PAVUK, MD, Daniel J OPH
Three Old Mill Road
Jerwyn PA 18433
PELICCI, MD, Leroy J N
748 Quincy Avenue
Scranton PA 18510
PERRY, MD, Anthony M IM
Medical Arts Building
Scranton PA 18503
PETERS, DO, Albert J OBG
120 South Wyoming Avenue
Kingston PA 18704
PETERS, MD, John W PUD
802 Jefferson Avenue
Scranton PA 18510
PETERS, DO, William S GS
387 North Ninth Avenue
Scranton PA 18504
PETTINATO, MD, Salvatore R GP
92 Salem Avenue
Carbondale PA 18407
PHILBIN, MD, Joseph F IM
1736 Sanderson Avenue
Scranton PA 18508
PICZON, MD, Oscar Y NEP
327 North Washington Avenue
Scranton PA 18503
PICZON, MD, Severino Y NS
711 Medical Arts Building
Scranton PA 18503
PIOTROWSKI, MD, Thaddeus A FP
201 Smallacombe Drive
Scranton PA 18508
POLLINO, MD, Vincent FP
13 Kimberly Circle
Clarks Summit PA 18411
POSSANZA, MD, Carl J AN
320 Front Street
Jessup PA 18434
POTELUNAS, MD, Clement B D
R D 4 Box 564-A
Mountain Top PA 18707
PREATE, MD, Donald L U
225 Penn Avenue
Scranton PA 18503

PRELI, MD, Olindo J CD
746 Jefferson Avenue
Scranton PA 18510
PROCTOR, MD, Michael S D
507 High Street
Honesdale PA 18431
PUHALLA, MD, Cyril M J P
The Meadows Psychiatric Cente
Centre Hall PA 16828
RAMAKRISHNA, MD, PUD
Srinivasarao
201 Smallacombe Drive
Scranton PA 18508
RANCIER, MD, Lee F R
201-6 Med Arts Bldg
Scranton PA 18503
RAO, MD, Madhava S CD
220 Linden Street
Scranton PA 18503
RASCHBAUM, MD, Leopold J FP
120 South Wyoming Avenue
Kingston PA 18704
REMICK, DO, Paul F FP
309 Sunnyside Avenue
Clarks Summit PA 18411
RHIEW, MD, Francis C DR
101 Belmont Avenue
Clarks Green PA 18411
ROE, MD, Eugene J GP
20 Hillcrest Drive
Olyphant PA 18447
ROGALLA, MD, Charles S OBG
One Adams Plaza
Scranton PA 18510
ROSENFELD, MD, Bernard D U
427 Madison Avenue
Scranton PA 18503
ROSENTHAL, MD, Stephen I PD
720 North Webster Avenue
Scranton PA 18510
ROSIECKI, MD, Michael W OPH
304 Third Natl Bank Bldg
Scranton PA 18503
ROSS, MD, Vincent L PD
440 North Main Street
Scranton PA 18504
RUDOLPH, MD, Kenneth H DIA
802 Jefferson Avenue
Scranton PA 18510
RUGGIERO, DO, Dominic EM
219 West Grove Street
Clarks Summit PA 18411
RUPPENTHAL, MD, J Bruce IM
748 Quincy Avenue
Scranton PA 18510
RUZBARSKY, MD, Joseph J AN
R D 4 Box 17
Clarks Summit PA 18411
SALAZAR, MD, J Delfor NPM
1822 Mulberry Street
Scranton PA 18510
SALEEM, MD, Mohammad A IM
P O Box 460
Hamlin PA 18427
SALKO, MD, Gregory J FP
Whites Crossing
Carbondale PA 18407
SAMUEL, MD, Molly OBG
100 Dunmore Street
Throop PA 18572
SANNER, MD, John C GP
1822 Mulberry Street
Scranton PA 18510
SANTARSIERO, MD, OPH
D Anthony
106 Medical Arts Building
Scranton PA 18503
SARNOWSKI, MD, Robert J NS
Medical Arts Bldg Suite 606
Scranton PA 18503
SCHEUER, MD, John W CD
713 Pittston Avenue
Scranton PA 18505
SCHRECKENGAUST, MD, OBG
Robert H
746 Jefferson Avenue
Scranton PA 18510
SCHUMAN, MD, Robert A R
327 North Washington Avenue
Scranton PA 18503
SCIALLA, MD, Salvatore J HEM
743 Jefferson Avenue
Scranton PA 18510
SEBASTIANELLI, MD, Mario J IM
1416 Monroe Avenue
Dunmore PA 18509
SEIGLE, MD, Walter E AN
745 North Webster Avenue
Scranton PA 18510
SERINE, MD, Enrico A IM
201 Smallacomber Drive
Scranton PA 18508
SEWATSKY, MD, Mary F IM
1211/2 Vine Street
Pittston PA 18640
SHAH, MD, Nayan C GE
79 Bundoff Street
Carbondale PA 18407
SHAH, MD, Rahmat AN
Box 555
Waverly PA 18471

SHAIKH, MD, Aftab A CD
748 Quincy Avenue
Scranton PA 18510
SHARMA, MD, Meera V RHU
Third Fl Bank Towers Bldg
Scranton PA 18503
SHEER, MD, George W DR
327 N Washington Ave #201-6
Scranton PA 18503
SHELDON, MD, Douglas L D
Bank Towers Bldg 4Th Fl
Scranton PA 18503
SHERWIN, MD, Edward A IM
722 Connell Building
Scranton PA 18503
SHINGALA, MD, Arun J CD
141 Salem Avenue
Carbondale PA 18407
SHOVLIN, MD, J Michael P
55 Laurel Street
Carbondale PA 18407
SIBLEY, MD, Robert E DR
120 Overlook Road
Clarks Summit PA 18411
SILBERT, MD, Richard R P
1822 Mulberry Street
Scranton PA 18510
SIMPSON, MD, Roy W GP
304 Chestnut Street
Peckville PA 18452
SINCAVAGE, MD, Joseph T OBG
401 Adams Avenue
Scranton PA 18510
SINGH, MD, Arvind K AN
1018 Sleepy Hollow Road
Clarks Summit PA 18411
SIROTNAK, MD, John J OTO
310 Dunmore Street
Throop PA 18512
SKETTINO, MD, Joseph A OPH
401 Adams Avenue
Scranton PA 18510
SKOVIRA, MD, Edward M PTH
217 Hand Street
Jessup PA 18434
SLAGEL, MD, Scott A EM
R D 3 Box 394-F-22
Lake Ariel PA 18436
SLOVAK, MD, James P P
Bank Towers
Scranton PA 18503
SMOLKO, MD, Milan J U
802 Jefferson Avenue
Scranton PA 18510
SNYDER, MD, Randall W GE
201 Smallacombe Drive
Scranton PA 18508
SOIFER, DO, Neal E CD
Forum Plaza
Scranton PA 18503
SOMA, MD, Joseph J AI
201 Smallacombe Drive
Scranton PA 18508
SOROKANICH, MD, Stephen OPH
Suite 812 Scranton Life Bldg
Scranton PA 18503
STEC, MD, Eugene G FP
203 Oakford Road
Clarks Summit PA 18411
STEINDEL, MD, Carl R ORS
233 Penn Avenue
Scranton PA 18503
STEWART, MD, Michael P GS
The Forum Plaza
Scranton PA 18503
SU, MD, Lang-Pao AN
144 Main Street
Peckville PA 18452
SUH, MD, Sang J GS
166 North Main Street
Old Forge PA 18518
SULLUM, MD, Jonathan C DR
201 Medical Arts Bldg
Scranton PA 18503
SUNDHEIM, MD, James L DR
Moses Taylor Hosp Dept Of Rad
Scranton PA 18510
SWIFT, MD, Frank L PD
1510 North Washington Avenue
Scranton PA 18509
SWISHER II, MD, Charles L EM
700 Winola Road
Clarks Summit PA 18411
TAN, MD, Edwin L P
115 Shady Land Drive
Dickson City PA 18447
THOMPSON, MD, Carson J NS
Mercy Hospital Suite 101
Scranton PA 18501
TODARO, MD, Samuel R ORS
746 Jefferson Avenue
Scranton PA 18510
TOMAZIC, DO, David R FP
632 Main Street
Forest City PA 18421
TOUCH, MD, Ralph J GP
48 Garfield Avenue
Carbondale PA 18407
TRACY, MD, Gerald P CD
746 Jefferson Avenue
Scranton PA 18510

TUAN, MD, Bao-Kuen FP
1211 Capouse Avenue
Scranton PA 18509
TURCHETTI, MD, Eugene A IM
3738 Birney Avenue
Moosic PA 18507
TUROCK, MD, Michael J FP
397 North Ninth Street
Scranton PA 18504
UDOMSAK, MD, Paramin GS
1027 Pittston Avenue
Scranton PA 18518
UROSKIE, MD, Theodore W OBG
200 Yale Blvd
Clarks Summit PA 18411
VALVERDE, MD, Mario F OPH
812 Scranton Life Bldg
Scranton PA 18503
VENTRE, MD, Susan PD
Three Glenview Avenue
Waverly PA 18471
VENTURA, MD, Cecilia R PD
119 Main Street
Blakely PA 18447
VENTURA, MD, Samuel R OBG
119 Main Street
Blakely PA 18447
VILLASIN, MD, Joseph V PTH
P O Box 102
Clarks Summit PA 18411
VITALE, MD, Louis J CHP
537 Venard Road
Clarks Summit PA 18411
WAGNER, MD, John M IM
112 Colborn Avenue
Clarks Summit PA 18411
WAIBEL, MD, David A IM
441 North Main Street
Moscow PA 18444
WALKOWSKI JR, MD, Edward J DR
803 Puritan Road
Waverly PA 18471
WALLER, MD, Louis C IM
140 Cherry Street
Dunmore PA 18512
WALNISTA, MD, Frank J GP
222 Oak Street
Scranton PA 18508
WANDALOWSKI, MD, John G IM
748 Quincy Avenue
Scranton PA 18510
WEINBERGER, DO, Richard L IM
Medical Arts Building Ste 609
Scranton PA 18503
WEISS, MD, Jeffrey P U
The Forum
Scranton PA 18503
WENGER, MD, Norman E GP
P O Box 502
Carbondale PA 18407
WERNER, MD, Donald J GP
Gouldsboro PA 18424
WHITE, MD, Wesley R OTO
700 Quincy Avenue
Scranton PA 18510
WITOWSKI, MD, John J DR
Medical Arts Bldg
Scranton PA 18503
WOLK, MD, Melvyn H PDA
P O Box 772
Waverly PA 18471
WON, MD, Okhee PTH
441 Wyoming Avenue
Scranton PA 18503
WOODLEY, MD, Christopher C FP
251 East Grove Street
Clarks Green PA 18411
WRIGHT, MD, Robert E ON
743 Jefferson Avenue
Scranton PA 18510
WU, MD, Jun-Yi GS
700 South Webster Avenue
Scranton PA 18505
YEAGER, MD, Henry C IM
746 Jefferson Avenue
Scranton PA 18510
YEVITZ, MD, Michael G GP
624 Connell Bldg
Scranton PA 18503
YEVITZ, MD, William J GP
1514 Madison Avenue
Scranton PA 18509
YOO, MD, Eun S P
R D 1 Golf Hill Road
Honesdale PA 18431
ZALE, MD, Anthony G ORS
1538 Wyoming Avenue
Scranton PA 18509
ZAYDON, MD, Anne C IM
1601 Madison Avenue
Dunmore PA 18512
ZENKER, MD, Joanne S D
Wyoming & Spruce Streets
Scranton PA 18503
ZUKOSKI, MD, Thomas E PD
802 Jefferson Avenue
Scranton PA 18510

LANCASTER

ADAMS, MD, Laurence J NS
822 Marietta Avenue
Lancaster PA 17603

AGUSTA, MD, Victor E U
P O Box 1604
Lancaster PA 17603
AHN, MD, Chang W PM
530 Northlawn Drive
Lancaster PA 17603
AICHELE JR, DO, Robert K FP
324 Beaver Valley Road
Willow Street PA 17584
ALBERGO, MD, Robert P D
203 North Lime Street
Lancaster PA 17602
ALBIN, MD, Jorge DR
555 North Duke Street
Lancaster PA 17603
ALBRIGHT, MD, Gerald S GP
241 Main Street
Landisville PA 17538
ALEXANDER, MD, Alan R DR
St Joseph Hospital Dept Rad
Lancaster PA 17604
ALTIMARE, MD, Peter J FP
951 West Walnut Street
Lancaster PA 17603
ALTMAN JR, MD, Richard S GE
601 North Duke Street
Lancaster PA 17602
ANDERSEN, MD, Thomas W FP
Six East Main Street
Mount Joy PA 17522
ANNESE, DO, Joseph S OTO
2183 Oregon Pike
Lancaster PA 17601
ARGIRES, MD, James P NS
1671 Crooked Oak Drive
Lancaster PA 17601
ATLEE, MD, William A GS
Medical Arts Building
Lancaster PA 17603
AXELROD, DO, Norman M GS
996 East Orange Street
Lancaster PA 17602
BACHARACH, MD, Matthew D VS
628 North Duke Street
Lancaster PA 17602
BACHMAN, MD, William H FP
240 Clearfield Road
New Providence PA 17560
BACON, MD, Richard W FP
676 East Main Street
New Holland PA 17557
BADMAN, MD, Dennis S FP
1239 Elm Avenue
Lancaster PA 17603
BAIRD, MD, Edward F AN
St Joseph Hospital
Lancaster PA 17604
BAIRD, MD, Robert J FP
Manor Family Health Center
Millersville PA 17551
BAKKEN, MD, William W FP
101 Abbeyville Road
Lancaster PA 17603
BALKANY, MD, Christopher K IM
202 Butler Avenue
Lancaster PA 17601
BARR, MD, V Ward NS
1671 Crooked Oak Drive
Lancaster PA 17601
BARTGES, MD, John D U
822 Marietta Avenue
Lancaster PA 17603
BASHORE JR, MD, Robert M OBG
531 North Lime Street
Lancaster PA 17602
BEACHER JR, MD, George W GP
5286 Lincoln Highway
Gap PA 17527
BECKER, MD, Hilary J PD
800 Estelle Drive
Lancaster PA 17601
BECKLER, MD, Carl FP
912 Landis Avenue
Lancaster PA 17603
BEDI, MD, Harvinder S PD
110 Eaton Lane
Mount Laurel NJ 08054
BEITTEL, MD, James P PD
800 Estelle Drive
Lancaster PA 17601
BELL, MD, Stephen T CD
622 North Queen Street
Lancaster PA 17603
BENDER, MD, Robert R GP
Bowmansville PA 17507
BERING, MD, Thomas G AN
133 East Frederick Street
Lancaster PA 17602
BERKOW, MD, Don A EM
800 Orchard Lane
Lancaster PA 17603
BERKOWITZ, MD, Alan R AN
522 Greenhowe Drive
Lititz PA 17543
BERNHARD, MD, Robert A R
1509 Clayton Road
Lancaster PA 17603
BESECKER, MD, Joseph A PD
1725 Oregon Pike
Lancaster PA 17601

BEYER III, MD, Frederick C GS
131 East Frederick Street
Lancaster PA 17602
BIEBER, MD, Larien G IM
1950 Marietta Avenue
Lancaster PA 17603
BONCHEK, MD, Lawrence I CDS
555 North Duke Street
Lancaster PA 17603
BOWERS, MD, David W FP
562 West Second Avenue
Lititz PA 17543
BOWMAN, MD, John H OPH
1655 Crooked Oak Drive
Lancaster PA 17601
BRABAZON, DO, John F FP
109 West Main Street
Ephrata PA 17522
BRANAS, DO, John A GP
2158 Fruitville Pike
Lancaster PA 17601
BRESLIN, MD, Joseph A U
P O Box 1604
Lancaster PA 17603
BREWER, MD, Robert H FP
Route 441 And Bank Street
Marietta PA 17547
BROWN, MD, H Zane OPH
1254 Lititz Pk
Lancaster PA 17601
BROWN, MD, Richard J P
333 North Arch Street
Lancaster PA 17603
BROWN, MD, Robert E AN
133 East Frederick Street
Lancaster PA 17602
BRUBAKER, MD, J Kenneth FP
Norlanco Med Assoc
Elizabethtown PA 17022
BRUBAKER, MD, Jacob H GP
421 Main Street
Denver PA 17517
BRUBAKER, MD, Paul E FP
Norlanco Med Assoc
Elizabethtown PA 17022
BRYSON, MD, Richard L GP
120 Bank Street
Landisville PA 17538
BUCH, MD, Robert R GP
125 West Main Street
Mountville PA 17554
BUCKWALTER, MD, Victor L FP
Norlanco
Elizabethtown PA 17022
BURLINGAME, MD, Mark W CDS
555 North Duke Street
Lancaster PA 17603
BURNETT, MD, George W PD
225 North President Avenue
Lancaster PA 17603
BUSKO, MD, Carlton W GP
1810 Rothsville Road
Lititz PA 17543
CALKINS, MD, Joseph L OPH
1821 Oregon Pike
Lancaster PA 17601
CAPPIELLO, MD, Justin L OPH
324 North Duke Street
Lancaster PA 17602
CARROLL, MD, Laurence E NEP
33 Wythe Circle
Lancaster PA 17601
CARRUTHERS, MD, Ralph B GP
211 North Eighth Street
Columbia PA 17512
CARTER, MD, William A FP
418 Cloverleaf Road
Elizabethtown PA 17022
CASSEL, MD, Franklin K GER
Brethren Village Box 5093
Lancaster PA 17601
CASTLE, MD, Charles A OBG
531 North Lime Street
Lancaster PA 17602
CHABY, DO, Jeffrey H OPH
200 Butler Avenue
Lancaster PA 17601
CLELAN, MD, George M AN
149 North State Street
Ephrata PA 17522
CLEMENS, MD, Jonathan L PD
630 Rockland Street
Lancaster PA 17602
COLLURA, MD, Paul T DR
602 Northlawn Drive
Lancaster PA 17603
CONDRON, MD, Brian P P
1811 Hidden Lane
Lancaster PA 17603
CONNAUGHTON, MD, Patrick N DR
555 North Duke Street
Lancaster PA 17603
CONRAD, MD, Wayne R ORS
Lancaster Medical Center
Lancaster PA 17603
COOKE JR, MD, Alfred J ORS
127 East Frederick Street
Lancaster PA 17602
COOPER, MD, Emmett M NM
8880E Southwest 94th Street
Ocala FL 32676

COOPER III, MD, Herbert K P
260 Little Creek Road
Lancaster PA 17601
COOPER JR, MD, Herbert K DIA
Seven Ridgewood Road
Lancaster PA 17603
COOPERSTEIN, DO, Mark S GP
2183 Oregon Pike
Lancaster PA 17601
CORCORAN, MD, John J OBG
600-D Eden Road
Lancaster PA 17601
COURSIN, MD, David B PD
1503 Hillcrest Road
Lancaster PA 17603
CRANDALL III, MD, Richard A FP
247 Main Street
Landisville PA 17538
CRILL, MD, Norman C GP
143 Millersville Road
Lancaster PA 17603
CRYSTLE, MD, C Deans OBG
1059 Columbia Avenue
Lancaster PA 17603
DALEY, MD, Marvin C U
822 Matietta Avenue
Lancaster PA 17603
DAMATO, MD, Samuel L DR
Ephrata Community Hospital
Ephrata PA 17522
DAMIANO, DO, John A EM
1180 Suffolk Drive
Lititz PA 17543
DAVIDSON, MD, Paul R GS
1100 Grandview Boulevard
Lancaster PA 17601
DAVIS, MD, Allan S HEM
231 North Shippen Street
Lancaster PA 17602
DAVIS, MD, Irene B OBG
70 Peach Lane
Lancaster PA 17601
DEARDORFF, MD, Charles L GS
822 Marietta Avenue
Lancaster PA 17603
DECARLO, DO, Peter J OBG
6000 Eden Road
Lancaster PA 17601
DEGREEN, MD, Hyatt P ON
333 North Arch Street
Lancaster PA 17603
DENLINGER, MD, John K AN
1440 Country Club Drive
Lancaster PA 17601
DERON, DO, Scott J CD
314 Sunset Avenue
Strasburg PA 17579
DERR, MD, Russell H US
154 West Main Street
Adamstown PA 19501
DIAMANTONI, MD, Stephen G FP
734 North Franklin Street
Lancaster PA 17602
DIEHL, MD, Daniel L FP
225 Millwood Road
Lancaster PA 17602
DITMAR, MD, Mark F PD
Childrens Hospital Of Phil
Philadelphia PA 19104
DOE, MD, Robert G FP
213 Tomahawk Drive East
Conestoga PA 17516
DOENECKE, MD, Arthur L GP
443 North Duke Street
Lancaster PA 17602
DORAZIO, MD, Dominick J AN
133 East Frederick Street
Lancaster PA 17602
DRAGANN, DO, Raymond D ORS
703 Lampeter Road
Lancaster PA 17602
DUPREY, MD, James G FP
181 Conestoga Boulevard
Lancaster PA 17602
EBERSOLE, MD, John H TR
1440 Hunsicker Road
Lancaster PA 17601
ECKENRODE, MD, Joseph L GP
834 Marietta Avenue
Lancaster PA 17603
EISENHOWER, MD, Edward A PTH
613 Heather Lane
Lancaster PA 17603
ELKIN, DO, Richard J IM
1576 Lititz Pike
Lancaster PA 17601
ELLISON, MD, Ervin OM
815 Wilson Drive
Lancaster PA 17603
ENGLE, MD, Eugene K FP
130 South Penn Street
Manheim PA 17545
ESBENSHADE II, MD, John H IM
445 North Duke Street
Lancaster PA 17602
ESHELMAN JR, MD, Guy R FP
Route Two Box 82
Lancaster PA 17603
ESHLEMAN, MD, D Rohrer EM
46 Country Lane
Landisville PA 17538

ESHLEMAN, MD, John D PUD
Lancaster General Hospital
Lancaster PA 17603
ESHLEMAN, MD, S Kendrick P
317 North Duke Street
Lancaster PA 17602
ETNOYER, MD, John J OBG
549 North Lime Street
Lancaster PA 17602
EVANS, MD, Charles M ORS
301 West Main Street
Ephrata PA 17522
EYLER, MD, Paul W R
1332 Hillcrest Road
Lancaster PA 17603
FALK JR, MD, Robert B AN
133 East Frederick Street
Lancaster PA 17602
FARMER, MD, John L GS
1140 Columbia Avenue
Lancaster PA 17603
FEEHAN, MD, Patrick R D
1834 Oregon Pike
Lancaster PA 17601
FEINSTEIN, MD, Alex DR
555 North Duke Street
Lancaster PA 17603
FLEISCHER, MD, Leslie R CD
333 North Arch Street
Lancaster PA 17603
FLOOD, MD, Michael S PS
554 North Duke Street
Lancaster PA 17602
FLORES, MD, Alberto C IM
3413 Goshen Road
Newtown Square PA 19073
FORMAN, MD, Irwin H P
342 College Avenue
Lancaster PA 17603
FOUST, MD, Wilson A GP
Brethran Village Box 5093
Lancaster PA 17601
FRANCE, MD, Laurence W OBG
1059 Columbia Avenue
Lancaster PA 17603
FREDERICK, MD, David W FP
101 Abbeyville Road
Lancaster PA 17603
FUCHS, MD, David E FP
3045 Marietta Avenue
Lancaster PA 17601
FULTON, MD, Harry C OPH
1420 Hunsicker Road
Lancaster PA 17601
GALANIS, MD, Sotire E ORS
205 Woodchuck Drive
Ephrata PA 17522
GAREIS, MD, John W R
2101 Millersville Pike
Lancaster PA 17603
GAROFOLA, MD, John H R
Lancaster General Hospital
Lancaster PA 17603
GARRIDO, MD, Eddy NS
1671 Crooked Oak Drive
Lancaster PA 17601
GARVEY, MD, Edmund P AN
401 Chowning Place
Lancaster PA 17601
GASTALDO, MD, John A NS
299 Hess Boulevard
Lancaster PA 17601
GAULT, MD, James H CD
217 Harrisburg Avenue
Lancaster PA 17603
GAUSE, MD, Paul E IM
P O Box 419
Ephrata PA 17522
GAYESKI, MD, Richard J FP
16-A Manor Avenue
Millersville PA 17551
GAYNOR, MD, William B PTH
23 Ridge Drive
Lititz PA 17543
GEHMAN, MD, Gary S FP
Ten East Penn Grant Road
Willow Street PA 17584
GENTZLER II, MD, Richard D CD
217 Harrisburg Avenue
Lancaster PA 17603
GERBER, DO, Melvin D PM
P O Box 468
Willow Street PA 17584
GLAH JR, MD, Henry J OS
906 East Orange Street
Lancaster PA 17602
GODDARD JR, MD, James E AN
1311 Hunter Drive
Lancaster PA 17601
GODSHALL, MD, Stanley M FP
Norlanco Medical Associates
Elizabethtown PA 17022
GOLDFARB, MD, Lloyd G IM
P O Box 3509
Lancaster PA 17604
GOLDIN, MD, Ralph J GP
140 East Main Street
Brownstown PA 17508
GOLDMAN, MD, Duane C R
630 Millcross Road
Lancaster PA 17601
GOLDMAN, MD, Gary L AN
403 Wetherburn Drive
Lancaster PA 17601
GOOD, MD, Daniel C NS
1671 Crooked Oak Drive
Lancaster PA 17601
GOOD, MD, Milton S FP
610 Highlawn Avenue
Elizabethtown PA 17022
GOOD, MD, Robert L FP
562 West Second Avenue
Lititz PA 17543
GOTTLIEB, MD, Jerome I P
333 North Arch Street
Lancaster PA 17603
GOTTLIEB, MD, Robert J ON
1875 Lititz Pike
Lancaster PA 17601
GRANT, MD, Alistair M OBG
549 North Lime Street
Lancaster PA 17602
GRASSE JR, MD, John M GP
115 North Ninth Street
Akron PA 17501
GRAY, MD, Louis P FP
647 East Roseville Road
Lancaster PA 17601
GREENE, MD, Neil A ID
24 East James Street
Lancaster PA 17602
GROLEAU, MD, George E D
154 Ridings Way
Lancaster PA 17601
GROSH, MD, John L IM
1875 Lititz Pike
Lancaster PA 17601
GROSH, MD, Joseph W GP
Two South Broad Street
Lititz PA 17543
GROSH, MD, Paul R IM
1521 Ridge Road
Lancaster PA 17603
GROSH, MD, William B FP
Two South Broad Street
Lititz PA 17543
GROSH, MD, William K FP
1036 Broad Street
Akron PA 17501
GROSS, DO, Frances C PD
1725 Linwood Avenue
Lancaster PA 17603
GSCHWEND III, MD, Paul GS
822 Marietta Avenue
Lancaster PA 17603
GUIDOS JR, MD, Paul J OS
642 Wyncroft Lane
Lancaster PA 17603
HACKMAN, MD, Vicki L FP
P O Box 440
Willow Street PA 17584
HALPERN, MD, Barton L OPH
1532 Lititz Pike
Lancaster PA 17601
HAMMOND, MD, Charles P GP
449 West James Street
Lancaster PA 17603
HARGRAVE, MD, Hugh J AN
133 East Frederick
Lancaster PA 17602
HARNISH, MD, David M GS
208 West Main Street
Ephrata PA 17522
HARRIGER, MD, Miles D GP
2081 Edgemont Drive
East Petersburg PA 17520
HARRISON, MD, Cynthia EM
30 Glenmore Circle
Lancaster PA 17601
HARTMAN, MD, William F OBG
1115 Marietta Avenue
Lancaster PA 17603
HASSEL JR, MD, Carl W D
275 Hess Boulevard
Lancaster PA 17601
HEFFERN, MD, James E PM
Millersville University
Millersville PA 17551
HEINLE JR, MD, Frederick J GS
1410 Ridge Road
Lancaster PA 17603
HEISTERKAMP III, MD, GS
Charles A
719 North Duke Street
Lancaster PA 17602
HELM, MD, Robert C GP
108 South Church Street
Quarryville PA 17566
HELM JR, MD, John D IM
1913 Sterling Place
Lancaster PA 17601
HERR, MD, James D FP
Susquehana Family Health Ctr
Marietta PA 17547
HERSCHAFT, MD, Richard J D
203 North Lime Street
Lancaster PA 17602
HESS, MD, J Clair FP
Eastbrook Family Health Ctr
Ronks PA 17572
HESS, MD, Joseph B GP
2174 Old Philadelphia Pike
Lancaster PA 17602
HINES, MD, Roderick E N
444 North Lime Street
Lancaster PA 17602
HODGE, MD, Ian G U
210 Eshelman Road
Lancaster PA 17601
HOFFMAN JR, MD, Harry H GP
300 Stony Battery Rd
Landisville PA 17538
HOGG, MD, Susan M FP
County Line Medical Center
Gap PA 17527
HOKE JR, MD, Hugh H R
555 North Duke Street
Lancaster PA 17603
HOLDER, MD, Arthur J FP
562 West Second Avenue
Lititz PA 17543
HOOVER, MD, Carl H PD
P O Box 50
Sun City AZ 85372
HOPKINS, MD, Robert G FP
Manheim Family Health Center
Manheim PA 17545
HORTON JR, MD, William H US
Lancaster General Hospital
Lancaster PA 17603
HOUSMAN, MD, John H OPH
558 North Duke Street
Lancaster PA 17602
HOWSE, MD, Robert M FP
137 North Duke Street
Lancaster PA 17602
HUFFNAGLE, MD, Henry W U
P O Box 1604
Lancaster PA 17603
HUGHES, MD, David P ORS
127 East Frederick Street
Lancaster PA 17602
HULICK, MD, Peter R R
233 College Avenue
Lancaster PA 17603
HUNT, MD, William D L FP
321 South Church Street
Quarryville PA 17566
HUTT, MD, Gordon H CD
1862 Sturbridge Drive
Lancaster PA 17601
IBARRA, MD, Joseluis CD
Conestoga Medical Associates
Lancaster PA 17603
ICHTER, MD, Jon R FP
1282 Barclay Drive
Lancaster PA 17601
IGLESIAS, MD, Manuel OPH
822 Marietta Avenue
Lancaster PA 17603
IVY, MD, Mary E FP
1551 Cambridge Court
Palmyra PA 17078
JAMESON, MD, E Carleton OS
Box 83
Akron PA 17501
JENS, MD, Kurtis D P
142 East Chestnut Street
Lancaster PA 17602
JOHNS, MD, Milton W EM
R D 3 Pine Lane
Willow Street PA 17584
JOHNSON, MD, Carl G GP
585 Ridgeview Avenue
Elizabethtown PA 17022
JOHNSON, MD, Joan E OBG
531 North Lime Street
Lancaster PA 17602
JOHNSON, MD, Robert P FP
676 East Main Street
New Holland PA 17557
JOHNSON JR, DO, Allan C GP
115 North Ninth Street
Akron PA 17501
JOHNSON JR, MD, Bertram L CD
622 North Queen Street
Lancaster PA 17603
JOHNSTON, MD, Eugene V GP
20 Pine Street
Christiana PA 17509
JONES, MD, Julie L FP
Manor Family Health Center
Millersville PA 17551
JONES, MD, Terrence H FP
130 South Penn Street
Manheim PA 17545
JONES JR, MD, Arthur F OTO
1655 Crooked Oak Drive
Lancaster PA 17601
KATZ, MD, Joseph
275 Blossom Hill Drive
Lancaster PA 17601
KAUFMAN, MD, Clark R A
2445 Marietta Avenue
Lancaster PA 17601
KAUR, MD, Manjeet PD
Lancaster General Hospital
Lancaster PA 17603
KEEFE, MD, Jerry M FP
96 Highland Avenue
Ephrata PA 17522
KEGEL, MD, Daniel P OBG
1059 Columbia Avenue
Lancaster PA 17603
KEGEL, MD, Eugene E OBG
1059 Columbia Avenue
Lancaster PA 17603
KEGEL, MD, Mary F D
1834 Oregon Pike
Lancaster PA 17601
KELLER, DO, Jon M EM
332 South State Street
Ephrata PA 17522
KELLY, MD, Marianne L IM
1950 Marietta Avenue
Lancaster PA 17603
KEMP, MD, Robert M FP
125 Roslyn Avenue
Lancaster PA 17602
KEMRER, MD, J Donald GP
536 North Duke Street
Lancaster PA 17602
KENDALL, MD, Leigh W GS
1314 Quarry Lane
Lancaster PA 17603
KENNA, MD, Jos Patrick EM
1501 Butter Road #6
Lancaster PA 17601
KENT, MD, George M ORS
325 North Duke Street
Lancaster PA 17602
KEYSER, DO, Jeffrey A GS
996 East Orange Street
Lancaster PA 17602
KIERNAN, DO, James V EM
114 Suncrest Road
Lancaster PA 17601
KIM, MD, Achin PDA
2445 Marietta Avenue
Lancaster PA 17601
KIM, MD, Hack J IM
3244 Harrisburg Pike
Landisville PA 17538
KIM, MD, Yong W OBG
1081 Swipe Lane
Ephrata PA 17522
KING, MD, Diane L FP
806 North Reservoir Street
Lancaster PA 17602
KINTZI, MD, Harry E EM
1157 Old Eagle Road
Lancaster PA 17601
KIPP, MD, James E FP
Norlanco Medical Associates
Elizabethtown PA 17022
KIRCHNER, MD, G Gary GS
P O Box 1531
Lancaster PA 17603
KIRK, MD, Marvel S GP
R D 2
Lancaster PA 17603
KNAUB, MD, Marilyn B FP
Southeast Lancaster Hlth Ctr
Lancaster PA 17602
KNEPPER, MD, Joseph A FP
11 Holly Drive
Leola PA 17540
KNERR JR, MD, Edgar D GYN
Seven Lakes
West End NC 27376
KNOX-LEE, DO, Margaret M PD
15 Church Street
Lancaster PA 17602
KO, MD, Eugene C H PUD
808 Pleasantview Drive
Ephrata PA 17522
KOCH, MD, Andrew W R
1010 Grandview Blvd
Lancaster PA 17601
KOCHEL, MD, Randy L FP
County Line Medical Center
Gap PA 17527
KONTRA, MD, Joseph M ID
24 East James Street
Lancaster PA 17602
KRAYBILL, MD, Harold E P
2475 Ellendale Drive
Lancaster PA 17602
KRAYBILL, MD, Leon S FP
418 Cloverleaf Road
Elizabethtown PA 17022
KREIDER, MD, Henry L GP
306 South Market Street
Elizabethtown PA 17022
KREIDER, MD, John K GP
2045 State Street
East Petersburg PA 17520
KREIDER, MD, Kathleen A FP
301 East Main Street
New Holland PA 17557
KRESPAN, MD, Charles B OBG
549 North Lime Street
Lancaster PA 17602
KRISSINGER, MD, Robert C GP
1002 Grandview Blvd
Lancaster PA 17601
KRUSEN, MD, David E GP
194 Lake Meade Drive
East Berlin PA 17316
KUREY, MD, Robert J OS
330 North Duke Street
Lancaster PA 17602
LANCASTER JR, MD, ORS
Edward L
339 North Duke Street
Lancaster PA 17602
LANCELLOTTI, MD, Giuseppe PD
1248 West Main Street
Ephrata PA 17522
LANDIS, MD, Floyd M GP
Eight Conestoga Avenue
Leola PA 17540
LANDIS, MD, Richard M GP
1315 Clayton Road
Lancaster PA 17603
LANGSAM, MD, Andrew EM
17 Stella Drive
Hockessin DE 19707
LANZILLO, MD, Joseph H R
555 North Duke Street
Lancaster PA 17603
LATSHAW, MD, Robert F R
Lancaster Radiology Assocs
Lancaster PA 17603
LAUKAITIS, MD, Ronald B GP
Clearview Drive
Reinholds PA 17569
LAUTER, MD, O Scott IM
618 North Duke Street
Lancaster PA 17602
LAZARUS, DO, Ben G IM
1576 Lititz Pike
Lancaster PA 17601
LEAMAN, MD, Ivan B FP
109 North Decatur Street
Strasburg PA 17579
LEAMAN, MD, Phyllis L EM
172 Oak View Road
Lancaster PA 17602
LEBISCHAK, MD, Helene C PD
555 North Duke Street
Lancaster PA 17603
LEBO, MD, Arland A GP
R D 3 Box 250
Mount Joy PA 17552
LEGUM, MD, Ronald M CD
333 North Arch Street
Lancaster PA 17603
LEHMAN, MD, Harvey L GP
506 Manor Avenue
Millersville PA 17551
LEHMAN, MD, Nelson R FP
North Bank Street At Rte 441
Marietta PA 17547
LEIPHART, MD, Clarence D OPH
177 Kready Avenue
Millersville PA 17551
LEVENSON, MD, Morton W GP
811 South Cedar Street
Lititz PA 17543
LEVIN, MD, Richard M PS
1608 Lititz Pike
Lancaster PA 17601
LOCKEY III, MD, Stephen D A
2445 Marietta Avenue
Lancaster PA 17601
LOEB, MD, Roland A PTH
Box 1708
Lancaster PA 17603
LOMBARD, MD, Robert M GP
259 North Sixth Street
Columbia PA 17512
LONGENDERFER, MD, Roger L FP
107 Conestoga Street
Terre Hill PA 17581
LONGWELL, MD, Robert H OBG
600D Eden Road
Lancaster PA 17601
LOWELL, MD, Fred M P
26 Conestoga Drive
Lancaster PA 17602
LU, MD, Milton M PS
614 North Duke Street
Lancaster PA 17602
LUCAS, MD, Richard M EM
127 Knollwood Drive
Lancaster PA 17601
LYET, MD, J Paul ORS
217 Harrisburg Avenue
Lancaster PA 17603
MALEY, MD, Edward D ORS
127 East Frederick Street
Lancaster PA 17602
MANN, MD, Lowell D P
Eight West Bainbridge Street
Elizabethtown PA 17022
MARTIN, MD, Arthur E IM
Landis Homes
Lititz PA 17543
MARTIN, MD, James S FP
28 East Liberty Street
Lancaster PA 17602
MARTINI, MD, Enrico T OBG
1059 Columbia Avenue
Lancaster PA 17603
MAST, MD, Truman E P
St Joseph Hospital
Lancaster PA 17604
MASTROPIETRO, MD, FP
N Anthony
440 West Chestnut Street
Lancaster PA 17603
MATHEWS, MD, Robert S ORS
554 North Duke Street
Lancaster PA 17602
MATLIN, MD, Robert A PUD
1171 Country Club Drive
Lancaster PA 17601

MATTLEMAN, DO, Joel H EM
1712 Jennings Way
Paoli PA 19301
MAY, MD, John C OBG
549 North Lime Street
Lancaster PA 17602
MAYBERRY, DO, Joseph J EM
P O Box 3509
Lancaster PA 17604
MCCANN, MD, William D CD
R D 1 Box 207 M
Pequea PA 17565
MCGEE, MD, Michael J FP
New Holland Family Hlth Ctr
New Holland PA 17557
MCGILL, MD, Kenneth W FP
333 North Arch Street
Lancaster PA 17603
MCKEE, MD, Michael B IM
333 North Arch Street
Lancaster PA 17603
MCLAUGHLIN, MD, Frank W GP
1010 Davis Drive
Lancaster PA 17603
MCNEAL, MD, Samuel W US
741 Chestnut Street
Columbia PA 17512
MEARS, MD, Virginia G P
R D 1
Millersville PA 17551
MELAMED, MD, Brian R AN
519 Ashton Place
Lititz PA 17543
MELLINGER, MD, Richard W IM
225 North Maple Street
Ephrata PA 17522
MERSHON, MD, Charles R FP
36 South Broad Street
Lititz PA 17543
MESSNER, MD, Kenneth H OPH
420 North Duke Street
Lancaster PA 17602
MILLER, MD, C Eugene GP
743 Pershing Avenue
Ephrata PA 17522
MILLER, MD, Gerald E FP
964 Boyce Avenue
Lancaster PA 17601
MILLER, MD, Parry J R
3053 Glouchester Street
Lancaster PA 17601
MILLER, MD, Thomas L FP
418 Cloverleaf Road
Elizabethtown PA 17022
MILLER JR, MD, John W OTO
1655 Crooked Oak Drive
Lancaster PA 17601
MINSEK, MD, Robert C P
2641 Sutton Place
Lancaster PA 17601
MOBERG, MD, F Barrie EM
220 East Walnut Street
Lancaster PA 17602
MOHLER, MD, J Harold IM
2465 Bluegrass Lane
Ronks PA 17572
MONCRIEF, MD, Richard D GP
1671 Oregon Pike
Lancaster PA 17601
MONDERO, DO, Nancy A OBG
2183 Oregon Pike
Lancaster PA 17601
MONTGOMERY, MD, Maxine D N
324 North Lime Street
Lancaster PA 17602
MOORE, MD, Terence N TR
Lancaster General Hospital
Lancaster PA 17603
MOORE SR, MD, Robert G AN
130 Evergreen Drive
Lancaster PA 17601
MUELLER, MD, Garry L FP
3045 Mareitta Avenue
Lancaster PA 17601
MUJSCE, MD, Dennis J NPM
770 Prince Circle
Hummelstown PA 17036
MUNTEANU, MD, V Peter OBG
P O Box 757
Ephrata PA 17522
MURPHY, MD, Gregory L FP
508 Rutledge Avenue
Lancaster PA 17601
NASH, MD, James D IM
P O Box 360
Ephrata PA 17522
NEIDHARDT, MD, Paul W GP
316 North Fifth Street
Denver PA 17517
NEUREUTER, MD, Louis J PUD
25 East James Street
Lancaster PA 17602
NEWCOMER, MD, David L GS
2620 Miller Road
East Petersburg PA 17520
NIEMEYER, MD, Richard H FP
154 East Main Street
Leola PA 17540
NORRIS, MD, Edward J OS
Lancaster General Hospital
Lancaster PA 17603
NUTTER, MD, David E P
Eight North Queen Street
Lancaster PA 17603
OCONNOR, MD, Thomas W FP
Four East Main Street
Mount Joy PA 17552
OCONOR JR, MD, G Thomas HEM
1875 Lititz Pike
Lancaster PA 17601
OLIN, MD, Stephen T FP
1029 Woods Avenue
Lancaster PA 17603
ONEILL, DO, James P ORS
703 Lampeter Road
Lancaster PA 17602
PALLEN, MD, Daniel OPH
1865 Sturbridge Drive
Lancaster PA 17601
PALUMBO, MD, John A FP
1810 Oregon Pike
Lancaster PA 17601
PARKER, MD, Steven L GS
822 Marietta Avenue
Lancaster PA 17603
PARLIMENT, MD, Joel W IM
808 Pleasant View Drive
Ephrata PA 17522
PATEL, MD, Harshadkumar B PUD
P O Box 355
Lancaster PA 17603
PAUL JR, MD, John D GYN
224 Willow Valley Drive
Lancaster PA 17602
PENCHANSKY, MD, Barry H FP
2444 Butter Road
Lancaster PA 17601
PETERS, MD, Harold E OM
500 Diller Avenue
New Holland PA 17557
PETERSON, MD, Roger D R
Lancaster General Hospital
Lancaster PA 17603
PETERSON JR, MD, Charles B IM
4719 South East
Cape Coral FL 33904
PHILLIPS, MD, John D GP
825 Mcgrann Boulevard
Lancaster PA 17601
PHILLIPS, MD, Spencer D FP
701 North Duke Street
Lancaster PA 17603
PLAYFOOT, MD, Donald E FP
Leola Family Health Center
Leola PA 17540
PLOURDE, MD, Paul V END
734 North Franklin Street
Lancaster PA 17602
PLUTNICKI, MD, Ronald S OBG
549 North Lime Street
Lancaster PA 17602
POHL, MD, Charles E U
P O Box 1604
Lancaster PA 17603
POKORNEY, MD, Bruce H GE
601 North Duke Street
Lancaster PA 17602
PONTIUS, MD, John G GS
129-131 East Frederick Street
Lancaster PA 17602
PONTZ, MD, Jack B GP
647 East Roseville Road
Lancaster PA 17601
PORTER JR, MD, William F PUD
P O Box 3555
Lancaster PA 17603
POSEY, MD, Dale M OPH
465 West Second Avenue
Lititz PA 17543
PRANCKUN, MD, Peter J P
645 Millcross Road
Lancaster PA 17601
PRANCKUN, MD, Peter P GS
628 North Duke Street
Lancaster PA 17602
PRATT, MD, Robert S FP
Willow Street Family Hlth Ctr
Willow Street PA 17584
PRICE, MD, Albert C PD
1725 Oregon Pike
Lancaster PA 17601
PRICE, MD, Robert K FP
2045 State Street
East Petersburg PA 17520
PRINCE, MD, Stanley T OBG
1081 Swipe Lane
Ephrata PA 17522
PROWELL, MD, Joseph W GP
133 Funk Street
Strasburg PA 17579
PURDY, MD, Richard T CDS
129-131 East Frederick Street
Lancaster PA 17602
RAICH, MD, William A OPH
217 Harrisburg Avenue Ste 101
Lancaster PA 17603
RAMBACH, MD, Leonard GP
634 Manor Street
Lancaster PA 17603
REESE, MD, Richard W RHU
Lancaster Arthritis Center
Lancaster PA 17603
RICE, MD, Samuel A IM
1950 Marietta Avenue
Lancaster PA 17603
RIDEN, MD, Alice E FP
34 South Broad Street
Lititz PA 17543
RIDGWAY, MD, William G GP
115 North Ninth Street
Akron PA 17501
RIFFERT, MD, Paul M GS
1011 Lincoln Heights Avenue
Ephrata PA 17522
RIGANO JR, MD, Rudolph F IM
60 Northwest End Avenue
Lancaster PA 17603
RIPPLE, MD, Paul H OPH
558 North Duke Street
Lancaster PA 17602
ROBBINS, MD, Howard S AN
779 Stony Battery Road
Lancaster PA 17601
ROBBINS, MD, Warren J ORS
822 Mariett Avenue
Lancaster PA 17603
ROBERTS, MD, Haskell E GP
353 Main Street
Denver PA 17517
ROBERTS, MD, William D FP
101 Abbeyville Road
Lancaster PA 17603
RODA, DO, David M AN
2485 Raleigh Drive
Lancaster PA 17601
ROGERS, MD, Albert K CD
808 Pleasant View Drive
Ephrata PA 17522
ROGEVICH, DO, Joseph E AN
1328 Valley Road
Lancaster PA 17603
ROMMEL, MD, Catherine T OPH
1349 Country Club Drive
Lancaster PA 17601
ROMMEL, MD, F Michael U
620 North Duke Street
Lancaster PA 17603
ROSARIO-LEON, MD, Nelson R P
St Joseph Hospital
Lancaster PA 17604
ROSCHEL, MD, Robert L D
203 North Lime Street
Lancaster PA 17602
ROST, MD, Charles R END
202 Butler Avenue
Lancaster PA 17601
ROTHACKER JR, MD, ORS
Gerald W
127 East Frederick Street
Lancaster PA 17602
ROTOR, MD, Marilyn L PM
250 College Avenue
Lancaster PA 17604
ROWAN, MD, Paul J GS
1277 Meadow Brook Road
Lancaster PA 17603
ROWLAND, MD, N Dean GP
Five Grandview Avenue
Pittsburgh PA 15211
RUBIN, MD, Myron M IM
616 North Duke Street
Lancaster PA 17602
RUTT, MD, John M FP
R D 2 Box 120
Strasburg PA 17579
RUTT JR, MD, Clarence H GS
250 College Avenue Prof Bldg
Lancaster PA 17604
RYNIER, MD, Donald L P
1049 Lambly Road
Landisville PA 17538
SAILER, MD, Dale W FP
90 North Tenth Street
Akron PA 17501
SANDHAUS, MD, Julius L GER
1909 Marietta Avenue
Lancaster PA 17603
SAUNDERSON JR, MD, PM
Robert W
543 Woodsedge Road
Dover DE 19901
SCHACHTERLE, MD, Ralph E GP
307 North Maple Street
Ephrata PA 17522
SCHAEFFER, MD, William A IM
443 State Street
Lancaster PA 17603
SCHAFFNER, MD, Meade D GP
White Hall Nursing Home
Lancaster PA 17603
SCHANTZ, DO, Beverly B AN
123 South Duke Street
Lancaster PA 17602
SCHANTZ, MD, John C PS
554 North Duke Street
Lancaster PA 17602
SCHLOSSER, MD, David E GP
R D 2 Box 188
Mount Joy PA 17552
SCHROCK, MD, Jon H FP
Manor Family Health Center
Millersville PA 17551
SCHUBERT, MD, John J NEP
439 North Duke Street
Lancaster PA 17602
SCHULZ, MD, August J P
Lancaster General Hospital
Lancaster PA 17603
SCHULZ, MD, Jacob A P
164 Hamilton Road
Lancaster PA 17603
SCIBAL, MD, Gary J FP
562 West Second Avenue
Lititz PA 17543
SCOTT, DO, Robert C GS
996 East Orange Street
Lancaster PA 17602
SEIPLE, MD, Harvey H DIA
85 Eshelman Road
Lancaster PA 17601
SHERBAN, MD, Paul R DR
555 North Duke Street
Lancaster PA 17604
SHERTZER, MD, John H ORS
127 East Frederick Street
Lancaster PA 17602
SHULTZ, MD, Margarita M R
1309 Wheatland Avenue
Lancaster PA 17603
SHULTZ, MD, Robert G IM
1309 Wheatland Avenue
Lancaster PA 17603
SIEGRIST, MD, J Donald IM
457 Beechdale Road Box 506
Bird In Hand PA 17505
SIGAFOOS EXEC SEC, SALLY
137 East Walnut Street
Lancaster PA 17602
SIGMUND, MD, William J D
511 South Spruce Street
Lititz PA 17543
SINGH, MD, Surender CD
622 North Queen Street
Lancaster PA 17603
SKINNER III, MD, Robert W GS
1927 Millersville Pike
Lancaster PA 17603
SLENKER, MD, Kevin F AN
1046 Buchanan Avenue
Lancaster PA 17603
SLOVAK, MD, John P CD
217 Harrisburg Avenue
Lancaster PA 17603
SMIGOCKI JR, MD, Gene C R
344 Koser Road
Lititz PA 17543
SMITH, MD, Eugene C GP
647 East Roseville Road
Lancaster PA 17601
SMITH, MD, Ian D IM
217 Harrisburg Avenue
Lancaster PA 17603
SMITH JR, MD, Harold A EM
640 Barr Boulevard
Lancaster PA 17603
SNYDER, MD, Herbert D GS
336 Ludwell Drive
Lancaster PA 17601
SNYDER, MD, Richard L FP
R D 1 Box 292 B
Mount Joy PA 17552
SOBELMAN, MD, Paul B FP
44 Lancaster Avenue
Ephrata PA 17522
SOLOMON, MD, Elias M GP
516 North Duke Street
Lancaster PA 17602
SOUCY, MD, Denise M FP
220 Colonial Crest Drive
Lancaster PA 17601
SPILLMAN, MD, Murray K GP
120 Corry Avenue
Lancaster PA 17601
SPINUZZA, DO, Philip J ORS
703 Lempeter Road
Lancaster PA 17602
SPITLER III, MD, William M OPH
1655 Crooked Oak Drive
Lancaster PA 17601
SPRINGER III, MD, Robert M R
St Joseph Hospital
Lancaster PA 17604
SRITULANONDHA, MD, AN
Nowaratana
Seventh & Poplar Streets
Columbia PA 17512
STAHLMAN, MD, Roy A EM
595 River Drive
Lancaster PA 17603
STAUB, MD, Jonathan S IM
1930 Marrietta Avenue
Lancaster PA 17603
STAUFFER, MD, Harold E GP
154 East Main Street
Leola PA 17540
STEINKE, DO, Walter D FP
South Jackson At Funk Street
Strasburg PA 17579
STEINMAN, MD, Robert C PM
204 Butler Avenue
Lancaster PA 17601
STENGEL, MD, Robert J FP
28 South West End Avenue
Lancaster PA 17603
STOLTZFUS, MD, Virgil D FP
673 Slalom Lane
Valparaiso IN 46383
STONER, MD, Robert E EM
54 Jackson Drive
Lancaster PA 17603
STOUT, MD, William J GP
106 North Clay Street
Manheim PA 17545
STRITTMATTER, MD, John M FP
676 East Main Street
New Holland PA 17557
STUART, MD, Thomas J N
535 North Lime Street
Lancaster PA 17602
SUMMERS, MD, Kermit L EM
Gap PA 17527
SUPPLE, MD, Edward W CD
1066 Hunter Path
Lancaster PA 17601
SUSSMANE, MD, Jeffrey B PD
Miami Childrens Hospital
Miami Florida
SWAN, MD, Reyer O GP
562 West Second Avenue
Lititz PA 17543
SWINTON, MD, Timothy W FP
820 North Duke Street
Lancaster PA 17602
SZUTOWICZ, DO, Michael P FP
248 West Main Street
Ephrata PA 17522
TALBERT, MD, Madonna L OBG
1059 Columbia Avenue
Lancaster PA 17603
TIFFT, MD, Stephen W PD
1725 Oregon Pike
Lancaster PA 17601
TINDALL, MD, Herbert L FP
121 Germantown Avenue
Christiana PA 17509
TINDALL, MD, Janice C FP
County Line Medical Center
Gap PA 17527
TINNEY JR, MD, William S IM
109 East Roseville Road
Lancaster PA 17601
TORCHIA, DO, Michael D GP
888 Millesville Road
Lancaster PA 17603
TUCKER, MD, Jean E FP
50 Willow Valley Drive
Lancaster PA 17602
TURULA, MD, Jon B AN
133 East Frederick Street
Lancaster PA 17602
TYMON, MD, Timothy P ORS
Lancaster Medical Center
Lancaster PA 17603
VAZALES, MD, Brad E CDS
555 North Duke Street
Lancaster PA 17603
VISNESKI, DO, Paul E OBG
1725 Oregon Pike
Lancaster PA 17601
WAGNER JR, MD, Richard S AN
1411 Hillcrest Road
Lancaster PA 17603
WALKER, MD, Jon G U
822 Marietta Avenue
Lancaster PA 17603
WALKER, MD, William R OBG
Lancaster Medical Center
Lancaster PA 17603
WEAVER, MD, Aaron R GS
210 Third Street
Ephrata PA 17522
WEAVER, MD, R Clair FP
Norlanco Medical Associates
Elizabethtown PA 17022
WEBER, MD, Richard H FP
817 North Cherry Street
Lancaster PA 17602
WEED, MD, Michael K FP
247 Main Street
Landisville PA 17538
WEIDA, MD, Thomas J FP
1011 Handsome Place
Lititz PA 17543
WEINBERG, MD, J David FP
45 South Sixth Street
Columbia PA 17512
WEINSTOCK, MD, Andrew I GS
250 College Avenue
Lancaster PA 17604
WEISMER, MD, Richard M R
2469 Raleigh Drive
Lancaster PA 17601
WENGER, MD, Marlin E RHU
217 Harrisburg Avenue
Lancaster PA 17603
WENTZ, MD, Henry S FP
180 Hillcrest Avenue
Strasburg PA 17579
WESTON, MD, David M GE
514 North Duke Street
Lancaster PA 17602
WHEATLY, MD, William K OPH
1424 Hillcrest Road
Lancaster PA 17603

WHETSTONE, MD, Charles L OM
Lancaster General Hospital
Lancaster PA 17603
WHITE JR, MD, Robert H OPH
1254 Lititz Pike
Lancaster PA 17601
WILCOX JR, MD, Winthrop P AN
133 East Frederick Street
Lancaster PA 17602
WILEY, DO, David E OBG
1725 Oregon Pike
Lancaster PA 17601
WILLIAMS, MD, Henry N FP
P O Box 153
Lancaster PA 17603
WILSKER, MD, Herbert B FP
117 Prospect Street
Lancaster PA 17603
WILSON, MD, James A FP
Eastbrook Family Health Ctr
Ronks PA 17572
WINIARSKI, MD, Genevieve C GS
3224 Harrisburg Pike
Landisville PA 17538
WINTER, MD, Charles R ORS
80 School House Road
Lancaster PA 17603
WISSLER, MD, Robert U GP
49 Old Mill Road
Ephrata PA 17522
WITMER, MD, Donald B GP
Box 188
Willow Street PA 17584
WITMER, MD, Robert H TS
1333 Hunsicker Mill Road
Lancaster PA 17601
WOLBACH JR, MD, Albert B FP
923 West Main Street
Ephrata PA 17522
WOLFE, MD, Dwight D FP
676 East Main Street
New Holland PA 17557
WOLGEMUTH JR, MD, John M FP
146 East Main Street
Leola PA 17540
WOOD, MD, Ernest M OBG
150 River Drive
Lancaster PA 17603
WORLEY, MD, Seth J CD
217 Harrisburg Avenue
Lancaster PA 17603
YEAKEL, MD, Allen E AN
Route 1 Box 365
Newmanstown PA 17073
YODER, MD, John B FP
Norlanco Medical Associates
Elizabethtown PA 17022
YOUNG, MD, J Michael PTH
St Joseph Hospital
Lancaster PA 17604
YOUNG, MD, James F GE
601 North Duke Street
Lancaster PA 17602
YOUNG, MD, William W ORS
Lgh P O Box 3555
Lancaster PA 17603
YUNGINGER, MD, Richard C FP
923 Guyasuta Lane
Pittsburgh PA 15215
ZAEPFEL, MD, Joseph P GS
702 Eden Road
Lancaster PA 17601
ZERVANOS, MD, Nikitas J FP
Lancaster General Hospital
Lancaster PA 17603

LAWRENCE

ABUL-ELA, MD, Ahmad E GS
Washington Centre
New Castle PA 16101
ABUL-ELA, MD, Mohamad IM
Two Coronado Drive
New Castle PA 16105
ALI, MD, Mohammad I PUD
P O Box 1449
New Castle PA 16101
AMINA, MD, Suresh P U
217 North Jefferson Street
New Castle PA 16101
BALDERACH, MD, Ronald R GS
104 South Plaza
New Castle PA 16101
BANNISTER JR, MD, William B GS
23 Bellaire Drive
New Castle PA 16105
BARSZCZOWSKI JR, MD, FP
Peter J
411 West Neshannock Avenue
New Wilmington PA 16142
BASHARA, MD, Thomas J GP
The Temple Bldg Room 224
New Castle PA 16103
BASSALY, MD, Rifaat R OBG
106 East North Street
New Castle PA 16101
BELLA, MD, Romeo H AN
Ellwood City Hospital
Ellwood City PA 16117
BITTNER, MD, Donald E ORS
3412 Banberry Lane
New Castle PA 16101
BOWER, MD, James N FP
103 South Mercer Street
New Castle PA 16101
CAPLAN, MD, Aaron GP
510 Park Avenue
Ellwood City PA 16117
CAPLAN, MD, Milton L GP
510 Park Avenue
Ellwood City PA 16117
CAROLIPIO, MD, Reynaldo R GP
1189 Logan Woods Drive
Hubbard OH 44425
CHATREE-DUANGNET, MD, PD
Chad
2602 Wilmington Road
New Castle PA 16105
CHUNG, MD, Chin D GE
2602 Wilmington Road
New Castle PA 16105
COLANGELO, MD, Anthony EM
510 Park Avenue
Elwood City PA 16117
CORBETT, MD, John M ORS
2602 Wilmington Road
New Castle PA 16105
DAFTARY, MD, Sudhir R AN
R D 5 Box 597
New Castle PA 16105
DHEEN, MD, Mohamed H R IM
3256 Greentree Circle
New Castle PA 16105
ELISCO, DO, Anthony J GS
1112 South Mill Street
New Castle PA 16101
FLANNERY, MD, Wilbur E IM
106 East Hazelcroft Avenue
New Castle PA 16105
FLORES, MD, Carlos I PD
565 West Neshannock
New Wilmington PA 16142
FRENCH, MD, Travis A OBG
First Federal Plaza
New Castle PA 16101
FUJIMAGARI, MD, Tak R
Jameson Memorial Hospital
New Castle PA 16101
GABRIEL, MD, Larry C OPH
113 East Washington Street
New Castle PA 16101
GABRIEL, MD, Steven A IM
113 East Washington Street
New Castle PA 16101
GARDNER, MD, James L GS
512 Mt Vernon Drive
Ellwood City PA 16117
GARDNER, MD, Stuart A ORS
804 North Jefferson Street
New Castle PA 16101
GEER, MD, Frank D P
2100 Wilmington Road
New Castle PA 16105
GILLESPY, MD, William G CLP
108 Park Lane
New Castle PA 16105
GINSBERG, MD, Joseph E OBG
R D 3 21 Windsor Ridge
New Castle PA 16105
GINSBURG, MD, Nathan N OBG
First Federal Plaza
New Castle PA 16101
GRAUEL JR, MD, Theodore A FP
2602 Wilmington Road
New Castle PA 16105
GROSSMAN JR, MD, Louis W IM
First Federal Plaza
New Castle PA 16101
HART, MD, George R OTO
708 North Jefferson Street
New Castle PA 16101
HEILMANN, MD, Timothy M FP
150 North New Castle Road
New Wilmington PA 16142
HENDERSON, MD, Robert E
P O Box 5526
New Castle PA 16105
HOFFMASTER, MD, Alfred L GP
R D 1 Box 144a
Edinburg PA 16116
HOUSTON, MD, R Ross GP
411 West Neshannock Avenue
New Wilmington PA 16142
HOUSTON JR, MD, Robert R IM
11 Riverside Drive
Youngstown OH 44514
ISIDRO, MD, Eugenio G CLP
Jameson Memorial Hospital
New Castle PA 16101
KIM, MD, Je H IM
St Francis Hospital
New Castle PA 16101
KIM, MD, Uh G FP
P O Box 868
Ellwood City PA 16117
KIM, MD, Wan J DR
101 Greenfield Road
New Castle PA 16105
KOUKAL, MD, Ludwig R AN
11 Fruitland Drive
New Castle PA 16101
LARKIN JR, MD, Michael J ORS
2602 Wilmington Road
New Castle PA 16105
LINGANNA, MD, B Y IM
104 Plaza South
New Castle PA 16101
MAHMOOD, MD, Arshad IM
3Rd Street & Lawrence Avenue
Ellwood City PA 16117
MALVAR, MD, Thomas Q GP
107 East Wallace Avenue
New Castle PA 16101
MANCINO, MD, Peter J IM
Leawood Drive
New Castle PA 16105
MANSELL, MD, John L FP
150 North New Castle Street
New Wilmington PA 16142
MARCELLA, MD, Lawrence C OBG
113 East Washington Street
New Castle PA 16101
MARKLEY, MD, Ralph ORS
29 Fairhill Drive
New Castle PA 16105
MASTRIAN, MD, Anthony S GS
2602 Wilmington Road
New Castle PA 16105
MCCONAHY, MD, John G D
137 East Wallace Avenue
New Castle PA 16101
MEDLOCK, MD, James B GS
3009 Wilmington Road
New Castle PA 16105
MITTICA, MD, Nicholas M OPH
708 North Jefferson Street
New Castle PA 16101
MOORE, MD, George W U
206 Bonefish Towers
Marathon FL 33050
MORETTO, MD, Joseph L OPH
413 North Jefferson Street
New Castle PA 16101
NAJI, MD, Mohammed H AN
3215 Elm Drive
New Castle PA 16105
NANJUNDASWAMY, MD, GER
Hunasagatta C
302 Petain Street
Ellwood City PA 16117
NORD, MD, Roland E GP
103 South Mercer Street
New Castle PA 16101
ONG, MD, Bienvenido S PTH
Jameson Memorial Hospital
New Castle PA 16101
PALATKA, MD, Andrew A GP
800 Adams Avenue
Ellwood City PA 16117
PATEL, MD, Kanchanlal S GP
Saint Francis Hospital
New Castle PA 16105
PATEL, MD, Surendra R AN
1107 Wilmington Avenue
New Castle PA 16101
POMMERSHEIM, MD, William J U
217 North Jefferson Street
New Castle PA 16101
PRIOLETTI, MD, John P PH
428 Clenmoore Boulevard
New Castle PA 16101
PUTMAN, MD, George W GP
1024 Maryland Avenue
New Castle PA 16101
RAJASENAN, MD, Vasudevan CD
Third & Lawrence Avenues
Ellwood City PA 16117
SANTOS, MD, Cesar R OBG
316 Sixth Street
Ellwood City PA 16117
SENIOW, MD, Raymond V GP
117 Midway Island Drive
New Castle PA 16105
SHAFFER, MD, Howard L FP
150 North New Castle Street
New Wilmington PA 16142
SHOAFF, MD, Paris A EM
1405 Highland Avenue
New Castle PA 16105
SOMMERFELD, MD, James P PD
Two East Laurel Avenue
New Castle PA 16101
SUNG, MD, Paul P GP
202 East Poland Avenue
Bessemer PA 16112
TAFTAF, MD, Mohammad O CD
809 Wilmington Avenue
New Castle PA 16101
TEH, MD, Pek C OBG
1906 Wilmington Road
New Castle PA 16105
TEJPAR, MD, Mohamed K IM
1400 Wilmington Avenue
New Castle PA 16105
UBER, MD, Thomas R U
217 North Jefferson Street
New Castle PA 16101
WADHWA, MD, Kamal P CD
2602 Wilmington Road
New Castle PA 16105
WEINER, MD, Gerald H ORS
2602 Wilmington Road
New Castle PA 16105
WILSON, MD, Thomas W GP
100 South Division Street
Zelienople PA 16063
WRIGHT, MD, William R OBG
First Federal Plaza
New Castle PA 16101
YUMANG, MD, Norberto Y EM
Jameson Memorial Hospital
New Castle PA 16101

LEBANON

ALLEY, MD, Albert A OPH
1510 Cornwall Road
Lebanon PA 17042
ANDREOZZI, MD, Robert J D
924 Hauck Street
Lebanon PA 17042
ARES, MD, Nilda E NEP
1230 Nowlen Street
Lebanon PA 17042
BALOGH JR, MD, Robert J EM
1200 Ash Lane
Lebanon PA 17042
BAMBERGER, MD, John A OTO
621 Chestnut Street
Lebanon PA 17042
BARTON, MD, Robert L FP
Box 45
Quentin PA 17083
BAUER, MD, Robert L FP
31 Sycamore Lane
Palmyra PA 17078
BECKER, MD, Carl K GP
E C C Retirement Village
Myerstown PA 17067
BELL JR, MD, C Ray GP
23 Woodland Estates
Lebanon PA 17042
BERING, MD, Joseph P FP
711 Poplar Street
Lebanon PA 17042
BERTRAM, MD, Horst N R
Good Samaritan Hospital
Lebanon PA 17042
BOOGAARD, MD, Ronald G IM
Hathaway Pk At Fourth Street
Lebanon PA 17042
BROWN-BIEBER, MD, Dale E IM
P O Box 9
Fredericksburg PA 17026
CALLEN, MD, H Samuel R
115 Moravian Avenue
Lititz PA 17543
CLARK, MD, Joseph M DR
711 South Eighth Street
Lebanon PA 17042
CLEMENS, MD, Thomas M CD
315 Hathaway Park
Lebanon PA 17042
CONNER, MD, George H OTO
M S Hershey Medical Center
Hershey PA 17033
COOPEY, MD, F Donald OTO
1570 Cornwall Road
Lebanon PA 17402
COURTNEY, MD, Drew E FP
431 West Lincoln Avenue
Myerstown PA 17067
CREWS, DO, Nan I GP
542 Hemlock Lane
Lebanon PA 17042
DAVIDSON JR, MD, William R IM
Fourth And Hathaway Park
Lebanon PA 17042
DIAZ, MD, Jovencio J AN
501 West 113th Street
New York NY 10025
DIGIACOMO, MD, Paul R CD
315 Hathaway Park
Lebanon PA 17042
DINULOS, MD, Baltazar T GS
225 South Fourth Street
Lebanon PA 17042
DORSCH JR, MD, Raymond M ORS
Good Samaritan Hospital
Lebanon PA 17042
DRUCKMAN, MD, Stephen M IM
315 Hathaway Park
Lebanon PA 17042
DYREYES, MD, Roberto R R
1647 Cambridge Drive
Lebanon PA 17042
EARLY SR, MD, Robert F GP
Third & Oak Streets
Lebanon PA 17042
ECKROTH, MD, Richard N GP
136 East Cherry Street
Palmyra PA 17078
ELLENBERGER JR, MD, Carl N
206 Hathaway Park
Lebanon PA 17042
ELLIS, MD, David W IM
840 Rising Sun Road
Millersburg PA 17061
ENGLE, MD, Harold H FP
322 East Main Street
Palmyra PA 17078
FARALLI, MD, Victor J ORS
809 Wheatfield Lane
Lebanon PA 17042
FAVA, MD, George E OPH
1524 Elm Street
Lebanon PA 17042
FIESCHKO, MD, Julie T N
1507 Miller
Lebanon PA 17042
FLOWERS, MD, Peter B FP
618 Cornwall Road
Lebanon PA 17042
FOLTZ EXEC SEC, MS SUSAN
Good Samaritan Hospital
Lebanon PA 17042
FORKER, MD, Thomas ORS
247 Cedar Avenue
Hershey PA 17033
FULD, MD, Robert A IM
Hathaway Park At Fourth St
Lebanon PA 17042
GINGRICH, MD, Kerry H GP
618 Cornwall Road
Lebanon PA 17042
GINGRICH JR, MD, Russell L GP
34 North Center Avenue
Cleona PA 17042
GISH, MD, Martin S EM
255 Hereford Road
Elizabethtown PA 17022
GNAU, MD, Charles R EM
202 Northwood Drive
Lebanon PA 17042
GROH, MD, John R EM
1835 Mill Road
Lebanon PA 17042
GROSKY, MD, Murray B END
Lebanon Internal Med Assoc
Lebanon PA 17042
HABECKER, MD, Elizabeth T PD
1654 Rita Lane
Lebanon PA 17042
HALLAHAN, MD, William F CD
618 Cornwall Road
Lebanon PA 17042
HARTMAN, DO, Stuart A PM
Fourth & Walnut Streets
Lebanon PA 17042
HARTMAN II, MD, Samuel A PD
915 Hartman Lane
Lebanon PA 17042
HARVEY JR, MD, Benson CDS
229 South Fourth Street
Lebanon PA 17042
HAUER, MD, Marlin L GP
330 Cumberland Street
Lebanon PA 17042
HEBERLING, MD, Thomas P EM
601 South 12th Street
Lebanon PA 17042
HEISEY, MD, Robert G OBG
Third And Willow Streets
Lebanon PA 17042
HINKLE, MD, Bruce J EM
1675 Sand Hill Road
Hershey PA 17033
HIRSCH, MD, Glenn M FP
700 East Main Street
Annville PA 17003
HOFFMAN, MD, Glenn H FP
283 South Butler Road
Lebanon PA 17042
HOFFMAN, MD, Richard R R
Good Samaritan Hospital
Lebanon PA 17042
HOFFMAN, MD, Richard R R
474 East Main Street
Annville PA 17003
HOSTETTER, MD, Abram M P
20 Briarcrest Square
Hershey PA 17033
JONES, MD, Edward GS
422 Cumberland Street
Lebanon PA 17042
KASALES, MD, Clarence J U
358 Innsbruck Drive
Hummelstown PA 17036
KEITER, MD, James M EM
30 West Orchard Drive
Palmyra PA 17078
KELLER, MD, James W GS
Fourth Street & Hathaway Park
Lebanon PA 17042
KLATCHKO, MD, William W GS
402 South 12th Street
Lebanon PA 17042
KLINE, MD, Robert M GP
115 East Walnut Street
Lebanon PA 17042
KREIDER, MD, Edward E AN
Four Juliada Drive
Lebanon PA 17042
LAPE JR, MD, I Samuel US
Third And Willow Streets
Lebanon PA 17042
LEPONE, MD, Kenneth FP
700 East Main Street
Annville PA 17003
LIGHT, MD, John J B IM
25 North Ninth Street
Lebanon PA 17042
LONG, MD, Theodore K OPH
1660 Fieldcrest Road
Lebanon PA 17042
LOOSE, DO, George T GP
1305 East Main Street
Palmyra PA 17078

LOVETT, MD, William J FP
Tan And Chestnut Streets
Fredericksburg PA 17026
MARRONE, MD, Michael S FP
101 West Cherry Street
Palmyra PA 17078
MARTIN, MD, Donald E AN
19 Gentry Drive
Palmyra PA 17078
MCGARRITY, MD, Susan J AN
202 Java Avenue
Hershey PA 17033
MELNICK, MD, Howard B OTO
1570 Cornwall Road
Lebanon PA 17042
MESSMER, MD, John J FP
921 South Forge Road
Palmyra PA 17078
MILLER, MD, Carl S PM
R D 2 Box 2601
Bethel PA 19507
MILLER, MD, Claude J D
1151 Cornwall Rd
Lebanon PA 17042
MORALES, MD, Francisco J DR
1230 Nowlen Street
Lebanon PA 17042
MORASCO, MD, Edward R GP
102 East Penn Avenue
Cleona PA 17042
MORRIS JR, DO, Wilson S PUD
Good Samaritan Hospital
Lebanon PA 17042
MULLER, MD, H Arnold EM
354 East Chocolate Avenue
Hershey PA 17033
MYSTAKAS, MD, Fotis G ORS
229 South Fourth Street
Lebanon PA 17042
NEFF, MD, Charles A P
283 South Butler Road
Lebanon PA 17042
NGUYEN, MD, Nhien D P
1013 Kiner Avenue
Lebanon PA 17042
NIELSEN, MD, Robert K FP
700 East Main Street
Annville PA 17003
NUCUM, MD, Afrodisio N GP
1311 Elm Street
Lebanon PA 17042
OH, MD, Chang W OBG
618 Cornwall Road
Lebanon PA 17042
PASTOR, MD, James A AN
P O Box 1176
Lebanon PA 17042
PATEL, MD, Madhukar R U
419 South Third Street
Lebanon PA 17042
PATERNITI, MD, Samuel F OBG
Third & Willow Streets
Lebanon PA 17042
PEREZ, MD, Ruben ON
618 Cornwall Road
Lebanon PA 17042
PERRICCI, MD, Ellen S EM
132 Hillside Street
Lebanon PA 17042
PILKINGTON, MD, Bryan G US
45-50 159Th Street
Flushing NY 11358
PLACE, MD, Elmer R GP
111 Park Street
Lebanon PA 17042
POTASH, MD, George C OPH
513 Chestnut Street
Lebanon PA 17042
PROVENCIO, MD, Florencio PTH
1661 Krim Court
Lebanon PA 17042
PRUDENCIO, MD, Maria E US
Three Walden Road
Lebanon PA 17042
PRUDENCIO JR, MD, Jose N U
1023 Poplar Street
Lebanon PA 17042
RIM, MD, Jeung K IM
59 Walden Road
Lebanon PA 17042
ROLLO, MD, Daniel P OBG
151 Maple Lane
Lebanon PA 17042
ROVINSKI, MD, Helen T P
P O Box 19
Suplee PA 19371
SACKS, MD, Richard P R
R D 8 Box 260
Manheim PA 17545
SAYSON, MD, Jose N IM
302 Walnut Street
Lebanon PA 17042
SCHAEFFER JR, MD, William E IM
618 Cornwall Road
Lebanon PA 17042
SCHREIBER, MD, Richard D GP
801 Walnut Street
Lebanon PA 17042
SHOFF, MD, William H IM
339 South Fourth Street
Philadelphia PA 19106

SNYDER, MD, Diehl M P
P O Box 550
Mount Gretna PA 17046
SNYDER, MD, Earl J GS
Fourth Street & Hathaway Park
Lebanon PA 17042
SOMMERVILLE, MD, Kenneth W N
206 Hathaway Park
Lebanon PA 17042
SPOTTS, MD, Ricke L FP
700 East Main Street
Annville PA 17003
STOUTENBOROUGH, MD, IM
Kenneth A
711 Poplar Street
Lebanon PA 17042
SUAREZ, MD, Ramon U U
1023 Poplar Street
Lebanon PA 17042
SUTER, MD, Stanley C U
1023 Poplar Street
Lebanon PA 17042
SZYDLOWSKI, MD, Thaddeus R IM
618 Cornwall Road
Lebanon PA 17042
TANNER, MD, Leonard M PTH
1551 Rita Lane
Lebanon PA 17042
TIBBITTS, MD, James A GP
King And Queen Streets Box F
Jonestown PA 17038
TROSTLE, MD, David C RHU
618 Cornwall Road
Lebanon PA 17042
UHRICH, MD, Kathryn H GP
1880 Kenbrook Road
Lebanon PA 17042
UHRICH, MD, Robert W US
1880 Kenbrook Road
Lebanon PA 17042
ULLAH, MD, Zubair Z PD
110 Plaza Apts
Lebanon PA 17042
WALMER, MD, John D P
283 South Butler Road
Mount Gretna PA 17064
WELCH, MD, J Patrick FP
322 East Main Street
Palmyra PA 17078
WEYLAND, MD, Charletta K PD
209 Hathaway Park
Lebanon PA 17042
WHEELER, MD, Glen N GP
323 Cumberland Street
Lebanon PA 17042
WHITING, MD, R Keith FP
73 Locust Avenue
Mt Gretna PA 17064
WINER, MD, Stephen F GS
225 Royal Road
Lebanon PA 17042
WORRILOW, MD, Suzanne H GP
400 East High Street
Lebanon PA 17042
YEAMANS, MD, Bruce E FP
21 School Lane
Lebanon PA 17042
YOCUM, DO, Jeffrey A GP
940 Cumberland Street
Lebanon PA 17042
YOCUM, DO, Martin D US
404 Park Drive
Lebanon PA 17042
YUN, MD, Won K OBG
618 Cornwall Road
Lebanon PA 17042
ZIMMERMAN JR, MD, Franklin D GP
Box 325
Schaefferstown PA 17088
ZINSSER, MD, Kendall R PTH
3275 West Oak Street
Lebanon PA 17042

LEHIGH

ABRAMS, MD, Albert D RHU
3131 College Heights Blvd
Allentown PA 18104
ALMAZAN, MD, Antonio C GP
317 Bridge Street
Catasauqua PA 18032
ALTOBELLI, MD, John A PS
1600 Lehigh Parkway East
Allentown PA 18103
ALTOMARE JR, MD, Frank J R
Sacred Heart Hospital
Allentown PA 18102
ANDERKO, MD, Frank T GP
414 Ridge Avenue
Allentown PA 18102
ANGELICO, MD, Richard J CDS
1275 South Cedar Crest Blvd
Allentown PA 18103
ANSON, MD, Peter M ORS
1401 North Cedar Crest Blvd
Allentown PA 18104
ARANGIO, MD, George A ORS
32 North West Street
Allentown PA 18102
ASNANI, MD, Mithlesh G PD
875 North Parkway Road
Allentown PA 18104

BAKER-VAUGHN, MD, Lisa M OBG
1251 South Cedar Crest Blvd
Allentown PA 18103
BARBOUR, MD, Peter J N
1210 South Cedar Crest Blvd
Allentown PA 18103
BARDAWIL, MD, Lawrence W IM
3131 College Heights Blvd
Allentown PA 18104
BARILLA, MD, Donald E END
401 North 17th Street #215
Allentown PA 18104
BARNES, MD, Ben C IM
180 114Th Street
Stone Harbor NJ 08247
BARONE, MD, Anthony AN
451 Chew Street
Allentown PA 18102
BARRETT, MD, Judith N FP
2419 Greenleaf Street
Allentown PA 18104
BARRETT, MD, Stephen J P
842 Hamilton Mall Room 11
Allentown PA 18101
BAUDER, MD, Elizabeth S P
C/O J Peter Becker
Washington DC 20520
BAUM, MD, Edgar S GP
1624 Walnut Street
Allentown PA 18102
BAUSCH, MD, Andrew N OPH
1026 Hamilton Street
Allentown PA 18101
BAUSCH, MD, Richard D FP
951 North Fourth Street
Allentown PA 18102
BAUSCH JR, MD, Frederick R GP
142 North Ninth Street
Allentown PA 18102
BAYRI, MD, Mehmet F AN
1196 Meadowbrook Circle
Allentown PA 18103
BAZEL, MD, Saeed GS
1107 Eaton Avenue
Bethlehem PA 18018
BEHLKE, MD, Richard T OBG
937 Crest Way
Emmaus PA 18049
BEITEL JR, MD, Robert J OPH
800 Hausman Road
Allentown PA 18104
BELLEW, DO, John H EM
Box 40 Rosewood Road
Schnecksville PA 18078
BELMONT, MD, Donald J CD
1210 South Cedar Crest Blvd
Allentown PA 18103
BENZEL, MD, Stanley R
315 North 27th Street
Allentown PA 18104
BERGER, MD, Alan GS
1210 South Cedar Crest
Allentown PA 18103
BERNHARD, MD, John J OBG
421 Luther Crest
Allentown PA 18104
BLAISDELL, MD, C Theodore AN
451 Chew Street
Allentown PA 18102
BLAKE, MD, Douglas R AN
451 Chew Street
Allentown PA 18102
BLASIOL, DO, Joseph J GP
47 Long View Drive
Schuylkill Haven PA 17972
BLINDER, MD, Jeffrey S DR
918 North 25th Street
Allentown PA 18104
BONEKEMPER, MD, Thomas W IM
R D 5 Box 199
Quakertown PA 18951
BONOS III, MD, Charles T EM
Lehigh Valley Hosp Dept Of Em
Allentown PA 18105
BOO, MD, Ki T IM
1322 Hamilton Street
Allentown PA 18102
BOUCHER, MD, William F FP
234 East 20th Street
Northampton PA 18067
BOWEN, MD, Dale T FP
1136 Fifth Street
Catasauqua PA 18032
BOYER, MD, George S GS
740 North 19th Street
Allentown PA 18104
BREN, DO, Deborah A OS
3348 South Front Street
Whitehall PA 18052
BRENNEN, MD, Robert F GP
346 Fifth Street
Whitehall PA 18052
BRETZ, MD, Karen A AN
1251 South Cedar Crest Blvd
Allentown PA 18103
BROOKS, MD, Charles M GE
1462 Wedgewood Road
Allentown PA 18104
BROWN, MD, Christopher L DR
4747 Parkview Drive South
Emmaus PA 18049

BUCHANAN IV, MD, Harry W OPH
401 North 17th Street
Allentown PA 18104
BUCKLEY, MD, Ronald J FP
1164 Meadowbrook Circle West
Allentown PA 18103
BURKHOLDER, MD, Thomas O OPH
Allentown Medical Center
Allentown PA 18104
BUSCH, MD, Michael F ORS
1210 South Cedar Crest Blvd
Allentown PA 18103
CACCESE, MD, David M IM
401 North 17th Street
Allentown PA 18104
CANDAL, MD, Mario A OBG
451 Chew Street
Allentown PA 18102
CANDIO, MD, Joseph A IM
1210 South Cedar Crest Blvd
Allentown PA 18103
CAPPELLO, DO, John V GPM
P O Box 3426
Allentown PA 18106
CARAPELLA, MD, John D GP
13 Lone Lane
Allentown PA 18104
CARBAUGH, MD, Howard L GP
614 North Sixth Street
Allentown PA 18102
CARLE, MD, William J GS
2403 Prospect Avenue
Allentown PA 18103
CARNEY, MD, David P IM
2532 Washington Street
Allentown PA 18104
CARPENTER IV, MD, E Joel GP
102 North 13th Street
Allentown PA 18102
CASSEL, MD, John J CD
3340 Hamilton Blvd
Allentown PA 18103
CASTALDO, MD, John E N
1210 South Cedar Crest Blvd
Allentown PA 18103
CASTALDO, MD, William A
451 Chew Street
Allentown PA 18102
CELANI, MD, Victor J OS
1275 South Cedar Crest Blvd
Allentown PA 18103
CERCIELLO, MD, Mark J ORS
451 Chew Street
Allentown PA 18102
CHANG, MD, In-Ho AN
Allentown Hospital
Allentown PA 18102
CHEN, MD, Juh-Huey PD
Box 80
Trexlertown PA 18087
CHENG, MD, Harvey S OPH
5013 Briarwood Drive
Macungie PA 18062
CHENG, MD, Lawrence C GP
2710 Liberty Street
Allentown PA 18104
CHOWDARY, MD, Raj P PS
1210 South Cedar Crest Blvd
Allentown PA 18103
CHRISTINE, DO, Craig R FP
R D 2
Orefield PA 18069
COOPERMAN, MD, Lee H AN
451 Chew Street
Allentown PA 18102
CORNELL, MD, James F GE
451 Chew Street
Allentown PA 18102
CRUZ, MD, Edgardo S AN
3101 Trexler Boulevard
Allentown PA 18104
CUSTODIO, MD, Edgardo C DR
785 Wedgewood Road
Bethlehem PA 18017
DANGELO, MD, Carl F GE
401 North 17th Street #207
Allentown PA 18104
DEEB, MD, Ramon J AN
1627 Chew Street
Allentown PA 18102
DESHPANDE, MD, Smita V FP
1035 North Treeline Drive
Allentown PA 18103
DESHPANDE, MD, Vilas K PD
811 North 19th Street
Allentown PA 18104
DEX, MD, Walter J DR
Allentown Hospital
Allentown PA 18104
DIBENEDETTO, MD, ORS
Thomas D
1401 North Cedar Crest Blvd
Allentown PA 18104
DICKSON JR, MD, Thomas B ORS
1730 Chew Street
Allentown PA 18104
DILCHER, MD, Robert H U
515 North Main Street
Allentown PA 18104
DIMICK, MD, Dean F IM
Allentown Hospital
Allentown PA 18102

DOLL JR, MD, Robert B IM
2533 Walnut Street
Allentown PA 18104
DORSEY, MD, James T OBG
910 Turner Street
Emmaus PA 18049
DOTTOR, MD, Albinka J HEM
601 Delaware Avenue
Bethlehem PA 18015
DRY, MD, Frederick A GP
2347 Riverbend Road
Allentown PA 18103
DUBBS, MD, Alfred W CD
1443 Hamilton Street
Allentown PA 18102
DUEMLER, MD, Scott K OS
39 North 11th Street
Allentown PA 18101
DUNN, MD, Jerome AI
401 North 17th Street
Allentown PA 18104
EARNEST, MD, Tamar D GS
1251 South Cedar Crest 301-C
Allentown PA 18103
EDDINGER, MD, Leo C FP
407 Oakwood Drive
Whitehall PA 18052
ENDRES, MD, Warren H GP
6000 Main Street
Fogelsville PA 18051
ENTERLINE, MD, David S DR
5105 Meadowview Drive
Macungie PA 18062
ENZMAN, DO, Patricia M GP
R D 1 Box 189 Kernsville Road
Orefield PA 18069
ESLER JR, MD, James W AN
451 Chew Street
Allentown PA 18102
FALCONE, MD, Domenico AN
2335 Riverbend Road
Allentown PA 18103
FARRELL, MD, Peter E OTO
1251 South Cedar Crest Blvd
Allentown PA 18103
FASSL, MD, Joseph J EM
2820 Oakland Road
Bethlehem PA 18017
FELDMAN, MD, Larry B IM
1210 South Cedar Crest Blvd
Allentown PA 18103
FERNSLER, MD, Sarah J PD
1831 Linden Street
Allentown PA 18104
FETTERMAN, MD, Henry H OBG
501 North 17th Street
Allentown PA 18104
FETZER, MD, Arthur E U
401 North 17th Street
Allentown PA 18104
FIELD-MUNVES, MD, Ellen M RHU
Gateway Professional Center
Bethlehem PA 18017
FINCH, MD, Frank G IM
23Rd & Livingston Streets
Allentown PA 18104
FINNEGAN, MD, Walter J ORS
40 South Cedar Crest Blvd
Allentown PA 18104
FISTER, MD, Frederick D GP
R D 6 Box 556
Wescosville PA 18106
FITZGERALD, MD, James L OBG
3345 Highland Street
Allentown PA 18104
FITZSIMONS, MD, Thomas R DR
1301 South 24th Street
Allentown PA 18103
FOLLWEILER, MD, Barry R GP
326 North Main Street
Allentown PA 18104
FOX, MD, Stewart TS
1210 South Cedar Crest Blvd
Allentown PA 18103
FOX, MD, William F OM
Nine North Fourth Street
Coplay PA 18037
FRANKENFIELD, MD, Bruce A IM
2200 Hamilton Street
Allentown PA 18104
FRIEDBERG, MD, Milton J ON
2200 Hamilton Street
Allentown PA 18104
FUGAZZOTTO, MD, Pasquale J PD
401 North 17th Street
Allentown PA 18104
GALGON, MD, John P PUD
1162 Bellair Drive
Allentown PA 18103
GARCIA, MD, Jose R IM
451 Chew Street
Allentown PA 18102
GAYLOR, MD, Donald H GS
3761 Devonshire Road
Allentown PA 18103
GAYLOR, MD, Theodore H OTO
1251 South Cedar Crest Blvd
Allentown PA 18103
GEARHART, MD, Lyster M OBG
334 North 26th Street
Allentown PA 18104

GEE, MD, William GS
1524 Linden Street
Allentown PA 18102
GELLER, MD, Edward I GP
803 Alabama Woods Lane
Orlando FL 32824
GELLER, MD, Michael H DR
1200 South Cedar Crest Blvd
Allentown PA 18105
GERCHMAN, MD, Leroy B US
3710 Hamilton Street
Allentown PA 18104
GINSBERG, MD, Gene H IM
1210 South Cedar Crest Blvd
Allentown PA 18103
GITTLEMAN, MD, Mark A GS
1210 South Cedar Crest Blvd
Allentown PA 18103
GLAZERMAN, MD, Larry R OBG
401 North 17th Street
Allentown PA 18104
GOLDFARB, MD, Daniel D P
121 North Cedar Crest Blvd
Allentown PA 18104
GOLDFARB, MD, Harold J OPH
2004 Allen Street
Allentown PA 18104
GOLDNER, MD, David B CD
3340 Hamilton Boulevard
Allentown PA 18103
GOLDSMITH, MD, Charles P OPH
930 South Hillview Road
Allentown PA 18103
GOOD, MD, Harry S GS
1711 Hamilton Street
Allentown PA 18104
GOODREAU, MD, James J CDS
401 North 17th Street
Allentown PA 18104
GOPAL, MD, T A OBG
401 North 17th Street
Allentown PA 18104
GORDON, MD, Charles A IM
1210 South Cedar Crest Blvd
Allentown PA 18103
GORDON, MD, Michael J OTO
1251 South Cedar Crest Blvd
Allentown PA 18103
GRASSI, MD, Joseph J PM
3907 Larkspur Drive
Allentown PA 18103
GREYBUSH, MD, Joseph N OBG
401 North 17th Street
Allentown PA 18104
GROVER, MD, Narien K FP
1401 Fairmont Street
Whitehall PA 18052
GRUNBERG, MD, Robert W NEP
50 South 18th Street
Easton PA 18042
GUILLARD, MD, Paul IM
4430 Driftwood Lane
Allentown PA 18103
GUZZO, MD, Joseph C NEP
2200 Hamilton Street
Allentown PA 18104
HACKET, DO, David J GP
2018 Union Boulevard
Allentown PA 18103
HALLOCK, MD, Geoffrey PS
1600 Lehigh Parkway East
Allentown PA 18103
HAMADANI, MD, Houshang G P
2895 Hamilton Boulevard
Allentown PA 18104
HARRIS, MD, Stanley R TR
P O Box 568
Allentown PA 18105
HARTZELL JR, MD, George W GS
1210 South Cedar Crest Blvd
Allentown PA 18103
HARVEY, MD, Kenneth L GP
302 Walnut Street
Catasauqua PA 18032
HARWICK, MD, John D OTO
Liberty Square Medical Center
Allentown PA 18104
HASTINGS JR, MD, Leo J US
324 North Sixth Street
Allentown PA 18102
HEFFERNAN, MD, Andrew H PS
1621 North Cedar Crest Blvd
Allentown PA 18104
HEILIGMAN, MD, Nathan H GER
823 North 23rd Street
Allentown PA 18104
HENRIQUEZ, MD, Jack A EM
2280 Yorkshire Circle
Allentown PA 18103
HENRIQUEZ, MD, Liliana C PD
421 Chew Street
Allentown PA 18102
HENTOSH, MD, John P PD
401 North 17th Street 205
Allentown PA 18104
HERTZ, MD, Charles S GS
Pocono Lake Pres PA 18348
HERTZ, MD, Jonathan IM
1210 South Cedar Crest Blvd
Allentown PA 18103

HILL, MD, E Merton PH
1833 West Congress Street
Allentown PA 18104
HOFFMAN, MD, Arthur D IM
3710 Hamilton Street
Allentown PA 18104
HOFFMAN, MD, William W GP
2416 Third Street
Whitehall PA 18052
HOFFMANN, MD, Ursula M FP
P O Box 158
Center Valley PA 18034
HOLLAND, MD, Clarence A GS
222 North 28th Street
Allentown PA 18104
HOLLAND JR, MD, Clarence A GS
451 Chew Street
Allentown PA 18102
HORVAT, MD, John F IM
1704 Shiloh Court
Allentown PA 18104
HOUIDES, MD, Athanasios C GS
219 North 17th Street
Allentown PA 18104
HUDSON JR, MD, Howard E AN
1627 Chew Street
Allentown PA 18102
HUNTER, MD, Carol A FP
615 Beverly Hills Road
Coopersburg PA 18036
HUTCHINSON, MD, Thomas A OBG
4887 Meadowview Drive
Macungie PA 18062
HYMAN, MD, Herbert L GE
401 North 17th Street
Allentown PA 18104
INKLES, MD, Randy A PD
225 Linden Court
Bensalem PA 19020
JAEGER, MD, Robert M NS
1259 South Cedar Crest Blvd
Allentown PA 18103
JAFARI, MD, Nercy CDS
1941 Nottingham Road
Allentown PA 18103
JAFFE, MD, John S U
1210 South Cedar Crest
Allentown PA 18103
JEFFERIS, MD, Earl S OBG
401 North 17th Street #301
Allentown PA 18104
JOHNSON, MD, Charles F GPM
2881 Golf Circle
Emmaus PA 18049
JOHNSON, MD, Douglas E NEP
2200 Hamliton Street
Allentown PA 18104
JONES, MD, David G OPH
501 North 17th Street
Allentown PA 18104
JONES, MD, Stuart A
1045 Treeline Drive
Allentown PA 18103
JUNG, MD, Jay Soo AN
R D 1 Box C-314
Quakertown PA 18951
KANWIT, MD, Bert A GS
281 Noxon Road
Poughkeepsie NY 12603
KARRON, MD, Betty CHP
401 North 17th Street #208
Allentown PA 18104
KASPRENSKI, MD, Matthew A FP
2416 Third Street
Whitehall PA 18052
KASPRENSKI, MD, Matthew L IM
1574 Duxbury Court
Allentown PA 18104
KASUMI, MD, Asao GE
2200 Hamilton Street
Allentown PA 18104
KAUFMAN, MD, Barre D RHU
1405 North Cedar Crest Blvd
Allentown PA 18104
KAUFMAN, MD, Jay H PUD
1210 South Cedar Crest Blvd
Allentown PA 18103
KAVCHOK, MD, Joseph OPH
5158 Cornerstone Road
Wescosville PA 18106
KEAN, MD, Dennis W PD
1553 Turner Street
Allentown PA 18102
KEBLISH JR, MD, Peter A ORS
1730 Chew Street
Allentown PA 18104
KELLEY JR, MD, Charles F PD
1251 South Cedar Crest Blvd
Allentown PA 18103
KENVIN, MD, John E PD
811 North 19th Street
Allentown PA 18104
KHAN, MD, Abdul A CDS
1275 South Cedar Crest Blvd
Allentown PA 18103
KHUBCHANDANI, MD, Indru T CRS
1275 South Cedar Crest Blvd
Allentown PA 18103
KIBELSTIS, MD, John A PUD
1210 South Cedar Crest Blvd
Allentown PA 18103

KIESEL, MD, Robert OPH
1503 North Cedar Crest Blvd
Allentown PA 18104
KIM, MD, Chung H NM
3081 Elm Drive
Allentown PA 18103
KIM, MD, Jin I AN
1158 Treeline Drive
Allentown PA 18103
KIM, MD, Kyu S PM
1736 Hamilton Street
Allentown PA 18104
KIMMEL, MD, Michael E IM
44 South 14th Street
Quakertown PA 18951
KINTZEL, MD, James E NEP
2200 Hamilton Street
Allentown PA 18104
KISTLER, MD, Kermit K OPH
106 North 13th Street
Allentown PA 18102
KLASKO, MD, Stephen K OBG
401 North 17th Street
Allentown PA 18104
KLECKNER, MD, Francis S GE
1275 South Cedar Crest Blvd
Allentown PA 18103
KLEES, MD, Athanasius CLP
1679 Lehigh Parkway North
Allentown PA 18103
KLOIN, MD, Jay E IM
2572 Dogwood Circle
Emmaus PA 18049
KLOTZ, MD, Donald J FP
36 South 17th Street
Allentown PA 18104
KNAPPER, MD, Elizabeth J D
2250 Tilghman Street
Allentown PA 18104
KNECHT, MD, Charles L R
3131 College Heights Blvd
Allentown PA 18104
KOCH, MD, Thomas J OTO
1251 South Cedar Crest Blvd
Allentown PA 18103
KOHAN, DO, David A AN
451 Chew Street
Allentown PA 18102
KOPENHAVER, MD, Donald B OBG
1251 South Cedar Crest Blvd
Allentown PA 18103
KOPYT, DO, Nelson P IM
4364 Valley Drive
Allentown PA 18104
KOVACS, MD, Robert J IM
1210 South Cedar Crest Blvd
Allentown PA 18103
KRATZER, MD, Guy L CRS
1447 Hamilton Street
Allentown PA 18102
KRAYNICK, MD, Benjamin M ORS
40 South Cedar Crest Blvd
Allentown PA 18104
KREITHEN, MD, Harold A
401 North 17th Street
Allentown PA 18104
KRICUN, MD, Robert DR
1202 North 36th Street
Allentown PA 18104
KRISCH, MD, Ronald A P
1377 Fawn Court
Allentown PA 18104
KUCHARCZUK, MD, John B OBG
1357 Main Street
Northampton PA 18067
KUNZ, MD, Harold G DR
3780 Fox Run Drive
Allentown PA 18103
LACHMAN, MD, Bernard E OPH
3415 Congress Street
Allentown PA 18104
LAM, MD, Carl A OBG
160 Main Street
Emmaus PA 18049
LANG, MD, Gregory M OBG
401 North 17th Street #303
Allentown PA 18104
LAUFER, MD, Fred FP
Liberty Square Medical Center
Allentown PA 18104
LEET, MD, Thomas E DR
1247 North Cedar Crest Blvd
Allentown PA 18104
LEHRICH, MD, Henry E FP
825 North Cedar Crest Blvd
Allentown PA 18104
LEISTER, MD, C Merrill PD
1731 West Broad Street
Bethlehem PA 18018
LENTZ, MD, Robert E OS
2004 South Fifth Street
Allentown PA 18103
LEONARD, MD, Marcia W PNP
Liberty Square Medical Center
Allentown PA 18104
LERNER, MD, Samuel M AN
3655 Fox Run Drive
Allentown PA 18103
LESTER, MD, Mark C NS
1259 South Cedar Crest Blvd
Allentown PA 18103

LEVINE, MD, Arthur L IM
50 South 18th Street
Easton PA 18042
LEVINE, MD, Charles R ORS
1210 South Cedar Crest Blvd
Allentown PA 18103
LEVITT, MD, Lawrence P N
1210 South Cedar Crest Blvd
Allentown PA 18103
LIEBERMAN, MD, Francis A GP
1751 Turner Street
Allentown PA 18104
LIEBERMAN, MD, Richard M U
2830 Highland Street
Allentown PA 18104
LIEBERMAN JR, MD, Joseph A FP
132 Lakeshore Drive
North Palm Beach FL 33408
LIN, MD, Zwu-Shin R
1200 South Cedar Crest Blvd
Allentown PA 18105
LINDENFELD, MD, Arthur P
800 Hausman Road
Allentown PA 18104
LINN, MD, Sheldon H OBG
2868 Ithaca Street
Allentown PA 18103
LIPSCHUTZ, DO, Bruce J IM
Spring Ridge Apartments
Whitehall PA 18052
LIPSCHUTZ, DO, Jay B PUD
1486 Stoneridge Road
Allentown PA 18104
LISTWA, DO, Howard M OBG
1425 West Lincoln Parkway
Allentown PA 18104
LOMBOY, MD, Norma T IM
2949 Allen Street
Allentown PA 18104
LONDON, MD, Richard L GE
1015 North 32nd Street
Allentown PA 18104
LONG, MD, Elmer C PD
401 North 17th Street
Allentown PA 18102
LONGENHAGEN, MD, John B IM
2870 Meadowbrook Circle South
Allentown PA 18103
LUSSER, MD, Martha A N
1251 South Cedar Crest Blvd
Allentown PA 18103
LUTZ, MD, Raymond J DR
3615 Highland Street
Allentown PA 18104
LUTZ, MD, Ronald A EM
526 Mickley Road
Whitehall PA 18052
LYNCH, MD, Christopher G PM
1259 South Cedar Crest Blvd
Allentown PA 18104
MADONNA, MD, John J ORS
952 Lawrence Drive
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4682 Boxwood Circle
Emmaus PA 18049
MALIK, MD, Mohammed A GS
1210 South Cedar Crest Blvd
Allentown PA 18103
MAQUERA, MD, Andre G GS
3710 Hamilton Street
Allentown PA 18104
MARGRAF, MD, John W N
1251 South Cedar Crest Blvd
Allentown PA 18103
MARTIN, MD, Frederick H GP
R D 1 Box 95
Zionsville PA 18092
MARTINEZ-RAMOS, MD, PD
Maria A
1728 Jonathan St
Allentown PA 18104
MARTZ, MD, Mark N TS
1275 South Cedar Crest Blvd
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MARVI, MD, Davoud P
609 North 29th Street
Allentown PA 18104
MCCONNEL JR, MD, OTO
Charles S
1259 South Cedar Crest Blvd
Allentown PA 18103
MCDONALD, MD, Kenneth M OS
1898 East Brookhaven Drive
Allentown PA 18103
MCDONOUGH, MD, Gerard A TS
1275 South Cedar Crest Blvd
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MCGINLEY, MD, George W OPH
401 North 17th Street #103
Allentown PA 18104
MCINTYRE, MD, Edward S EM
R D 2 Box 64
Emmaus PA 18049
MCMUNN, MD, Stuart B FP
528 North Sixth Street
Allentown PA 18102
MECCA, MD, John J GP
3710 Hamilton Street
Allentown PA 18104

MELMAN, MD, Jay E GP
1020 South Barnsdale Road
Allentown PA 18103
MENGEL, MD, Charles L R
2041 Silva Lane
Moberly MO 65270
MERCADO, MD, Modesto G AN
451 Chew Street
Allentown PA 18102
MERKLE, MD, Larry N END
401 North 17th Street #215
Allentown PA 18104
MICHAEL, MD, Gary E FP
Two Maryland Circle
Whitehall PA 18052
MILLER, MD, Joseph A OBG
401 North 17th Street
Allentown PA 18104
MILLER, MD, Kerry D RHU
3131 College Heights Blvd
Allentown PA 18104
MINNER, MD, Roger J GP
3321 Congress Street
Allentown PA 18104
MISENHIMER, MD, Martin D PD
281 Cherryville Road
Northampton PA 18067
MISHKIN, MD, Mark H IM
1251 South Cedar Crest Blvd
Allentown PA 18103
MITCHELL, MD, John F P
2859 College Drive
Allentown PA 18104
MOERKIRK, MD, George E OM
806 South 25th Street
Allentown PA 18103
MOLDOVER, MD, Jonathan R PM
Fifth & St Johns Streets
Allentown PA 18103
MONTANER, MD, Carmen G AN
R D 3 Box 722
Coopersburg PA 18036
MOORE, MD, Craig C IM
451 Chew Street
Allentown PA 18102
MORFFI, MD, Oscar A PD
561T Benner Road
Allentown PA 18104
MORRIS, MD, Dennis L CD
4604 Belmont Drive
Emmaus PA 18049
MORRISON, MD, Alan N ON
3821 Trexler Blvd
Allentown PA 18104
MORRISON, MD, Marjorie G P
803 North Wahneta Street
Allentown PA 18103
MORROW, MD, Robert A NS
1259 South Cedar Crest Blvd
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MULLIN JR, MD, Edward M U
1210 South Cedar Crest Blvd
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MUNCHAK JR, MD, John GP
440 Ridge Avenue
Allentown PA 18102
NADER, MD, Joseph N CD
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Allentown PA 18104
NEDWICH, MD, Alexander PTH
1461 Red Maple Lane
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NICHOLAS, MD, Gary G GS
1210 South Cedar Crest Blvd
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NORMINGTON II, MD, OBG
Ernest Y
1815 Greenwood Road
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1251 South Cedar Crest
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OKUNSKI, MD, Walter J PS
1210 South Cedar Crest Blvd
Allentown PA 18103
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3340 Hamilton Blvd
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401 North 17th Street
Allentown PA 18104
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1728 Jonathon Street
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1275 South Cedar Crest Blvd
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729 North 25th Street
Allentown PA 18104
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1620 Highland Street
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1251 South Cedar Crest Blvd
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PATRIARCO, DO, Michael S OBG
2844 Crest Avenue South
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PAVILACK, MD, Mark A US
470 Ne 142 Street
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Mack Trucks Inc
Allentown PA 18105
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401 North 17th Street #201
Allentown PA 18104
PHELAN, MD, William J PD
1831 Linden Street
Allentown PA 18104
PIERZCHALA, MD, Thomas H FP
3896 Lilac Road
Allentown PA 18103
POST, MD, Robert M IM
1730 Chew Street
Allentown PA 18104
POWERS, MD, Victor J IM
451 Chew Street
Allentown PA 18102
PRAGER, MD, David ON
1394 North 39th Street
Allentown PA 18104
PROOTHI, MD, Subhash C ON
800 Ostrum Street
Bethlehem PA 18105
PROROK, MD, Joseph J GS
1210 South Cedar Crest Blvd
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PURCELL, DO, Stephen M D
3131 College Heights Blvd
Allentown PA 18104
PURVIS, MD, Robert S OS
1339 South Fountain Street
Allentown PA 18103
PUSCHAK, MD, Russell B PD
401 North 17th Street #203
Allentown PA 18104
QUEVEDO, MD, Jonathan P PM
2522 South Sixth Street
Allentown PA 18103
RADER, MD, Mark D OBG
1251 South Cedar Crest Blvd
Allentown PA 18103
RADIO, MD, Gregory J OBG
4405 Farm Drive
Allentown PA 18104
RAI, MD, Rajesh R
45 Hillary Drive
Emmaus PA 18049
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1728 Jonathan Street
Allentown PA 18104
RAPHAEL, MD, Paul S PM
1314 Antler Court
Allentown PA 18104
RAPPAPORT, MD, Melvin M GP
3321 Chestnut Avenue
Whitehall PA 18052
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1251 South Cedar Crest Blvd
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REINHARDT, MD, Pauline K OS
625 North Ott Street
Allentown PA 18104
REINHART, MD, John W GP
2200 Hamilton Street
Allentown PA 18104
RENINGER, MD, Charles W OBG
2200 Hamilton Street
Allentown PA 18104
RESPET, MD, Patrick B ORS
1730 Chew Street
Allentown PA 18104
REX, MD, James C TS
1275 South Cedar Crest Blvd
Allentown PA 18103
RHODES, MD, Michael TRS
1210 South Cedar Crest Blvd
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RHODES III, MD, Luther V ID
1210 South Cedar Crest Blvd
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RIENZO, MD, Robert J DR
1200 South Cedar Crest Blvd
Allentown PA 18105
RIETHER, MD, Robert D GS
1275 South Cedar Crest Blvd
Allentown PA 18103
RODENBERGER, MD, Bruce M OBG
1251 South Cedar Crest Blvd
Allentown PA 18103
ROLAND, MD, Frederick H FP
790 Spruce Street
Emmaus PA 18049
ROSEN, MD, Lester CRS
1275 South Cedar Crest Blvd
Allentown PA 18103
ROSENAU, DO, Alexander M EM
819 North 24th Street
Allentown PA 18104
ROSENBERG, MD, Howard D DR
3741 Devonshire Road
Allentown PA 18103
ROSS, MD, Abraham AN
451 Chew Street
Allentown PA 18102
ROSS, MD, Daniel I OPH
2004 Allen Street
Allentown PA 18104
ROSS, MD, Kimra Y FP
415B Willow Circle
Allentown PA 18102

ROSSMAN, MD, Max CHP
1444 Hamilton Street 2-E
Allentown PA 18102
ROTHENBERGER, MD, OTO
Marvin K
206 North Eighth Street
Allentown PA 18102
ROVITO, MD, Peter F GS
102 Gary Road
Orefield PA 18069
RUHT, MD, Barry A ORS
2395 Lisa Lane
Allentown PA 18104
RYDER JR, MD, Kenneth G FP
5661 Hamilton Boulevard
Wescosville PA 18106
SADR, MD, Farrokh S CDS
R D 2 Knollwood Drive
Emmaus PA 18049
SAMIES, MD, John H IM
4862 Meadow Lane
Macungie PA 18062
SANDBERG, MD, James A CD
3340 Hamilton Blvd
Allentown PA 18103
SARACHEK, MD, Norman S CD
3418 Colonial Court
Allentown PA 18104
SARAVITZ JR, MD, Eugene M US
3025 East Blvd
Bethlehem PA 18017
SARUBIN, MD, Daniel R DR
1815 Sherwood Road
Allentown PA 18103
SAWYNA, MD, Vitaly GS
2224 Liberty Street
Allentown PA 18104
SCARPINO, MD, Leo J ORS
1401 North Cedar Crest Blvd
Allentown PA 18104
SCHADT JR, MD, Oliver S GP
721 Turner Street
Allentown PA 18102
SCHAEFFER, MD, Charles D GS
2170 Lehigh Parkway North
Allentown PA 18103
SCHAEFFER, MD, Frances C OBG
30 North Eighth Street
Allentown PA 18101
SCHENCK, MD, Paul H OPH
R D 1 Box 220
Breinigsville PA 18031
SCHRAGGER, MD, Alan H D
1317 Hamilton Street
Allentown PA 18102
SCHWINGE, MD, Elaine A P
H101 Village Round
Wescosville PA 18106
SCOTT, MD, Steven A IM
401 North 17th Street
Allentown PA 18104
SECKINGER, MD, Raymond P P
Correlative Therapy Ed Ctr
Allentown PA 18102
SHAFFER, DO, Linda E GP
136 Valley Park South
Bethlehem PA 18018
SHAMAI, MD, Haroun A P
1331 Hamilton Street
Allentown PA 18102
SHAMPAIN, MD, Mark P AI
3131 College Heights Blvd
Allentown PA 18104
SHANER, MD, Catharine L PD
Spring Ridge Apartments
Whitehall PA 18052
SHEETS, MD, James A CRS
1275 South Cedar Crest Blvd
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SHERWIN, MD, Gerald P GS
401 North 17th Street #311
Allentown PA 18104
SHIEH, MD, Kan C R
Sacred Heart Hospital
Allentown PA 18102
SHIELDS, MD, Mary S AI
Northern Lehigh Medical Ctr
Walnutport PA 18088
SHINGLES, DO, David J OBG
718 South Cedar Crest Blvd
Allentown PA 18103
SHOLEHVAR, MD, Javad OTO
1251 South Cedar Crest Blvd
Allentown PA 18103
SHOLEVAR, MD, Farhad P
2200 Ben Franklin Parkway
Philadelphia PA 19130
SHORE, MD, Stephen R IM
2843 Tilghman Street
Allentown PA 18104
SHORT, MD, Glenn M IM
401 North 17th Street #207
Allentown PA 18104
SIEGER, MD, Charles E R
2570 Millbrook Drive
Emmaus PA 18049
SIEGFRIED, MD, Myrtle M GP
2745 Parkway Blvd
Allentown PA 18104
SILON, MD, Nathaniel TR
Allentown Hospital Assn
Allentown PA 18102

SILVERBERG, MD, Bruce J CD
3340 Hamilton Blvd
Allentown PA 18103
SILVERBERG, MD, Daniel M U
1251 South Cedar Crest Blvd
Allentown PA 18103
SILVERMAN, MD, Howard A FP
3131 College Heights Blvd
Allentown PA 18104
SILVERMAN, MD, Morton I CD
1323 Hamilton Street
Allentown PA 18102
SINCLAIR, MD, Michael C TS
1275 South Cedar Crest Blvd
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SINGER, MD, William H AN
451 Chew Street
Allentown PA 18102
SIPES, MD, Earl K GS
2602 Lindberg Avenue
Allentown PA 18103
SKWEIR, MD, Leon A P
2060 Minesite Road
Allentown PA 18103
SMITH, MD, Charles F PD
1450 Wethersfield Drive
Allentown PA 18104
SMITH, MD, Jere P PD
811 North 19th Street
Allentown PA 18104
SMITH, MD, Raymond M AN
1123 North 18th Street
Allentown PA 18104
SMITH JR, MD, George S OBG
1139 Meadowbrook Circle West
Allentown PA 18103
SNYDER, DO, Richard K GP
868 Wyoming Street
Allentown PA 18103
SNYDER, MD, Stanley OBG
2200 Hamilton Street
Allentown PA 18104
SOSIS, MD, Arthur C D
1317 Hamilton Street
Allentown PA 18102
SOUDER, MD, C Lawrence P
207 West Summit Street
Souderton PA 18964
SPLAIN, DO, Dennis J R
Sacred Heart Hospital
Allentown PA 18102
STAFFARONI, MD, Mark A OPH
401 North 17th Street
Allentown PA 18104
STAMATAKOS, MD, Michael J R
Sacred Heart Hospital
Allentown PA 18102
STASIK JR, MD, John J CRS
1275 South Cedar Crest Blvd
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STEIN, MD, Arthur V PS
2200 Hamilton Street
Allentown PA 18104
STELLMACHER, MD, Virginia M P
1251 South Cedar Crest Blvd
Allentown PA 18103
STELZER, MD, Frederic A GE
451 Chew Street
Allentown PA 18102
STEPHENS JR, MD, Harry W NS
2340 Riverbend Road
Allentown PA 18103
STEWARD, MD, Joanne A IM
Macarthur Road & Roosevelt St
Whitehall PA 18052
STIERSTORFER, MD, Max J GP
1123 North Van Buren Street
Allentown PA 18103
STOLZ, DO, Ralph E GP
555 Harrison Street
Emmaus PA 18049
STRAUSS, MD, Robert D OTO
1251 South Cedar Crest Blvd
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STULL JR, MD, Walter F GP
1129 North Van Buren Street
Allentown PA 18103
SUSSMAN, MD, David ORS
1401 North Cedar Crest Blvd
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SUSSMAN, MD, Sylvia AN
3045 Whitehall Street
Allentown PA 18104
TAHIR, MD, Mahmod A GS
1210 South Cedar Crest Blvd
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TAN, MD, Antonius H DR
2855 Golf Circle
Emmaus PA 18049
TATE, MD, Frederick J FP
3305 Municipal Drive
Whitehall PA 18052
TAUS, DO, John K GE
451 Chew Street Suite 401
Allentown PA 18102
TERMINI, MD, Joseph T GP
698 Cedar Crest Blvd South
Allentown PA 18103
THOMPSON, MD, Robert J D
6184 Putter Drive
Wescosville PA 18196

TILLY, MD, David A NS
1259 South Cedar Crest Blvd
Allentown PA 18103
TOFF, DO, Kenneth J PD
1120 South Cedar Crest Blvd
Allentown PA 18103
TRACHTENBERG, MD, OPH
William M
1739 Fairmont Street
Allentown PA 18104
TREVASKIS, MD, Allan E PS
2923 Gordon Street
Allentown PA 18104
TRIMPI, MD, Howard D CRS
736 North Broad Street
Allentown PA 18104
TROSTLE, MD, Douglas R GS
1210 South Cedar Crest Blvd
Allentown PA 18103
TROXEL, MD, Richard S EM
Box M-2 Egypt Road
Laurys Station PA 18059
TUFFIASH, MD, William A AI
1251 South Cedar Crest Blvd
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UFBERG, MD, Michael H GE
3748 West Highland Street
Allentown PA 18104
UMLAUF, MD, Charles W N
2200 Hamilton Suite 300
Allentown PA 18104
VELASCO, MD, Rey PD
1831 Linden Street
Allentown PA 18104
VERNICK, MD, Clifford G ORS
1730 Chew Street
Allentown PA 18104
VIECHNICKI, MD, Michael B OBG
3131 College Heights Blvd
Allentown PA 18104
VIGILANTE, MD, Michael OBG
2745 Parkway Blvd
Allentown PA 18104
VINCENT, MD, Joseph E PUD
1210 South Cedar Crest Blvd
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WALKER, MD, Andrew B PDS
2750 Gordon Street
Allentown PA 18104
WAPNER, MD, John M OPH
2015 Hamilton Street
Allentown PA 18104
WASKO, MD, Robert U
1111 North 19th Street
Allentown PA 18104
WASSERMAN, MD, Ronald E N
1251 South Cedar Crest Blvd
Allentown PA 18103
WEINSTEIN, DO, Allen J DR
1893 West Brookhaven Drive
Allentown PA 18103
WEIS, MD, Paul R IM
1453 Linden Street
Allentown PA 18102
WESTON, MD, Kenneth R ORS
R D 1 Box 199
Breinigsville PA 18031
WHITE, MD, Richard K ORS
501 North 17th Street #114
Allentown PA 18104
WHITSON, MD, David W FP
2863 Edgemont Drive
Allentown PA 18103
WIDGE, MD, Toeruna S AN
R D 1 Box 259
Mertztown PA 19539
WILKINS, MD, Byron D CRS
2436 Hamilton Street
Allentown PA 18104
WILLIAMS, MD, David O R
968 Robinhood Road
Allentown PA 18103
WILSON, MD, Richard C IM
2200 Hamilton Street
Allentown PA 18104
WOLSON, MD, Alan H DR
1467 Wedgewood Road
Allentown PA 18104
YANG, MD, Wen-Shiong AN
1200 South Cedar Crest Blvd
Allentown PA 18105
YANOFF, MD, David B ORS
2300 North Pewter Drive
Macungie PA 18062
YEAGER, MD, Bradford A DR
3131 College Heights Blvd
Allentown PA 18104
YEISLEY, MD, Geary L TS
1275 South Cedar Crest Blvd
Allentown PA 18105
YEN, MD, Conception T OBG
1728 Jonathan Street #101
Allentown PA 18104
YIP, MD, Luke C CDS
1275 South Cedar Crest Blvd
Allentown PA 18103
ZALADONIS, MD, Joseph J FP
1809 Columbine Avenue
Bethlehem PA 18018
ZALADONIS, MD, Sylvia P FP
1809 Columbine Avenue
Bethlehem PA 18018

ZIEGLER, MD, Anna M GYN
Route 1 Box D105
Coplay PA 18037

LUZERNE

ABBOTT, MD, Albert J OPH
203 East Green Street
Nanticoke PA 18634
ABRAMOWITZ, MD, Richard P CD
225 South River Street
Plains PA 18705
ABRANTES, MD, F Jorge GS
200 South River Street
Plains PA 18705
ACLE, MD, Alejandro E IM
1010 East Mountain Drive
Wilkes Barre PA 18702
AICHER, MD, D Craig OPH
337 Wyoming Avenue
Kingston PA 18704
ALEXANDERIAN, MD, Harry A OBG
1010 Susquehanna Avenue
West Pittston PA 18643
ALLEY, MD, Richard A IM
480 Pierce Street
Kingston PA 18704
ALMARIA, MD, Hermenegildo H DR
20 North Laurel Street
Hazleton PA 18201
AMBRUSO, MD, Victor T NS
1732 Wyoming Avenue
Forty Fort PA 18704
AMENTLER, MD, John P FP
452 Ridge Street
Freeland PA 18224
ANDREWS, MD, Paul J ORS
135 Hanover Street
Wilkes Barre PA 18702
ANDREWS, MD, Peter J FP
195 East Main Street
Plains PA 18705
ANDRIOLE, MD, Gerald L U
219 West Diamond Avenue
Hazleton PA 18201
ANISTRANSKI, MD, Joseph A FP
59 West Dorrance Street
Kingston PA 18704
ANSELMI, MD, Lanning A FP
206 Carverton Road
Trucksville PA 18708
ANZALONE, MD, Angelo A EM
2445 Huntsville Road
Shavertown PA 18708
ARAYA, MD, Fernando FP
1931 Englewood Terrace
Forty Fort PA 18704
AUERBACH, MD, Herman L GE
20 North Laurel Street
Hazleton PA 18201
BABULA, MD, Bruce E AN
47 Walden Drive
Mountain Top PA 18707
BAKER, MD, Thomas E CD
610 Wyoming Avenue
Kingston PA 18704
BALI, MD, Ajay K CD
306 Indian Creek Drive
Wilkes Barre PA 18702
BANERJI, MD, Barun ON
166 Hanover Street
Wilkes Barre PA 18702
BANERJI, MD, Sipra CLP
Seven North Market Street
Nanticoke PA 18634
BARRAS, MD, David I OTO
534 Wyoming Avenue
Kingston PA 18704
BATOK, MD, Gary R EM
2995 Bald Mountain Road
Wilkes Barre PA 18702
BAUMANN, MD, Brenda K FP
1000 East Mountain Drive
Wilkes Barre PA 18711
BAUMANN, MD, Thomas L IM
11 Pine Tree Road
Mountain Top PA 18707
BENOIT, DO, Richard A IM
106 Davis Street
Trucksville PA 18708
BENOVITZ, MD, Burton S OBG
425 Tioga Avenue
Kingston PA 18704
BERLEY, MD, Benjamin S IM
28 Pierce Street
Kingston PA 18704
BESWICK, MD, David R GE
610 Wyoming Avenue
Kingston PA 18704
BILKO, MD, Thomas E ORS
Courthouse Square Towers
Wilkes Barre PA 18702
BISCOTTI, MD, Mauer T IM
526 Main Street
Dupont PA 18641
BLAUM SR, MD, Louis C GS
244 Scott Street
Wilkes Barre PA 18765
BLIDNER, MD, Martin D IM
1010 East Mountain Drive
Wilkes Barre PA 18702

BLOOM, MD, Frederick J FP
389 Wyoming Avenue
Wyoming PA 18644
BLUM, MD, Richard H PUD
35 West Linden Street
Wilkes Barre PA 18702
BOBECK, MD, Henry S IM
Main And Connor Streets
Sugar Notch PA 18706
BOBECK, MD, John J FP
Market Street Plaza
Nanticoke PA 18634
BOBECK, MD, Joseph J FP
Main And Connor Streets
Sugar Notch PA 18706
BOBEN, MD, William R FP
Box 421 R D 8
Mountaintop PA 18707
BOHN, MD, Mark W FP
155 South Main Road
Mountaintop PA 18707
BONACCI, MD, Richard J GP
70 Market Street
Tresckow PA 18254
BONITA, MD, Louis B FP
234 South River Street
Plains PA 18705
BONITA, MD, Raphael IM
234 South River Street
Plains PA 18705
BOONIN, MD, Alan FP
Box 368-7 R D 1
Dallas PA 18612
BORRA, MD, Bolliaih DR
Wilkes Barre General Hospital
Wilkes Barre PA 18764
BOYLE, MD, Hugh G R
1732 Wyoming Avenue
Forty Fort PA 18704
BOYLE, MD, William H US
1732 Wyoming Avenue
Forty Fort PA 18704
BRADY, MD, John C GP
228 Horton Street
Wilkes Barre PA 18702
BRADY, MD, John P IM
326 Hughes Street
Swoyersville PA 18704
BRENNAN, MD, John P CD
50 West Ridge Street
Nanticoke PA 18634
BREWER, MD, Richard J FP
343 Princeton Court
Wilkes Barre PA 18702
BRONSTEIN, MD, Seymour B CD
Hazleton Cardiology Center
Hazleton PA 18201
BROWN, MD, Fredric S D
Pierce Medical Building
Kingston PA 18704
BROWN, MD, Robert L IM
85 Huntsville Road
Dallas PA 18612
BRUNO, MD, James R IM
1099 South Township Blvd
Pittston PA 18640
BRUNO JR, MD, Joseph N R
1099 South Township Blvd
Pittston PA 18640
BRUNO SR, MD, Joseph N DR
1304 Susquehanna Avenue
West Pittston PA 18643
BUCAN, MD, Michael FP
Eight West Center Street
Shavertown PA 18708
BUCKEY, MD, Joseph T GP
Ten Birch Street
Mountain Top PA 18707
BUCKMAN, MD, Samuel T OPH
70 South Franklin Street
Wilkes Barre PA 18701
BURAK, MD, William E U
470 Wyoming Avenue
Kingston PA 18704
BURNS JR, MD, Charles N U
445 Wyoming Avenue
Kingston PA 18704
BURNS SR, MD, Charles N U
445 Wyoming Avenue
Kingston PA 18704
BUTCOFSKI, MD, James S FP
P O Box 301
Wilkes-Barre PA 18703
BUTT, MD, Hameed A TS
208 Northeast Bank Building
Hazleton PA 18201
BYRON, MD, Thomas W ORS
35 West Linden Street
Wilkes Barre PA 18702
CAGGIANO, MD, James F PD
1730 East Broad Street
Hazleton PA 18201
CALISE, MD, Crescenzo G U
445 Wyoming Avenue
Kingston PA 18704
CAMERON, MD, Donald D R
11 Louise Road
Wyoming PA 18644
CAMPBELL, DO, Thomas M FP
Sterling & Machell Aves
Dallas PA 18612

CARBONI, MD, Vincent A PDA
Mercy Medical Offices
Dallas PA 18612
CAREY, MD, Edward J FP
440 Pierce Street
Kingston PA 18704
CAREY, MD, John L RHU
440 Pierce Street
Kingston PA 18704
CARL, MD, David A OPH
1010 East Mount Drive
Wilkes Barre PA 18702
CASTELLANO, MD, Thomas J GE
Gastroenterology Consultants
Kingston PA 18704
CASTERLINE, MD, Charlotte L A
915 Wyoming Avenue
Forty Fort PA 18704
CASTERLINE, MD, Peter F US
200 South River Street
Wilkes Barre PA 18705
CAVAN, MD, Albina B GP
352 South River Street
Wilkes Barre PA 18702
CAVAN, MD, John F GP
352 South River Street
Wilkes Barre PA 18702
CHANDRA-MOHAN, MD, CD
Avverahalli M
1730 East Broad Street
Hazleton PA 18201
CHANG, MD, Chun S P
110 South Pennsylvania Avenue
Wilkes Barre PA 18702
CHARABATI, MD, Jay FP
540 Pierce Street
Kingston PA 18704
CHIKARMANE, MD, Ajit M N
Center City Medical Complex
Hazleton PA 18201
CHIKARMANE, MD, Kalpana A IM
20 North Laurel Street
Hazleton PA 18201
CHILDS, MD, Robert W PD
1730 East Broad Street
Hazleton PA 18201
CHOLLAK JR, MD, Joseph P FP
1221 Wyoming Avenue
Forty Fort PA 18704
CHOLLAK SR, MD, Joseph P GP
162 East Center Hill Road
Dallas PA 18612
CHRISTOFORATOS, MD, AN
Demetrius
97 Timothy Road
Shavertown PA 18708
CHUNG, MD, Hi-Young OBG
1010 East Mountain Drive
Wilkes Barre PA 18702
CIOTOLA, MD, Augustine A FP
565 North Laurel Street
Hazleton PA 18201
CIOTOLA, MD, Joseph G DR
Three Backfield Circle
Sugarloaf PA 18249
CIOTOLA, MD, Thomas J CD
1730 East Broad Street
Hazleton PA 18201
CIPOLLINA, MD, Carmela M OBG
43 Holiday Drive
Kingston PA 18704
CITTI, MD, John G IM
610 Wyoming Avenue
Kingston PA 18704
CLARKE, MD, James A FP
Corner Foote And Adams Sts
Duryea PA 18642
CLEARFIELD, DO, William N FP
318 South Franklin Street
Wilkes Barre PA 18701
COAR, MD, George R OPH
601-605 Wyoming Avenue
Kingston PA 18704
CONSALVO, MD, John A EM
182 South Franklin Street
Wilkes Barre PA 18701
COOPER, MD, David R ORS
The Knee Center
Wilkes Barre PA 18702
COOPER, MD, Helen C IM
42 East Main Street
Plymouth PA 18651
COOPER, MD, Joseph E GP
380 Old River Road
Wilkes Barre PA 18702
CORAZZA, MD, Leo J IM
20 North Laurel Street
Hazleton PA 18201
CORDERO, MD, Hermelinda R
Wilkes Barre General Hospital
Wilkes Barre PA 18764
COREY, MD, Peter J GS
200 South River Street
Plains PA 18705
CORNACCHIONE, DO, Mario J FP
Geisinger Family Health Ctr
Dallas PA 18612
COYLE, MD, John J OPH
Two East Broad Street
Hazleton PA 18201

COZZONE, DO, Monica L GP
1825 Wyoming Avenue
Exeter PA 18643
CRAMTON, MD, David C IM
610 Wyoming Avenue
Kingston PA 18704
CROMPTON, MD, Richard E FP
206 Carverton Road
Trucksville PA 18708
CZWALINA, DO, Robert FP
245 East South Street
Wilkes Barre PA 18702
DAGOSTINO, MD, Valentino AN
329 Springhouse Lane
Moorestown NJ 08017
DANCA, MD, Alfred F ORS
35 West Linden Street
Wilkes Barre PA 18702
DANISHANKO, MD, Albert G GP
174 Scott Street
Wilkes Barre PA 18702
DAVIS, MD, Daniel T ORS
Pierce Professional Center
Kingston PA 18704
DAVIS, MD, George B GP
256 North Maple Avenue
Kingston PA 18704
DEBONIS, MD, Charles S IM
972 Wyoming Avenue
Forty Fort PA 18704
DECKER, MD, Peter G IM
166 Hanover Street
Wilkes Barre PA 18702
DECURTIS, MD, George M FP
534 Wyoming Avenue
Kingston PA 18704
DEDHIA, MD, Champak R
Mercy Hospital
Wilkes Barre PA 18765
DEGENNARO, MD, Patrick J R
Wilkes Barre General Hospital
Wilkes Barre PA 18764
DEJOSEPH, MD, Robert L CD
1730 East Broad Street
Hazleton PA 18201
DELEHANTY, MD, Thomas J PUD
270 South River Street
Plains PA 18705
DELGAUDIO, MD, Walter AN
Geisinger Medical Group
Wilkes Barre PA 18702
DELLA ROSA JR, MD, John J N
1010 East Mountain Drive
Wilkes Barre PA 18702
DENARO, MD, Anthony T P
149 Dana Street
Wilkes Barre PA 18702
DENIER, MD, James M GP
89 Eagle Court
Wilkes Barre PA 18706
DEPASQUALE, MD, Samuel C GS
480 Pierce Street
Kingston PA 18704
DEROJAS, MD, Juan J CDS
480 Pierce Street
Kingston PA 18704
DESSEN, MD, Edgar L DR
20 North Laurel Street
Hazleton PA 18201
DEVABHAKTUNI, MD, Raghu V P
750 East Broad Street
Hazletown PA 18201
DIAZ, MD, Renato T FP
Pocono Medical Center
Blakeslee PA 18610
DIGIOVANNI, MD, Vincent J N
295 South River Street
Wilkes Barre PA 18702
DIORIO, MD, James P IM
1217 Wyoming Avenue
Forty Fort PA 18704
DIORIO, MD, Norina M FP
998 Wyoming Avenue
Forty Fort PA 18704
DITTMAN, MD, Thomas H PUD
20 North Laurel Street
Hazleton PA 18201
DOLPHIN, MD, Murray OPH
400 Third Avenue
Kingston PA 18704
DORMANS, MD, Adrian A FP
Moses Taylor Hospital-Emer Rm
Scranton PA 18510
DOSTAL, MD, Julie A FP
540 Pierce Street
Kingston PA 18704
DRAPIEWSKI, MD, John F PTH
40 Tilbury Terrace
West Nanticoke PA 18634
DRAPIEWSKI, MD, Vincent A IM
166 Hanover Street #102
Wilkes-Barre PA 18702
DROSEY, MD, Louise A FP
14 Terrace Drive
Mountain Top PA 18707
DUDEK, MD, Robert P ORS
1010 East Mountain Drive
Wilkes Barre PA 18702
ELLIS IV, MD, John H CD
225 South River Street
Plains PA 18705

ENGEL, MD, Robert IM
273 Church Street
Kingston PA 18704
ENGLISH, MD, Richard B FP
440 Pierce Street
Kingston PA 18704
FARRELL, MD, Dorothy A N
480 Pierce Street
Kingston PA 18704
FASCIANA, MD, Guy M IM
Corner Foote & Adams
Duryea PA 18642
FAVETTA, MD, Marcel M OBG
1010 East Mountain Drive
Wilkes Barre PA 18702
FEINSTEIN, MD, Peter A ORS
35 West Linden Street
Wilkes Barre PA 18702
FELLERMAN, MD, Herbert IM
35 West Linden Street
Wilkes Barre PA 18702
FELLIN, MD, Rudolph S IM
30 West Broad Street
West Hazleton PA 18201
FERGUSON, MD, Daniel IM
1501 East Broad Street
Hazleton PA 18201
FERRARO, MD, Michael M OBG
425 Tioga Avenue
Kingston PA 18704
FESCINA, MD, Joseph V GYN
217 North Laurel Street
Hazleton PA 18201
FINO, MD, Gregory FP
Geisinger Family Practice
White Haven PA 18661
FISCHBEIN, MD, Richard E P
607 Pin Oak Drive
Mountain Top PA 18707
FISHER, MD, Seth W CD
Geisinger Medical Group
Wilkes Barre PA 18702
FLANAGAN JR, MD, Richard A CRS
200 South River Street
Wilkes-Barre PA 18705
FOLDES, MD, Julius PTH
Valley Country Club Road
Conyngham PA 18219
FRANCIS, MD, Leon R FP
Race & Third Street
Mifflinville PA 18631
FREEDMAN, MD, Louis J OBG
534 Wyoming Avenue
Kingston PA 18704
FREIFELD, MD, Martin L OBG
534 Wyoming Avenue
Kingston PA 18704
FRIED, MD, Martin B GE
Gastroenterology Consultants
Kingston PA 18704
FRIEDMAN, MD, Henry B GE
610 Wyoming Avenue
Kingston PA 18704
FRIEDMAN, MD, Joel EM
513 Grandview Street
Clarks Summit PA 18411
FRIEND, MD, Arthur IM
2107 South West 22nd Court
Boynton Beach FL 33435
FRUEHAN, DO, Florence R FP
540 Pierce Street
Kingston PA 18704
FRYE, MD, John W OBG
425 Tioga Avenue
Kingston PA 18704
FURNER, DO, Carl L IM
20 North Laurel Street
Hazleton PA 18201
GAIA, MD, Juan D DR
451 Third Avenue
Kingston PA 18704
GALLAGHER, MD, Henry G GP
35 Lake Street
Dallas PA 18612
GANDHI, MD, Harsh ON
1740 East Broad Street
Hazelton PA 18201
GAZEK, MD, Francisco A CD
20 North Laurel Street
Hazleton PA 18201
GAZOWSKI, MD, Thomas E US
82 Division Street
Kingston PA 18704
GIBBONS, MD, Robert J GS
629 West Diamond Avenue
Hazleton PA 18201
GIERING, MD, John F IM
550 Westmoreland Avenue
Kingston PA 18704
GIORDANO, MD, Nicholas D IM
200 Second Avenue
Kingston PA 18704
GOLDFEDER, MD, Warren J DR
Mercy Hospital
Wilkes Barre PA 18765
GORSKI, MD, Deborah A IM
48 Eagle Court
Wilkes Barre 18706
GRABOWSKI, MD, Marie A PD
Six West Green Street
Nanticoke PA 18634

GRECO, MD, Victor F TS
Greco Medical Arts Building
Drums PA 18222
GRIESMER, MD, Paul D OBG
425 Tioga Avenue
Kingston PA 18704
GROSSMAN, MD, Ira C U
470 Wyoming Avenue
Kingston PA 18704
GUNDERSON, MD, Robert L ORS
1710 East Broad Street
Hazleton PA 18201
GUNSTER, MD, Gerald D OBG
425 Tioga Avenue
Kingston PA 18704
GUTTERMAN, MD, Paul NS
1740 East Broad Street
Hazleton PA 18201
HABER, MD, Arthur S R
20 North Laurel Street
Hazleton PA 18201
HAKKARINEN, MD, William D FP
540 Pierce Street
Kingston PA 18704
HANLON, MD, Paul A OBG
543 Westmoreland Avenue
Kingston PA 18704
HARRIS, MD, Ronald I END
421 West Market Street
Kingston PA 18704
HAZLETT, MD, Jane OBG
480 Pierce Street
Kingston PA 18704
HAZLETT, MD, William H OBG
534 Wyoming Avenue
Kingston PA 18704
HERNANDEZ, MD, Wilbert E AN
1172 Scott Street
Wilkes Barre PA 18705
HERRMANN, MD, William J OBG
Nesbitt Medical Arts Building
Kintston PA 18704
HEYDT, MD, Stuart PS
1010 East Mountain Drive
Wilkes-Barre PA 18702
HINDI, MD, Musa A OPH
601-605 Wyoming Avenue
Kingston PA 18704
HOLLERAN, MD, Bernard L IM
308 West Eighth Street
West Wyoming PA 18644
HOWANITZ, MD, Emil P GS
917 United Penn Bank Bldg
Wilkes Barre PA 18701
HUANG, MD, Jung T FP
540 Pierce Street
Kingston PA 18704
HUDOCK JR, MD, George E PTH
51 East Valley View Drive
Courtdale PA 18704
HUGHES, MD, Paul J FP
540 Pierce Street
Kingston PA 18704
HUSAIN, MD, Zahid RHU
35 West Linden Street
Wilkes Barre PA 18702
ICHTER, MD, Joseph T PD
70 North Main Street
Wilkesbarre PA 18711
IMBRIGLIA, MD, Joseph E HS
155 West River Street
Wilkes Barre PA 18702
IMPERIALE, MD, Salvatore M IM
451 Third Avenue
Kingston PA 18704
JACOBS, MD, Irvin PD
Machell & Sterling Avenues
Dallas PA 18612
JAMES, MD, Russell E FP
610 Wyoming Avenue
Kingston PA 18704
JAMES II, MD, Russell E FP
540 Pierce Street
Kingston PA 18704
JANERICH, MD, Albert D PM
Geisinger Medical Group
Wilkes Barre PA 18702
JANG, MD, Jang-Huei OTO
Hazleton National Bank Bldg
Hazleton PA 18201
JANJIGIAN, MD, Edward R N
22 Pierce Street
Kingston PA 18704
JOHNSON, MD, Dorothy E GP
25 West Ross Street
Wilkes Barre PA 18702
JONES, MD, Robert T US
508 Foxwood Lane
Paoli PA 19301
JOSEPH, MD, Raymond J GP
165 Carey Avenue
Wilkes Barre PA 18702
JULIUS, MD, Ernest L FP
245 East South Street
Wilkes Barre PA 18702
KADIS, MD, Milton H GP
38 Courtright Avenue
Wilkes Barre PA 18703
KAFRISSEN, MD, Steven R P
149 Dana Street
Wilkes Barre PA 18702

KAMEEN, MD, Anthony J OPH
601-605 Wyoming Avenue
Kingston PA 18704
KANTOR, MD, Milton IM
245 East South Street
Wilkes Barre PA 18702
KAO, MD, Yu Song N
166 Hanover Street
Wilkes Barre PA 18702
KASULKE, MD, Robert J VS
480 Pierce Street
Kingston PA 18704
KATLIC, MD, Mark R TS
200 South River Street
Plains PA 18705
KELLMAN, MD, Ian A DR
625 Hampton Road
Shavertown PA 18708
KENNEDY, MD, John N IM
39 La Salle Avenue
Shavertown PA 18708
KERR, MD, Robert M IM
204 South Franklin Street
Wilkes Barre PA 18701
KERRIGAN, DO, Patrick J GP
476 Hazle Avenue
Wilkes Barre PA 18702
KERSTEEN EXEC DIR, DUANE E
130 South Franklin Street
Wilkes Barre PA 18701
KETTRICK, MD, James P H ABS
First Nalley Bank Building
Hazleton PA 18201
KIM, MD, Hyung-Bae OBG
1010 East Mountain Drive
Wilkes Barre PA 18702
KIRBY, MD, Jacqueline P PD
56 West Linden Street
Wilkes Barre PA 18702
KIRCHOFFER, MD, James B CD
1010 East Mountain Drive
Wilkes Barre PA 18702
KISH, DO, John M FP
City Heights Shipping Center
Wilkes Barre PA 18702
KISTLER, MD, David W FP
245 East South Street
Wilkes Barre PA 18702
KLEIN, MD, Joseph M PD
2089 Gulf Of Mexico Drive
Longboat Key FL 33548
KLEM, MD, Albert J GP
194 East Dorrance Street
Kingston PA 18704
KOEHL JR, MD, C Warren PTH
Elmcrest Drive
Dallas PA 18612
KOENIG, MD, Johann A PTH
Physical Clinical Lab
Hazleton PA 18201
KONECKE, MD, M Louis OS
33 Forest Road
Mountaintop PA 18707
KOO, MD, Wook H AN
Mountainview Drive
Dallas PA 18612
KOPEN, MD, Dan F GS
480 Pierce Street
Kingston PA 18704
KOTCH, MD, Michael J GP
40 North Market Street
Nanticoke PA 18634
KOVACS, DO, James E FP
540 Pierce Street
Kingston PA 18704
KOWALSKI, MD, Joseph J P
676 Wyoming Avenue
Kingston PA 18704
KOZLEK, MD, Thomas F OTO
534 Wyoming Avenue
Kingston PA 18704
KRIVENKO, MD, Charles A FP
Machell & Sterling Avenues
Dallas PA 18612
KRYSTON JR, DO, John J PTH
1010 East Mountain Drive
Wikes Barre PA 18702
KRYWICKI, MD, William J ORS
Geisinger Medical Group
Wilkes Barre PA 18702
KULBASKI, MD, Frank E R
25 Mary Street
Ashley PA 18706
KURELLO, MD, Phillip J FP
P O Box C
Lehman PA 18627
KUSIAK, MD, Michael T FP
540 Pierce Street
Kingston PA 18704
LABBATE, MD, Victor A RHU
35 West Linden Street
Wilkes Barre PA 18702
LACZI, MD, Joseph B IM
Sugarloaf Avenue
Conyngham PA 18219
LAFLEUR, MD, Richard P IM
816 Chestnut Street
Freeland PA 18219
LANDAU, MD, Leo W PD
534 Wyoming Avenue
Kingston PA 18704

LATZKO, MD, Paul J FP
Shickshinny Health Center
Shickshinny PA 18655
LAWRENCE, MD, Gary W PD
1010 East Mountain Drive
Wilkes Barre PA 18702
LAZAR, MD, Richard J FP
605 Main Street
Duryea PA 18642
LEASE, MD, John R ORS
1710 East Broad Street
Hazleton PA 18201
LEE, MD, Ki B OBG
1730 East Broad Street
Hazleton PA 18201
LEHMAN, MD, Clinton J IM
199 Lake Street
Dallas PA 18612
LENAHAN, MD, Paul J GP
159 Lakeview Drive
Whitehaven PA 18661
LENTINI, MD, J Charles FP
270 South River Street
Plains PA 18705
LENTINI, MD, Joseph A GP
270 South River Street
Plains PA 18705
LENYO, MD, George E FP
R D 2 Box 59
Tamaqua PA 18252
LEYZIN, MD, Mara S FP
540 Pierce Street
Kingston PA 18704
LIM, DO, Scott J M D
Six East Clay Avenue
West Hazelton PA 18201
LISKOV, MD, David M P
127 Whitebirch Lane
Dallas PA 18612
LISS, MD, Arthur R
451 Third Avenue
Kingston PA 18704
LITCHMAN, MD, Joseph F FP
35 West Linden Street
Wilkes Barre PA 18702
LITCHMAN, MD, Maureen R FP
540 Pierce Street
Kingston PA 18704
LIVENGOOD, MD, Margaret A GPM
P O Box 11
Bear Creek PA 18602
LOBITZ, MD, Stanley A FP
Nesbitt Memorial Hospital
Kingston PA 18704
LOFTUS, MD, Joseph A GP
Ten Union Street
Wilkes Barre PA 18705
LOMBARD, MD, Michael F FP
Box 55
Bear Creek PA 18602
LONG, MD, Paul R D
1010 E Mountain Dr
Wilkes Barre PA 18702
LOSARDO, MD, Richard E PD
1730 East Broad Street
Hazleton PA 18201
LOTTICK, MD, Edward A FP
789 Wyoming Avenue
Kingston PA 18704
LOVRINIC, MD, Daniel F ORS
1710 East Broad Street
Hazleton PA 18201
LUCAS, MD, Irene D FP
62 North Mountain Blvd
Mountaintop PA 18707
LUCCHINO, MD, David B GS
200 South River Street
Plains PA 18705
LUNG, MD, Richard J PS
10 West Chestnut Street
Hazleton PA 18201
MACKALL, MD, Samuel J NS
480 Pierce Street
Kingston PA 18704
MANCIA, MD, Bonita M OBG
676 Wyoming Avenue
Kingston PA 18704
MANGANIELLO, MD, Charles M FP
1099 South Township Blvd
Pittston PA 18640
MANNARINO, MD, Anthony P OPH
601-605 Wyoming Avenue
Kingston PA 18704
MANRIQUE, MD, Jose V CD
166 Hanover Street
Wilkes Barre PA 18702
MARCELLA, MD, Stephen W PD
14 Timothy Road
Wyoming PA 18644
MARINER, MD, David R GS
1010 East Mountain Drive
Wilkes Barre PA 18702
MARTYAK, MD, Emil T GP
108 South Cedar Street
Hazleton PA 18201
MARTYAK, MD, Nicholas A PD
1740 East Broad Street
Hazleton PA 18201
MATHIS, MD, Robert P FP
18 Sugarloaf Avenue
Conyngham PA 18219

MATSKO, MD, Michael E GP
R D 1 Box 362-J
Tamaqua PA 18252
MCALOOSE, MD, Louis T U
Hersheys Mill
West Chester PA 19380
MCGRANE, MD, Maria K FP
Dallas Corners Bldg
Dallas PA 18612
MCGRATH, MD, Edmund W GP
95D Manor Road
Edwardsville PA 18704
MEIKLE, MD, George C FP
540 Pierce Street
Kingston PA 18704
MENDELSSOHN, MD, Saul NEP
56 West Linden Street
Wilkes Barre PA 18702
MENIO, MD, John N FP
32 West Main Street
Plymouth PA 18651
MENON, MD, Vikram G IM
Hazleton National Bank
Hazleton PA 18201
MEYER, MD, Arthur N ON
401 Third Avenue
Kingston PA 18704
MICHELSTEIN, MD, Richard D GE
610 Wyoming Avenue
Kingston PA 18704
MILSTEIN, MD, Harold J D
20 North Laurel Street
Hazleton PA 18201
MISTAL, DO, Deborah J FP
R D 1 Box 218c
Drums PA 18222
MITCHELL, MD, Arthur B FP
141 South Maple Avenue
Kingston PA 18704
MOKYCHIC, MD, Walter E GP
42 North Pioneer Avenue
Shavertown PA 18708
MOORE, MD, David H GE
R D 2 Box 238
Dallas PA 18612
MORGART, MD, Douglas R EM
1000 East Mountain Drive
Wilkes Barre PA 18711
MORRISON SR, MD, Joseph F OPH
130 Forest Road
Mountaintop PA 18707
MUKERJEE, MD, Manju G U
40 North Market Street
Nanticoke PA 18634
MUMIE, MD, Lawrence E FP
58 Goeringer Avenue
Wilkes Barre PA 18702
MYERS, MD, Charles E IM
610 Wyoming Avenue
Kingston PA 18704
MYERS, MD, Frederick B IM
610 Wyoming Avenue
Kingston PA 18704
NAUSS, MD, Thomas J PS
R D 3 Box 3204
Moscow PA 18444
NELSON, MD, James E OBG
59 West Juniper Street
Hazleton PA 18201
NIEZGODA, MD, Paul E GE
Pierce Medical Building
Kingston PA 18704
NORK, MD, Edward P OPH
777 Wyoming Avenue
Kingston PA 18704
NOVINGER, MD, Quentin T PD
1010 East Mountain Drive
Wilkes Barre PA 18702
ODONNELL, MD, George J PD
272 South River Street
Wilkes Barre PA 18702
OH, MD, Yong W PTH
106 Dina Avenue
Hazleton PA 18201
OLSHEMSKI, MD, Frank C FP
836 North Washington Street
Wilkes Barre PA 18702
OLSON, MD, Ronald A OPH
341 Wyoming Avenue
West Pittston PA 18643
ORLANDO, MD, Joseph D DR
1099 South Township Blvd
Pittston PA 18640
OUANO, MD, Romeo C DR
425 West Diamond Avenue
Hazleton PA 18201
OWENS, MD, David E FP
245 East South Street
Wilkes Barre PA 18702
PACURARIU, MD, Radu I OPH
82 South Washington Street
Wilkes Barre PA 18701
PADEN, MD, Drue R FP
245 East South Street
Wilkes Barre PA 18702
PANZER, MD, Glenn M FP
534 Bennett Street
Luzerne PA 18709
PARMELEE, DO, Toni J H FP
540 Pierce Street
Kingston PA 18704

PATEL, MD, Satish D DR
Wilkes Barre General Hospital
Wilkes Barre PA 18764
PATTERNAC, MD, Deborah A FP
540 Pierce Street
Kingston PA 18704
PEGUERO, MD, O Alberto GS
1730 East Broad Street
Hazleton PA 18201
PELCZAR, MD, Eugene W GP
171 Stanton Street
Wilkes Barre PA 18702
PENUGONDA, MD, Dwaraki B PD
166 Hanover Street
Wilkes Barre PA 18702
PENUGONDA, MD, Haragopal S U
35 West Linden Street
Wilkes Barre PA 18702
PERKINS, MD, Charles G FP
260 Toftrees Avenue
State College PA 16803
PERRONE, MD, David F EM
679 Wyoming Avenue
Kingston PA 18704
PETERS JR, MD, Robert H GP
974 Kasko Road
Shavertown PA 18708
PILAREK, MD, Valentine F GP
40 North Market Street
Nanticoke PA 18634
PISZCZEK, MD, Joseph E IM
72 East Main Street
Plymouth PA 18651
POLASHENSKI, DO, Edward S IM
128 West 14th Street
Hazleton PA 18201
POLIDORA, MD, Frank C ORS
1710 East Broad Street
Hazleton PA 18201
POSATKO, MD, Peter C GP
52 Hudson Road
Plains PA 18705
POTERA, MD, Leo P IM
245 East South Street
Wilkes Barre PA 18702
POTORSKI, MD, Robert D J IM
36 East Oak Street
Pittston PA 18640
PRAKASH, MD, Murthappa N CD
1730 East Broad Street
Hazleton PA 18201
PRASAD, MD, Shishir C GS
1099 South Township Blvd
Pittston PA 18640
PRATER, MD, John M FM
540 Pierce Street
Kingston PA 18704
PRAWDZIK, MD, Leocadia T IM
20 North Laurel Street
Hazleton PA 18201
PRESPER, MD, John H NS
1010 East Mountain Drive
Wilkes Barre PA 18702
PUGLIESE, MD, Joseph F OPH
601-605 Wyoming Avenue
Kingston PA 18704
PUMA, MD, Samuel J GS
44 West Bennett Street
Kingston PA 18704
PUTPRUSH, MD, Joseph R PTH
1000 East Mountain Drive
Wilkes Barre PA 18711
QUERCI, DO, John C IM
1825 Wyoming Avenue
Exeter PA 18643
RACHO, MD, George J OTO
22 North Church Street
Hazleton PA 18201
RAKLEWICZ, MD, Michael C ORS
390 Pierce Street
Kingston PA 18704
REICH, MD, Sylvia R GP
171 Wyoming Avenue
Wyoming PA 18644
RIMPLE, MD, David F CD
610 Wyoming Avenue
Kingston PA 18704
RIOFSKI, MD, Anthony F A
1340 North Washington Street
Wilkes Barre PA 18705
RITTENBERG, MD, Michael H U
445 Wyoming Avenue
Kingston PA 18704
RIZZARDI, MD, Roger N EM
17 Colonels Ridge Road
Mountain Top PA 18707
RIZZO, MD, Samuel V OTO
1099 South Township Blvd
Pittston PA 18640
ROBERTS, MD, Arthur J TS
35 West Linden Street
Wilkes Barre PA 18702
ROBINS, MD, Isadore M GP
109 South Franklin Street
Wilkes Barre PA 18701
ROBINSON, MD, Joseph PD
47 Pierce Street
Kingston PA 18704
RODA, MD, Paul I HEM
1740 East Broad Street
Hazleton PA 18201

RODRIGO, MD, Concepcion V IM
1333 East Broad Street
Hazleton PA 18201
RODRIGUEZ, MD, Alfonso NEP
56-58 West Linden Street
Wilkes Barre PA 18702
ROE, MD, Robert E OBG
1010 East Mountain Drive
Wilkes Barre PA 18702
ROJAS, MD, Julio R OPH
1720 East Broad Street
Hazleton PA 18201
RONDINA, MD, James B FP
253 East Main Street
Plymouth PA 18651
ROSCKOWFF, MD, Carol M PD
534 Wyoming Avenue
Kingston PA 18704
ROSENBLATT, MD, Stanley A N
John Heinz Institute
Wilkes Barre PA 18702
ROSENSWEIG, MD, William D
11087 Highland Circle
Boca Raton FL 33428
ROSSI, MD, Patricia V PD
56 West Linden Street
Wilkes Barre PA 18702
ROSTOCK, MD, Robert A R
Wyoming Valley Cancer Ctr
Wilkes Barre PA 18702
ROTHSCHILD, MD, John A NEP
56-58 West Linden Street
Wilkes Barre PA 18702
RUDUSKY, MD, Basil M CD
15 Public Square
Wilkes Barre PA 18701
RUGGIERO, MD, Nicholas J CD
225 South River Street
Plains PA 18705
RUMBAUGH, MD, Marshall U U
445 Wyoming Avenue
Kingston PA 18704
SAHILLIOGLU, MD, Refik PUD
166 Hanover Street
Wilkes Barre PA 18702
SAIDMAN, MD, Lester M FP
35 West Linden Street
Wilkes Barre PA 18702
SALAZAR, MD, Pedro A U
54 North Locust Street
Hazleton PA 18201
SAMII, MD, Abdol H N
20 Reynolds Street
Kingston PA 18704
SANDS, MD, David PD
618 Wyoming Avenue
Kingston PA 18704
SANDS, MD, Jeffrey J NEP
56 West Linden Street
Wilkes Barre PA 18702
SARAS, MD, Peter L IM
101 South Laurel Street
Hazleton PA 18201
SAVAGE, MD, Donald J OPH
390 Pierce Street
Kingston PA 18704
SAVAGE, MD, Peter J GP
28 Center Avenue
Plymouth PA 18651
SCARANO, MD, Domenico TS
1010 East Mountain Drive
Wilkes Barre PA 18702
SCHADE, MD, John F GS
271 North Cedar Street
Hazleton PA 18201
SCHEERS, MD, George F OBG
20 North Laurel Street
Hazleton PA 18201
SCHIOWITZ, MD, Albert GS
35 West Linden Street
Wilkes Barre PA 18702
SCHLESINGER, MD, Sam GP
218 West Tenth Street
Hazleton PA 18201
SCHMIDT, MD, Arnold P PTH
55 Spruce Street
Mountain Top PA 18707
SCHOOLEY, MD, Frank B IM
150 Lake Street
Dallas PA 18612
SCHREINER, MD, Glenwood R GP
30 West Broad Street
West Hazleton PA 18201
SCHULMAN, MD, Norman TR
Wilkes Barre General Hospital
Wilkes Barre PA 18764
SCHWITER, MD, E Joseph CD
1010 East Mountain Drive
Wilkes Barre PA 18702
SCINICO, MD, Mark W IM
120 South Wyoming Avenue
Kingston PA 18704
SCOTT, MD, Alvin J PTH
69 West Union Street
Shickshinny PA 18655
SCOTT, MD, Durelle T IM
610 Wyoming Avenue
Kingston PA 18704
SCROBOLA, MD, Charles C GPM
638 Wyoming Avenue
Wyoming PA 18644

SEPROSKY JR, MD, Joseph C FP
540 Pierce Street
Kingston PA 18704
SEROSKA, MD, Phillip J EM
Geisinger Family Health Plan
Mountain Top PA 18707
SGARLAT, MD, Joseph R ORS
109 James Street
Kingston PA 18704
SHAFER, MD, Edward A FP
219 North Sprague Avenue
Kingston PA 18704
SHAH, MD, Anilkumar T DR
166 Hanover
Wilkes Barre PA 18701
SHAH, MD, Evelyn M IM
R D 5 Box 8
Dallas PA 18612
SHAH, MD, Nareshkumar R DR
562 Wyoming Avenue
Kingston PA 18704
SHARKEY, MD, Thomas G OPH
Pierce Prof Ctr
Kingston PA 18704
SHERWOOD, MD, John W FP
55 New Alexander Street
Wilkes Barre PA 18702
SHOEMAKER, DO, Stephen N IM
128 West 14th Street
Hazleton PA 18201
SHROFF, MD, Farook K CD
166 Hanover Street
Wilkes Barre PA 18702
SHYNN, MD, Tae I P
Wilkes Barre General Hospital
Wilkes Barre PA 18764
SIBERSKI, MD, John R IM
327 West Main Street
Plymouth PA 18651
SILVERSTEIN, MD, Daniel K CD
610 Wyoming Avenue
Kingston PA 18704
SLUHOCKI, DO, Mark FP
Route 3
Richland MO 65556
SMITH, MD, Dean A IM
816 Chestnut Street
Freeland PA 18224
SMITH, MD, Donald C GS
130 Reef Road
South Daytona FL 32019
SMITH, MD, Gary M FP
Back Mountain Family Practice
Dallas PA 18612
SMITH, MD, Henry F FP
126 South Mountain Blvd
Mountain Top PA 18707
SMITH, MD, Stafford M US
1600 Wyoming Avenue
Forty Fort PA 18704
SMITH JR, MD, H Alex ORS
390 Pierce Street
Kingston PA 18704
SOLOMON, MD, Cynthia A IM
679 Carey Avenue
Wilkes Barre PA 18702
SOMMA, MD, Richard M N
1010 East Mountain Drive
Wilkes Barre PA 18702
SON, MD, Daniel L U
390 Pierce Street
Kingston PA 18704
SON, MD, Kenneth A U
390 Pierce Street
Kingston PA 18704
SPEACE, MD, George F PS
166 Hanover Street
Wilkes-Barre PA 18702
SPECTOR, DO, Howard L R
1010 East Mountain Drive
Wilkes Barre PA 18702
STANKOSKI, MD, John A IM
Geisinger Medical Group
Wilkes Barre PA 18702
STEGURA, MD, Barney A OPH
630 South Hanover Street
Nanticoke PA 18634
STEHMAN, DO, Glenn R CDS
1730 East Broad Street
Hazleton PA 18201
STERNLIEB, MD, Sanford B US
35 West Linden Street
Wilkes Barre PA 18702
STISH, MD, Eugene R FP
600 Penn Street
West Hazleton PA 18201
STISH JR, MD, Anthony G GP
600 Penn Lane
West Hazleton PA 18201
STREET, MD, Thomas F GS
Center Plaza Suite 10
Hazleton PA 18201
STRICKER, MD, Robert S OS
375 Carey Avenue
Wilkes Barre PA 18702
STUCCIO, MD, Dominick A U
1010 East Mountain Drive
Wilkes Barre PA 18702
STUCCIO, MD, Joseph J U
21 Fordham Road
Wilkes Barre PA 18702

SWARTZ, MD, Mark A FP
540 Pierce Street
Kingston PA 18704
TAGGART, MD, George W OPH
Two East Broad Street
Hazleton PA 18201
TALATI, MD, Dineshkumar C IM
272 Pierce Street Suite 110
Kingston PA 18704
TEDESCO, DO, J Michael OBG
Nesbitt Medical Arts Bldg
Kingston PA 18704
TEDESCO, MD, Louis J FP
540 Pierce Street
Kingston PA 18704
TEITELBAUM, MD, Carl OS
13 Summit View Drive
Mountain Top PA 18707
TESTA, MD, John W GP
48 South Main Street
Pittston PA 18640
TOMEDI, MD, John R FP
R D 1 Box 301
Falls PA 18615
TONREY, MD, Francis G FP
3421 Spanish Trail
Delray Beach FL 33444
TORONY-OKUN, MD, Jeanne A IM
540 Pierce Street
Kingston PA 18704
TORRES, MD, Albert L AN
12 Woodcrest Drive
Wilkes Barre PA 18702
TSOUTSOPLIDES, MD, OBG
George C
Nesbitt Mab
Kingston PA 18704
UDOSHI, MD, Geeta M IM
Three Fox Hollow Drive
Dallas PA 18612
UDOSHI, MD, Mallapa B IM
166 Hanover Street
Wilkes Barre PA 18702
UMALI, MD, Idona C AN
542 East Kiefer Avenue
Hazleton PA 18201
USHINSKI, MD, Stanley C PDA
480 Pierce Street
Kingston PA 18704
VALDERRAMA, MD, Hugo T PTH
Mercy Hospital
Wilkes Barre PA 18705
VALENTI, MD, John T GP
10 East South Street
Wilkes Barre PA 18701
VEGLIA, MD, Kathleen S D
30 Lakeview Trail
Sugarloaf PA 18249
VENIT, MD, Bethany A PD
410 First Valley Bank Bldg
Hazleton PA 18201
VILLACRUSIS, MD, Oscar C P
Suite 101 Park Bldg
Kingston PA 18704
VOLPETTI, MD, George W GS
200 South River Street
Plains PA 18705
VOUTSINAS, MD, Louisa V OBG
Hazleton Nat Bank Bldg
Hazleton PA 18201
WALSH, MD, James C D
1516 Wyoming Avenue
Forty Fort PA 18704
WARTELLA JR, MD, Stephen R
Wilkes Barre General Hospital
Wilkes Barre PA 18764
WASNICK, MD, William GP
22 Lee Park Avenue
Wilkes Barre PA 18702
WENNER, MD, Robert B FP
54 Calbeth Place
Hazleton PA 18201
WESNER, MD, Neil N GE
318 South Franklin Street
Wilkes Barre PA 18702
WESTON, MD, S David DR
1010 East Mountain Drive
Wilkes Barre PA 18702
WIESENFELD, MD, Nathaniel H DR
1010 East Mountain Drive
Wilkes Barre PA 18702
WISE, MD, Richard J GP
103 Main Street
Conyngham PA 18219
WITT, MD, Paul J FP
59 East Carey Street
Plains PA 18705
WOLANIN, MD, Janusz FP
245 South Prospect Street
Nanticoke PA 18634
WOOD, MD, Marlene B FP
540 Pierce Street
Kingston PA 18704
YAMULLA, MD, Robert S IM
128 West 14th Street
Hazleton PA 18201
YAMULLA, MD, Stanley J GS
R D 1 Box 73c
Sugarloaf PA 18249
YANOSHAK, DO, Robert N FP
Geisinger Family Health Ctr
Dallas PA 18612

YARNELL, MD, Thomas M DR
Five Old North Road
Mountain Top PA 18707
YOON, MD, Myung S CD
100 West Diamond Avenue
Hazleton PA 18201
ZALATIMO, MD, Akram A OBG
534 Wyoming Avenue
Kingston PA 18704
ZEVENEY JR, MD, Dennis J GS
166 Hanover Street
Wilkes Barre PA 18702

LYCOMING

AHMED, MD, Galal M PTH
Divine Providence Hospital
Williamsport PA 17701
AMSLER JR, MD, Fred R ORS
1711 Pentridge Cove
Williamsport PA 17701
ANDO, MD, Teodoro A AN
1352 Adele Road
Montoursville PA 17754
ANGLE, MD, William D OPH
432 Wyndham Court
Williamsport PA 17701
ARGUE, MD, Stephen H FP
1824 East Third Street
Williamsport PA 17701
BALLENTINE, MD, George N OBG
R D 3
Muncy PA 17756
BARTLOW, MD, William P FP
R D 3
Muncy PA 17756
BASTIAN, MD, James R OPH
1001 Grampian Blvd
Williamsport PA 17701
BEALL, MD, Sandra C PD
904 Campbell Street
Williamsport PA 17701
BECKLEY, MD, Robert F R
535 Guardlock Drive
Lock Haven PA 17745
BEDNARZ, MD, Wallace W R
1527 Harding Avenue
Williamsport PA 17701
BELLES, MD, Terry A FP
145 Shaffer Street
Williamsport PA 17701
BELTZ, MD, William R GS
1205 Grampian Blvd
Williamsport PA 17701
BERGER, MD, Gary W PM
Main Street
Hughesville PA 17737
BLEICHNER, MD, John C PTH
1100 Grampian Blvd
Williamsport PA 17701
BLOISO, MD, Glenn T U
1201 Grampian Blvd
Williamsport PA 17701
BLOM, MD, Bohen M F PTH
R D 3 Maddon Heights
Montoursville PA 17754
BLOM, MD, Johannes ND
1100 Grampian Blvd
Williamsport PA 17701
BLUMBERG, MD, Alexander W PD
923 Campbell Street
Williamsport PA 17701
BONNER, MD, Robert A OPH
2200 Grampian Blvd
Williamsport PA 17701
BOZIC, MD, Albert F OPH
57 East Fourth Street
Williamsport PA 17701
BRENNAN, MD, Joseph J DR
1116 Woodmont
Williamsport PA 17701
BRICKHOUSE, MD, Herman M P
414 West Fourth Street
Williamsport PA 17701
BURKS, MD, John M CD
777 Rural Avenue
Williamsport PA 17701
BUTKIEWICZ, MD, Bernard L DR
1505 Ritchey Street
Williamsport PA 17701
BYLER, MD, Philip R FP
1205 Grampian Blvd
Williamsport PA 17701
CALCE, MD, John V NM
1100 Grampian Blvd
Williamsport PA 17701
CALDER JR, MD, Joseph R IM
777 Rural Avenue
Williamsport PA 17701
CALLENBERGER, MD, EM
George J
R D 1 Box 207
Hughesville PA 17737
CAMPANA, MD, Joseph F OTO
151 East Third Street
Williamsport PA 17701
CAMPANA, MD, Louis F GYN
107 Sixth Street
Williamsport PA 17701
CICCARELLI, MD, Lee M IM
138 West Fourth Street
Williamsport PA 17701

CIPOLLA, MD, Charles F GS
201 East Third Street
Williamsport PA 17701
CLARK, MD, Peter D FP
Family Practice Group
Williamsport PA 17701
COFFMAN, MD, Kaohlin M EM
R D 4 Box 634
Montoursville PA 17754
COHEN, MD, Edwin E GS
1001 Grampian Blvd
Williamsport PA 17701
COLE, MD, Charles E P
699 Rural Avenue
Williamsport PA 17701
COLLINS, MD, Leonard R OBG
528 West Fourth Street
Williamsport PA 17701
CONWAY, MD, Cyril F OBG
1300 Woodmont Avenue
Williamsport PA 17701
COOPER, MD, Kenneth L OBG
528 West Fourth Street
Williamsport PA 17701
COZINE, MD, Richard A OPH
1420 Campbell Street
Williamsport PA 17701
DOUGLAS, MD, Donald D GE
1205 Grampian Boulevard
Williamsport PA 17701
DURRWACHTER, MD, Robert J GP
R D 2
Montoursville PA 17754
ECKER JR, MD, Herbert A PS
420 West Fourth Street
Williamsport PA 17701
ECKER SR, MD, Herbert A PS
420 West Fourth Street
Williamsport PA 17701
EISTER, MD, Ronald N FP
1001 First Avenue
Williamsport PA 17701
ENGLISH, MD, Joseph G EM
324 Tinsman Avenue
Williamsport PA 17701
ERTEL, MD, D Gregory GE
1205 Grampian Boulevard
Williamsport PA 17701
ESHLEMAN, DO, Jere R FP
2105 West Fourth Street
Williamsport PA 17701
FAJARDO, MD, Arturo A R
100 Selkirk Road
Williamsport PA 17701
FENNER, MD, Henry E PTH
601 South Main Street
Muncy PA 17756
FERNANDEZ, MD, Eduardo I AN
R D 3 Box 340
Montoursville PA 17754
FINN, MD, David R PUD
777 Rural Avenue
Williamsport PA 17701
FINN, MD, Martha J B IM
904 Campbell Street
Williamsport PA 17701
FISSEL, MD, George E R
P O Box 175
Pinehurst NC 28374
FORCEY, MD, Lloyd R GP
116 Kerr Avenue
Jersey Shore PA 17740
FORD, MD, William T D
Ocean Reef Club
Key Largo FL 33037
FORKER, MD, Thomas S FP
990 Thompson Street
Jersey Shore PA 17740
FREYNIK, MD, Joseph G FP
699 Rural Avenue
Williamsport PA 17701
FRIES, MD, Gene T PTH
777 Rural Avenue
Williamsport PA 17701
FUNK JR, MD, F Coleman FP
R D 5
Muncy PA 17756
GANDY, DO, Daniel R NEP
1205 Grampian Boulevard
Williamsport PA 17701
GEHRON JR, MD, William H U
747 Arch Street
Williamsport PA 17701
GEORGY, MD, Farouk M OBG
528 West Fourth Street
Williamsport PA 17701
GILMORE, MD, Ina M IM
P O Box 423
Muncy PA 17756
GINTER JR, MD, George C AN
R D 5 Box 294
Williamsport PA 17701
GO, MD, Alfonzo H L AN
R D 2 Box 105-B
Montoursville PA 17754
GOODENOW, MD, Elizabeth L OBG
Seven South Main Street
Muncy PA 17756
GOULDIN, MD, Judith A NM
Williamsport Hospital
Williamsport PA 17701

GRABOYES, MD, Arnold B IM
Williamsport Hospital
Williamsport PA 17701
GREENE, MD, Donald H ORS
1020 Thompson Street
Jersey Shore PA 17740
HAMM, MD, William G EM
2440 Blair Street
Williamsport PA 17701
HAMOY, MD, Alice G IM
116 Kerr Street
Jersey Shore PA 17740
HAMOY, MD, George L EM
R D 2 Box 870
Jersey Shore PA 17740
HARDER, MD, Steven M FP
1205 Grampian Boulevard
Williamsport PA 17701
HARRISON, MD, James L CDS
699 Belmont Avenue
Williamsport PA 17701
HARTZ, MD, Leo M FP
27 South Washington Street
Muncy PA 17756
HAYES, MD, Warren H FP
2116 West Fourth Street
Williamsport PA 17701
HEERE, MD, Barbara A IM
1505 Ritchey Street
Williamsport PA 17701
HEINBACH JR, MD, Robert A OBG
1201 Woodmont Avenue
Williamsport PA 17701
HENDERSON, MD, K Wayne ND
1205 Grampian Boulevard
Williamsport PA 17701
HERBST, MD, Vincent P D
R D 2
Watsontown PA 17777
HEYMAN, MD, David C AN
864 Rural Avenue
Williamsport PA 17701
HILL, MD, Daniel E CLP
Williamsport Hospital
Williamsport PA 17701
HIMES, MD, Dorothy A FP
Six East Mountain Avenue
S Willaimsport PA 17701
HIPPLE, MD, Randall F OBG
528 West Fourth Street
Williamsport PA 17701
HOFSTROM, MD, Glen T FP
145 Shaffer Street
Williamsport PA 17701
HOMAN, MD, Richard V N FP
699 Rural Avenue
Williamsport PA 17701
HONG, MD, Soo W OTO
699 Rural Avenue
Williamsport PA 17701
HULL III, MD, Donald F GS
1205 Grampian Boulevard
Williamsport PA 17701
HURST, MD, Kenneth L FP
1205 Grampian Boulevard
Williamsport PA 17701
JACQUES, MD, Charles H FP
1626 Elliott Street
Williamsport PA 17701
JENNINGS, MD, David T OPH
1510 Elliott Street
Williamsport PA 17701
JOCO, MD, David G AN
Divine Providence Hospital
Williamsport PA 17701
JOHN EXEC DIR, PAUL P
2895 Euclid Avenue
Williamsport PA 17701
JONES, MD, Michael W FP
2034 Lycoming Creek Road
Williamsport PA 17701
JONES JR, MD, John H GS
699 Rural Avenue
Williamsport PA 17701
JUDSON, MD, Susan C HEM
R D 3 Box 136
Williamsport PA 17701
JUDSON, MD, William W IM
904 West Fourth Street
Williamsport PA 17701
KAAR, MD, Richard C GP
603 Center Street
Milton PA 17847
KAISER, MD, Ralph H PD
2430 Sheridan Street
Williamsport PA 17701
KASHURBA, MD, Mary T PM
924 Seneca Avenue
Cumberland MD 21502
KEATING, MD, Edward C CD
777 Rural Avenue
Williamsport PA 17701
KIM, MD, Il G GS
R D 1 Medical Arts Bldg
Hughesville PA 17737
KOLB, MD, Aaron J FP
777 Rural Avenue
Williamsport PA 17701
KOLB, MD, Charles E OPH
953 South Market Street
Williamsport PA 17701

LALLI, MD, Joanne M — IM
R D 3 Box 447
Williamsport PA 17701
LAMADE, MD, Charles D — OBG
528 West Fourth Street
Williamsport PA 17701
LARSON JR, MD, Theodore S — R
1200 Campbell Street
Williamsport PA 17701
LATTIMER, MD, Gary L — ID
904 Campbell Street
Williamsport PA 17701
LEBER, MD, Paul E — EM
1205 Grampian Blvd
Williamsport PA 17701
LECHNER, MD, Frederic C — IM
331 Center Street
Williamsport PA 17701
LIDDELL, MD, Albert G — ORS
1201 Grampian Blvd
Williamsport PA 17701
LINDSAY, MD, David A — FP
2116 West Fourth Street
Williamsport PA 17701
LIPSON, MD, Stephen D — U
1201 Grampian Blvd
Williamsport PA 17701
LOGAN, MD, Lewis P — FP
Divine Providence Hospital
Williamsport PA 17701
LONGENBACH, MD, Eric W — FP
433 Broad Street
Montoursville PA 17754
LUBBE, MD, Willem J — PTH
Divine Providence Hospital
Williamsport PA 17701
LUKAS, MD, Raymond A — AN
R D 2 Box 289-A
Montoursville PA 17754
LYON, MD, Edward — GYN
528 West Fourth Street
Williamsport PA 17701
MACHANIC, MD, Harmon J — DR
2001 Giffin Avenue
Port St Lucie FL 33452
MANCHESTER, MD, George A — FP
R D 2 Box 259
Williamsport PA 17701
MANNING, MD, Harry L — EM
699 Rural Avenue
Williamsport PA 17701
MARIANO JR, MD, Tomas A — GS
P O Box 5107
Jersey Shore PA 17740
MAYS, MD, Richard R — P
R D 2 Box 57
Muncy PA 17756
MCCAULEY, MD, William C — PUD
777 Rural Avenue
Williamsport PA 17701
MCCLOSKEY, DO, Timothy J — PD
904 Campbell Street
Williamsport PA 17701
MEHTA, MD, Pankaj — OBG
1205 Grampian Blvd
Williamsport PA 17701
MELIS, MD, Robert — END
1729 Pentridge Cove
Williamsport PA 17701
MESSEIH, MD, Adel A — ON
904 Campbell Street
Williamsport PA 17701
MIDMORE, MD, John S — PM
Divine Providence Hospital
Williamsport PA 17701
MIGLIORE, MD, Joseph J — EM
528 Rural Avenue
Williamsport PA 17701
MILLER, MD, Earl R — OS
807 Curtin Street
S Williamsport PA 17701
MIRZA, MD, Mohammad R — CD
410 Locust Street
Willaimsport PA 17701
MONTAGUE, MD, James W — FP
R D 1
Montoursville PA 17754
MORENO, MD, Manuel V — AN
Divine Providence Hospital
Williamsport PA 17701
MOSER, MD, Edward N — GS
699 Rural Avenue
Williamsport PA 17701
MURPHY, MD, Edith L — OS
2609 Waldman Drive
Williamsport PA 17701
NAGEL, MD, David B — TR
1100 Grampian Blvd
Williamsport PA 17701
NAGPAL, MD, Naresh C — GS
27 South Washington Street
Muncy PA 17756
NAIDU, MD, Jai P — PD
904 Campbell Street
Williamsport PA 17701
NAYAK, MD, Shanteri U — NM
1100 Grampian Boulevard
Williamsport PA 17701
NELSON, MD, Philip K — OBG
4930 Windsor Park
Sarasota FL 34234

NIELSEN, MD, R Craig — FP
736 High Street
Williamsport PA 17701
NIERLE, MD, Richard H — GP
95 East Houston Avenue
Montgomery PA 17752
OLINSKY, MD, Stuart M — N
425 Market Street
Williamsport PA 17701
PAGANA, MD, Timothy J — ON
699 Rural Avenue
Williamsport PA 17701
PARK, MD, Young W — PM
777 Rural Avenue
Williamsport PA 17701
PATEL, MD, Harshad R — R
1100 Grampian Blvd
Williamsport PA 17701
PECK, MD, William J — FP
145 Shaffer Street
Williamsport PA 17701
PEPPERMAN, MD, Larue E — EM
807 Grampian Blvd
Williamsport PA 17701
PETERS II, MD, C A P — FP
Five English Hill R D 3
Cogan Station PA 17728
PFEIL, MD, Russell W — GP
264 Broad St
Montoursville PA 17754
POLIS, MD, Mark J — U
1201 Grampian Boulevard
Williamsport PA 17701
POPHAL, MD, Mahlon J — PTH
1495 Princeton Avenue
Williamsport PA 17701
POULLIOTT JR, MD, Jerome W — GS
560 Church Street
Saint Marys PA 15857
POWERS JR, MD, Francis M — TR
1100 Grampian Blvd
Williamsport PA 17701
PURCELL JR, MD, Robert E — IM
1205 Grampian Blvd
Williamsport PA 17701
QUERIMIT, MD, Jorge A — GS
699 Rural Avenue
Williamsport PA 17701
RAJJOUB, MD, Rodwan K — NS
904 Campbell Street
Williamsport PA 17701
RANNELS, MD, Herman W — OS
R D 1 Box 45-A
Marietta PA 17547
RATKE, MD, Henry V — GP
115 Lina Lane
Martinsburg WV 25401
REDDY, MD, Rajidi M — CD
Muncy Valley Hospital
Muncy PA 17756
REDKA, MD, James W — FP
1205 Grampian Blvd
Williamsport PA 17701
REIS, MD, Paul B — TS
1001 Grampian Blvd
Williamsport PA 17701
ROBINSON JR, MD, Warren L — HEM
1100 Grampian Boulevard
Williamsport PA 17701
RODGERS, MD, Charles J — GP
511 West Fourth Street
Williamsport PA 17701
SALVATORE, MD, Michael A — PUD
215 Grampian Blvd
Williamsport PA 17701
SANFORD, MD, Frederic E — OS
625 Harding Avenue
Williamsport PA 17701
SCHOPFER, MD, Ralph E — AN
712 Vallamont Drive
Williamsport PA 17701
SCHWARTZ, MD, Sheldon M — PTH
777 Rural Avenue
Williamsport PA 17701
SCHWEIKLE, MD, Mary R — GE
1205 Grampian Blvd
Williamsport PA 17701
SERVOSS, MD, Spencer J — U
17 Round Hill Road
Williamsport PA 17701
SHAFIQUE, MD, Mohammad — CD
410 Locust Street
Williamsport PA 17701
SHAW, MD, Gordon A — DR
Williamsport Hospital
Williamsport PA 17701
SHEARER, MD, Donald E — GP
217 Broad Street
Montoursville PA 17754
SHENBERGER, MD, Keith N — RHU
904 Campbill
Williamsport PA 17701
SHU, MD, Chia S — OBG
1205 Grampian Blvd
Williamsport PA 17701
SINCLAIR, MD, Sydney E — OS
608 Highland Terrace
Williamsport PA 17701
SOMERS, MD, William R — IM
1205 Grampian Blvd
Williamsport PA 17701

SORBER, MD, William A — IM
211 East Water Street
Muncy PA 17756
SOUNDARARAJAN, MD, — GS
Ranganatha
904 Campbell Street
Williamsport PA 17701
SPINNEY, MD, Carmen E — IM
Box A
Avis PA 17721
SRINIVASAN, MD, Venkatraman — CD
1205 Grampian Blvd
Williamsport PA 17701
STABLER, MD, Craig L — ORS
201 Roderick Road
Williamsport PA 17701
STEVENS, MD, Robert G — PM
Po Box 844
Kitty Hawk NC 27949
STEWART, MD, James A — FP
1101 Locust Street
Montoursville PA 17754
STONE, MD, Walker H — GS
989 Country Club Drive
Williamsport PA 17701
STORY, MD, Nancy S — FP
1201 Grampian Boulevard
Williamsport PA 17701
STRALEY, MD, Richard K — ORS
1201 Grampian Blvd
Williamsport PA 17701
STRYKER, MD, Allan K — PS
425 Market Street
Williamsport PA 17701
SUTER, MD, Harry J — CD
699 Rural Avenue
Williamsport PA 17701
TAYLOR, MD, Arthur R — FP
777 Rural Avenue
Williamsport PA 17701
TIGNOR, MD, Richard F — OPH
699 Rural Avenue
Williamsport PA 17701
TOBIAS, MD, Richard B — GER
1615 Riverside Drive
Williamsport PA 17701
TOBIASZ, MD, Christopher — CD
1205 Grampian Blvd
Williamsport PA 17701
TODHUNTER, MD, William D — GS
1201 Grampian Boulevard
Williamsport PA 17701
TUFFAHA, MD, Hani J — NS
904 Campbell Street
Williamsport PA 17701
UPDEGROVE, MD, Robert A — OTO
1201 Grampian Blvd
Williamsport PA 17701
VANDERLIN, MD, Robert L — US
904 Campbell Street
Williamsport PA 17701
VASUDEVAN, MD, Raghavan — CD
1001 Grampion Blvd
Williamsport PA 17701
VOSK, MD, Arno D — EM
1127 Vallamont Drive Nw
Williamsport PA 17701
WADE, MD, Franklin G — GS
1305 Campbell Street
Williamsport PA 17701
WAGNER, MD, W John — GP
217 Broad Street
Montoursville PA 17754
WASILEWSKI JR, MD, Charles L — D
1201 Grampian Blvd
Williamsport PA 17701
WEANER JR, MD, Howard H — FP
11 North Main Street
Montgomery PA 17752
WEAVER, MD, Don K — PTH
777 Rural Avenue
Williamsport PA 17701
WEISS, MD, William B — PUD
777 Rural Avenue
Williamsport PA 17701
WETSTONE, MD, Jeffrey B — FP
699 Rural Avenue
Williamsport PA 17701
WILCOX, MD, Wilfred W — GP
531 Broad Street
Montoursville PA 17754
WILLIAMS, MD, A Claude — P
R 915 Fifth Avenue
Williamsport PA 17701
WILLIAMS, MD, Robert H — PD
699 Rural Avenue
Williamsport PA 17701
WILLIAMSON, MD, Neihl J — FP
R D 4 Box 106b
Jersey Shore PA 17740
WINTER 2ND, MD, John C — A
416 Pine Street
Williamsport PA 17701
WITTHOFF JR, MD, Elmer M — FP
306 Allegheny Street
Jersey Shore PA 17740
WOLFE, MD, Daniel E — R
800 Grampian Blvd
Williamsport PA 17701
WOROBEC, MD, Russell N — ORS
1201 Grampian Blvd
Williamsport PA 17701

YASUI, MD, Robert S — GS
1001 Grampian Blvd
Williamsport PA 17701
YEALY, MD, W Holmes — DR
R D 4 Box 610
Muncy PA 17756
YOON, MD, Chan — R
1100 Grampian Blvd
Williamsport PA 17701
ZELLER, MD, Robert G — DR
316 West Fourth Street
Williamsport PA 17701

MCKEAN

AKHTAR, MD, M Javed — OTO
199 Pleasant Street Suite 34
Bradford PA 16701
ARTHUR, MD, James B — OPH
30 Sanford Street
Bradford PA 16701
BAZZOUI, MD, Widad — P
64 Walker Avenue
Bradford PA 16701
BENTZ, MD, Charles R — GP
Two Thompson Pike
Kane PA 16735
BHAYANI, MD, Shabir A — ORS
195 Pleasant Street
Bradford PA 16701
BOWMAN JR, MD, Douglas F — GP
P O Box 443
Smethport PA 16749
BRODIS, MD, Walter E — IM
Hooker Fulton Building
Bradford PA 16701
BRUNELLI, MD, William J — IM
Two Thompson Park
Kane PA 16735
DEE, MD, Cecilio C — PTH
Bradford Hospital
Bradford PA 16701
FOKSTUEN, MD, Terje S — P
137 North Bennett Street
Bradford PA 16701
GRAVES, MD, Walter G — GS
Hooker-Fulton Building
Bradford PA 16701
GROF-TISZA, MD; George E — IM
324 High Street
Perth Amboy NJ 08861
GUENTER, MD, Fritz E — ABS
Temple Club Building
Smethport PA 16749
HAMIDI, MD, Jafar A — OBG
199 Pleasent Street 21
Bradford PA 16701
HENRY, MD, Walter J — OBG
7344 East Rose Lane
Scottsdale AZ 85253
IBANEZ, MD, Melchisedec — GS
35 Hemlock Avenue
Kane PA 16735
IORIO, MD, Louis J — ORS
Bradford Orthopedic Group
Bradford PA 16701
IRWIN JR, MD, Glenn E — EM
Bradford Hospital
Bradford PA 16701
JAMIL, MD, Qazi A — US
Medical Arts Building
Bradford PA 16701
JUNG, MD, Tinliung — OBG
Medical Arts Building
Bradford PA 16701
KAPLAN, MD, Barry R G — GS
510 Greeves Street
Kane PA 16735
KIRSCH, MD, Paul B — IM
1048 East Main Street
Bradford PA 16701
KONWINSKI, MD, Edward S — GS
305 Hooker Fulton Bldg
Bradford PA 16701
MCELLIGOTT, MD, James B — R
3035 West Washington Street
Bradford PA 16701
MCNEIL, MD, John — AN
Bradford Hospital
Bradford PA 16701
MEDDEN, MD, Edwin J — GS
125 Main Street
Bradford PA 16701
NADELLA, MD, V Rao — EM
Bradford Hospital
Bradford PA 16701
NAYAK, MD, Narayan — PD
Medical Arts Building
Bradford PA 16701
OCAMPO, MD, Renato G — GS
South Edgar Street
Kane PA 16735
OLSON, MD, Dennis A — FP
103 Pine Avenue
Kane PA 16735
OSBORNE, MD, David P — GS
R D 1 Back Acres
Smethport PA 16749
PRADHAN, MD, Anil G — PD
199 Pleasant Street
Bradford PA 16701

ROCHE JR, MD, Edward J — FP
Rm 406 Hooker Fulton Bldg
Bradford PA 16701
SANKARI, MD, Muhammed A — GS
P O Box 735
Bradford PA 16701
SAQUIN, MD, Raineldo C — PTH
103 Hemlock Avenue
Kane PA 16735
SARAJEDINI, MD, Hossain — U
42 Parkway Lane
Bradford PA 16701
SHELLEY, MD, Mark H — FP
R D 1
Port Allegany PA 16743
SICHER, MD, Bruno P — FP
133 Biddle Street
Kane PA 16735
SILVERSTINE, MD, Leslie B — PD
1085 Gulf Of Mexico Drive
Longboat Key FL 33548
SINGH, MD, Dilbagh — EM
116-156 Interstate Pkwy
Bradford PA 16701
STILL, MD, George J — CD
199 Pleasant Street
Bradford PA 16701
VALDES, MD, Conrado A — AN
Community Hospital
Kane PA 16735
WILSON, DO, Daniel K — FP
R D 1 Market Basket Plz
Johnsonburg PA 15845
WITHERSPOON, MD, Myra A — EM
50 Strawberry Hill Court
Stamford CT 06902

MERCER

ALLEN, MD, Robert W — R
Medical Arts Building
Sharon PA 16146
ARMOUR, DO, Thomas F — FP
2000 Memorial Drive
Farrell PA 16121
AYE, MD, J Thomas — ORS
32 Jefferson Avenue
Sharon PA 16146
AYULO, MD, Marco A — IM
224 Fonderlac Avalon Estates
Howland OH 44484
BAILEY, MD, Nelson J — OS
2250 Shenango Valley
Hermitage PA 16148
BAKER, MD, Robert H — ORS
428 South Main Street
Greenville PA 16125
BASHLINE, MD, Don L — GS
Grove Cty Hosp Med Bld 1
Grove City PA 16127
BASHLINE, MD, H Woodrow — GP
R D 1
Grove City PA 16127
BECK, MD, Donald E — OBG
90 Shenango Street
Greenville PA 16125
BEH, MD, Walter P — U
81 North Main Street
Greenville PA 16125
BEHRENDT, MD, Richard P — OBG
604 Fourth Street
Butler PA 16001
BOLOTIN, MD, Joseph H — IM
1126 East State Street
Sharon PA 16146
BOONE, MD, Edgar A — FP
Valley Family Medical Center
Sharon PA 16146
BOONE, MD, Joy L — FP
Valley Family Medical Center
Sharon PA 16146
BRANTNER, MD, Jim N — PS
58 North Main
Greenvile PA 16125
BREVETTA, MD, Richard J — OPH
719 East State Street
Sharon PA 16146
BROWN, MD, Matthew G — FP
Medical Arts Building
Sharon PA 16146
BROWN, MD, William E — OTO
1260 East State Street
Sharon PA 16146
BUISER, MD, Rodolfo A — EM
110 North Main Street
Greenville PA 16125
CASTELLI II, MD, Peter J — DR
R D 1 Box 494
Conneaut Lake PA 16316
CHARLTON, MD, Glenn B — FP
2745 Woodhill Drive
Hermitage PA 16148
CHATHA, MD, Iftikhar A — FP
Hermitage Square Prof Bldg
Hermitage PA 16148
COCCO, MD, Alex M — GS
Grove City Medical Building
Grove City PA 16127
COHEN, MD, Donald L — PTH
Sharon General Hospital
Sharon PA 16146

COLAIACO, MD, Victor I IM
90 Sherango Street
Greenville PA 16125
COLE, DO, Derhymere L R
854 Dogwood Lane
Hermitage PA 16148
CONLIN, MD, Edward F IM
486 Forker Boulevard
Sharon PA 16146
CONNELLY, MD, Michael E CRS
902 Linden Street
Sharon PA 16146
CONTI, DO, Joseph J GP
665 South Second Street
Sharpsville PA 16150
CRAGO, MD, H Robert GS
2213 Shenango Valley Freeway
Hermitage PA 16148
DAMORE, MD, David L IM
1249 Miller Street
Masury OH 44438
DESANTIS, MD, Peter L GP
1965 Shenango Valley Frwy
Sharon PA 16146
DOBLE II, MD, Henry P OTO
11 Leech Road
Greenville PA 16125
DONAN, MD, Anderson W FP
202 West Pine Street
Grove City PA 16127
DOWDELL, MD, Paul J A
90 Shenango Street
Greenville PA 16125
FALK, MD, Edward C GS
32 Jefferson Avenue
Sharon PA 16146
FILE, MD, James C GP
Linden & Lake Streets
Stoneboro PA 16153
FLAMBERG, MD, Ira W AN
950 Forest Lane
Sharpsville PA 16150
GALLAGHER, MD, John P OBG
220 Case Avenue
Sharon PA 16146
GARRIOTT, MD, John C DR
108 Medical Arts Building
Sharon PA 16146
GAUS, MD, Victoria M PM
Two Second Avenue
Greenville PA 16125
GEORGE, MD, Gregory A FP
334 Lowell Avenue Northeast
Warren OH 44483
GOODPASTOR, MD, William E P
87 Stambaugh Avenue
Sharon PA 16146
GREENBURG, MD, Morren J FP
3348 East State Street
Sharon PA 16146
HAM, MD, Tong H FP
701 North Hermitage Road
Sharon PA 16146
HARRER JR, MD, William J EM
1109 Highland Road
Sharon PA 16146
HAWKINS, MD, Roger A PTH
110 North Main Street
Greenville PA 16125
HOLT, MD, Allen H R
32 Jefferson Avenue
Sharon PA 16146
JONES, MD, Tom B DR
104 Mehard Avenue
Greenville PA 16125
JOSEPH, MD, Alfred J IM
2151 Shenango Valley Frwy
Hermitage PA 16148
KEMP, MD, Gordon B OPH
1145 Highland Road
Sharon PA 16146
KERRY, MD, Roy E OTO
3611 Cardinal Drive
Sharpsville PA 16150
KO, MD, Yih Song GP
R D 1 Box 5611
Grove City PA 16127
KOLENICH, MD, James J GS
111 North Main Street
Greenville PA 16125
LALLY, MD, Francis L IM
2815 Woodhill Drive
Hermitage PA 16148
LASKY, MD, Henry P RHU
Two Second Avenue
Greenville PA 16125
LIM, MD, Lourdes T OBG
Pine Medical Center
Grove City PA 16127
LIMKAKENG, MD, Alexander D U
Pine Medical Center
Grove City PA 16127
LUCHETTE, MD, Albert A GS
Box 298
Brookfield OH 44403
MADURA, MD, Joseph R GP
520 Idaho Street
Farrell PA 16121
MARCELLI, MD, Gene A GS
32 Jefferson Street
Sharon PA 16146
MARTINEZ, MD, Diane G IM
Two Second Avenue
Greenville PA 16125
MARTSOLF, MD, Robert H FP
912 East State Street
Sharon PA 16146
MCDOWELL, DO, William G FP
2000 Memorial Drive
Farrell PA 16121
MCELREE, MD, James C OPH
P O Box 557
Greenville PA 16125
MCELREE JR, MD, Frank E US
111 North Main Street
Greenville PA 16125
MCWHIRTER, MD, William R ORS
125 North Main Street
Greenville PA 16125
MEHTA, MD, Sunil K IM
Pine Medical Center
Grove City PA 16127
MENZIES JR, MD, William C FP
Grove City Medical Bldg 2
Grove City PA 16127
MERKEL, MD, Lois M PD
310 Vogan Drive
Mercer PA 16137
MEYER III, DO, Carl E PD
127 North Main Street
Greenville PA 16125
MILLER, MD, John L DR
204 Lynwood Drive
Greenville PA 16125
MOONDA, MD, Gulamhusain U
2151 Shenango Valley Frwy
Hermitage PA 16148
MORAN JR, MD, Theodore R ORS
125 North Main Street
Greenville PA 16125
MORRIS, DO, Matilda J GP
2000 Memorial Drive
Farrell PA 16121
MUELLER, MD, Henry M OBG
266 Clinton Street
Greenville PA 16125
NAMEY, MD, John T GP
621 French Street
Farrell PA 16121
OGUNRO, MD, Charles O N
P O Box 588
Greenville PA 16125
OLENGINSKI, MD, Thomas P IM
459 Colonial Court
Sharpsville PA 16150
PERFETT, MD, Alfred A OBG
89 Elm Avenue
Sharon PA 16146
POKORNEY, MD, Dale R D
930 Forest Lanee
Sharpsville PA 16150
POSNEY, MD, Joseph J R
Greenville Hospital
Greenville PA 16125
QUAGLIO, MD, Nannette D OPH
719 East State Street
Sharon PA 16146
RAISCH, MD, Frederick J PTH
529 North Keel Ridge Road
Hermitage PA 16148
RAU, MD, Ramnath S IM
Valley Profession Ctr
Hermitage PA 16148
RAUCH, MD, Douglas OBG
2151 Shenango Valley Frwy
Hermitage PA 16148
RAYNAK, MD, Frank R R
110 North Main Street
Greenville PA 16125
RICCIUTTI, MD, Vincent OBG
32 Jefferson Avenue
Sharon PA 16146
ROTHMAN, MD, David L GS
509 Forest Drive
Grove City PA 16127
SACHDEVA, MD, Ravindra K GS
2213 Shenango Valley
Hermitage PA 16148
SAKKAL, MD, Saad END
Ten Meadow Lane
Greenville PA 16125
SANDERSON, MD, Vincent A OPH
1181 East State Street
Sharon PA 16146
SARTORI, DO, Roy J IM
689 North Hermitage Road
Hermitage PA 16148
SAVAGE, MD, James E GS
111 North Main Street
Greenville PA 16125
SAWARDEKAR, MD, Arun S PD
Box 4463 Enterprise Road
Grove City PA 16127
SAWARDEKAR, MD, PD
Shubhada A
R D 4 Box 4463
Grove City PA 16127
SCULLIN III, MD, John P ORS
428 South Main Street
Greenville PA 16125
SEGARRA, MD, Sergio FP
740 East State Street
Sharon PA 16146
SHAFFER, MD, Lawrence A PD
Medical Specialty Center
Hermitage PA 16148
SMITH, MD, Edward G FP
Grove City Medical Bldg #2
Grove City PA 16127
SMITH, MD, Keith B OPH
52 Chambers Avenue
Greenville PA 16125
SOTUS, MD, Peter C PTH
Greenville Hosp-Dept Path
Greenville PA 16125
STEELE, MD, John F ORS
160 Main Street
Greenville PA 16125
STEINFELD, MD, Richard I IM
1126 East State Street
Sharon PA 16146
STITT, MD, Donald G PD
42 Columbia Avenue
Greenville PA 16125
STOUDT, MD, K Donald GP
89 Elm Avenue
Sharon PA 16146
STYPULA, MD, Richard W PD
89 Elm Avenue
Sharon PA 16146
SWANSON, MD, Ernest W ORS
32 Jefferson Avenue
Sharon PA 16146
SYBING, MD, Eugenio A ORS
Pine Medical Center
Grove City PA 16127
SYBING, MD, Melita M PD
R D 1 Box 5611
Grove City PA 16127
TAN, MD, Isabel G R
United Comm Hosp
Grove City PA 16127
TIAN, MD, Will T U
90 Shenango Street
Greenville PA 16125
TSAI, MD, Yung-Hsien AN
740 East State Street
Sharon PA 16146
VALENA, MD, Elena V IM
87 North Main Street
Greenville PA 16125
VALENA, MD, Loe V EM
87 North Main Street
Greenville PA 16125
VALLABH, MD, Sagar V GE
2501 Shenango Valley Freeway
Hermitage PA 16148
VALLESTEROS, MD, Federico P AN
10 Chambers Avenue
Greenville PA 16125
VANZANTEN, MD, Henry C FP
912 East State Street
Sharon PA 16146
VERMEIRE, MD, David A ORS
2151 Shenango Valley Frwy
Hermitage PA 16148
VOGAN, MD, William R OS
355 Vogau Drive
Mercer PA 16137
VUJAN JR, MD, Alexander S FP
402 Jackson Street
Jamestown PA 16134
WANG, MD, Shen-Chi PTH
Sharon General Hospital
Sharon PA 16146
WASSIL, MD, John G GP
190 Bentley Avenue
Sharon PA 16146
WASSIL JR, MD, John G OTO
735 Koonce Road
Hermitage PA 16146
WATSON, MD, T G GS
410 Hillcrest
Grove City PA 16127
WEE, MD, Eng C OPH
514 East Pine Street
Grove City PA 16127
WOLFF, MD, Bruce R GS
90 Shenango Street
Greenville PA 16125
WONSETTLER, MD, Donald E GP
430 Shady Drive
Grove City PA 16127
WOODINGS, MD, Samuel G FP
89 Elm Avenue
Sharon PA 16146
YANICKO JR, MD, Daniel R ORS
763 East State Street
Sharon PA 16146
YAO, MD, Francisco C OTO
701 North Heritage Road
Sharon PA 16146
YARBORO, MD, Theodore L FP
755 Division Street
Sharon PA 16146

MIFFLIN/JUNIATA

ABBOTT JR, DO, Harlan E GP
Box 995
Belleville PA 17004
ACOSTA, MD, Jose R PUD
27 Sandy Lane
Lewistown PA 17044
ALDINGER II, MD, David L FP
P O Box 94
Mcalisterville PA 17049
ALLENDER, MD, M Patrick PD
Third Street And Highland Ave
Lewistown PA 17044
AURAND, MD, Eleanor M PD
R D 1 Box 442
Lewistown PA 17044
AYOUB, MD, William T RHU
Third Street & Highland Ave
Lewistown PA 17044
BAADE, MD, Ernest A OTO
307 Fourth Street
Lewistown PA 17044
BASOM, MD, Donald E EM
115 Poplar Road
Lewistown PA 17044
BRAHMAKULAM, MD, Paul M PD
130 Highland Avenue
Lewistown PA 17044
BROWN JR, MD, Joseph S IM
14 South Wayne Street
Lewistown PA 17044
CASERTA, MD, Vito M PD
R D 1 Box 121
Reedsville PA 17084
COHEN, MD, Milton H GP
2110 Cactus Court
Walnut Creek CA 94595
CREIGHTON JR, MD, Daniel K FP
Third Street & Highland Ave
Lewistown PA 17044
CUSTER, MD, Christopher C L OBG
Third Street & Highland Ave
Lewistown PA 17044
DELVECCHIO JR, MD, DR
Leonard M
19 Valley Road
Lewistown PA 17044
DESAI, MD, Anil G PTH
Open Hearth Manor #38
Lewistown PA 17044
DEVITA, MD, Dennis M ORS
Orthopaedics Inc
Lewistown PA 17044
DEVITA, MD, Michael L FP
16 North Brown Street
Lewistown PA 17044
DEYSHER, DO, David P IM
Lewistown Hosp Geisinger Med
Lewistown PA 17044
DIXON, MD, Robert E OBG
27 Sandy Lane
Lewistown PA 17044
DODD, MD, Stephen I GP
P O Box N
Mifflin PA 17058
EATER JR, MD, Charles L EM
128 Eighth Street
Lewistown PA 17044
EGGLER, MD, Betsey A IM
199 Betty Circle
Reedsville PA 17084
EVERHART, MD, Charles W GE
Fourth St And Highland Ave
Lewistown PA 17044
FALCHEK, MD, Joseph B AN
48 North Pine Street
Lewistown PA 17044
FLEISHMAN, MD, Martin J GS
27 Sandy Lane
Lewistown PA 17044
FORD, MD, Alan C IM
Third Street And Highland Ave
Lewistown PA 17044
FUOCO, MD, John J FP
207 Poplar Road
Lewistown PA 17044
GARDNER, MD, Harry W FP
Third Street & Highland Ave
Lewistown PA 17044
GARY, MD, Margaret M OBG
R D 4 Box 79
Lewistown PA 17044
GEHMAN, MD, John W FP
C/O Worldteam Haiti
West Palm Beach FL 33406
GENC, MD, Salim ORS
311 Fourth Street
Lewistown PA 17044
GUISER, MD, Lynn G GP
Third Street & Highland Ave
Lewistown PA 17044
HARMANCI, MD, M Cem NEP
27 Sandy Lane
Lewistown PA 17044
HENNESSEY, MD, Michael S FP
48 Oak Ridge Road
Lewistown PA 17044
KORINCHAK, MD, Jerome L FP
R D 4 Box 65-2-C
Lewistown PA 17044
LANIGAN, MD, James J CD
Geisinger Med Grp-Lewistown
Lewistown PA 17044
LEOPOLD JR, MD, A Reid GP
Geisinger Medical Gr0Up
Lewistown PA 17044
MALHOTRA, MD, Rajeshwar P OBG
18 North Main Street
Lewistown PA 17044
MALHOTRA, MD, Shashpal OBG
18 North Main Street
Lewistown PA 17044
MANGANARO, MD, Kimberly J FP
Geisinger Med Grp-Lewistown
Lewistown PA 17044
MARTHOUSE, MD, Stephen J GP
273 Cornfield Circle
Lewistown PA 17044
MCCLAIN, MD, Charles B EM
Woodside Lane South Hills
Lewistown PA 17044
MEHTA, MD, Yogin P U
South Hills
Lewistown PA 17044
NAIBERT, MD, James R FP
Third St & Highland Avenue
Lewistown PA 17044
PACZKOWSKI, MD, Karen CD
P O Box 284
Elysburg PA 17824
PARKER, MD, Andrew J CD
16 Woodside Lane
Lewistown PA 17044
PARRY, MD, John S IM
Third Street & Highland Ave
Lewistown PA 17044
PLUMMER JR, MD, Robert E R
Oak Ridge Road
Lewistown PA 17044
QUINN, DO, Philip L GP
P O Box 487
Reedsville PA 17084
RECALDE, MD, Carlos M OTO
455 Summit Drive
Lewistown PA 17044
SHERMAN, MD, Hugh I IM
124 Highland Avenue
Lewistown PA 17044
SHNURMAN, DO, Benjamin Z FP
Lewistown Hospital
Lewistown PA 17044
SUTHAR, MD, Arvind L CD
Geisinger Medical Group
Lewistown PA 17044
TRIVEDI, MD, Gopalkrishna M PTH
Lewistown Hospital
Lewistown PA 17044
WALTER, MD, Earl R GP
South Main Street
Milroy PA 17063
WEST, MD, Robert B ORS
27 Sandy Lane
Lewistown PA 17044
WILKENING, MD, Robin M EM
8101 Hinson Farm Road
Alexandria VA 22306
WILLIAMS, MD, Carol C FP
115 Church Lane
Reedsville PA 17084
WIMSATT, MD, Michael H GS
27 Sandy Lane
Lewistown PA 17044
WOOTEN, MD, Sally M IM
27 Sandy Lane Suite 140
Lewistown PA 17044
XANTHOPOULOS, DO, James E GP
100A Stone Drive
Lewistown PA 17044
YORK, MD, Jeffrey P U
Third Street And Highland Ave
Lewistown PA 17044
ZORNOSA, MD, John P IM
Box 995
Belleville PA 17004

MONROE

BAIR, MD, Jeffrey F IM
R D 7 Box 7080
Stroudsburg PA 18360
BAIRD, MD, Robert M NS
243 East Brown Street
E Stroudsburg PA 18301
BELENKO, MD, Michael I PUD
239 East Brown Street
East Stroudsburg PA 18301
BERGER, MD, Marc S FP
52 Garden Street
Stroudsburg PA 18360
BERMAN, MD, Eli CD
239 East Brown Street
East Stroudsburg PA 18301
BHAGAT, MD, Pragna R AN
R D 4
Stroudsburg PA 18360
BHAGAT, MD, Rajesh G AI
Pocono Hospital
East Stroudsburg PA 18301
BHATT, MD, Drupad OTO
175 East Brown Street
East Stroudsburg PA 18301
BREHM, MD, Hans H PD
124 Analomink Street
East Stroudsburg PA 18301
BROWN, MD, Joy M OBG
175 East Brown Street
East Stroudsburg PA 18301
BURRY, MD, William C GP
Box 240
Mountainhome PA 18342

BUTLER, MD, Horace G R
126 South Kilstler Street
East Stroudsburg PA 18301
CARMONA, MD, Aldo AN
600 Oak Street
Stroudsburg PA 18360
CERRA, MD, Carmine J PTH
Box 423-G
Henryville PA 18332
CHAUDHRY, MD, PUD
Mohammad A
239 East Brown Street
East Stroudsburg PA 18301
CHAUDHRY, MD, Sakina A FP
R D 4 Box 4079
Stroudsburg PA 18360
CHUN, MD, Yoon-Taek PD
175 East Brown Street
East Stroudsburg PA 18301
CONAHAN JR, MD, Joseph B OPH
One Veterans Place
Stroudsburg PA 18360
COOPER, MD, Colleen A PD
Route 611
Bortonsville PA 18321
COVINGTON, MD, Darell T CRS
175 East Brown Street
East Stroudsburg PA 18301
DAVIDSON, MD, Cary A FP
Bartonsville Prof Bldg
Bartonsville PA 18321
DAVIS, MD, Bruce C FP
1803 West Main Street
Stroudsburg PA 18360
DEBOER, MD, John L GS
175 East Brown Street
East Stroudsburg PA 18301
DECESARE, DO, Raymond C FP
555 Delaware Avenue
Portland PA 18351
DEFRANK, MD, Frank N FP
Box 156
Cresco PA 18326
DEICHERT, MD, Robert G GP
Medical Arts Building
Pocono Summit PA 18346
DEQUEVEDO, MD, Robert F OBG
175 East Brown Street
East Stroudsburg PA 18301
DRACOS, MD, Frank J ORS
200 East Brown Street
East Stroudsburg PA 18301
DUNNING, MD, E Ruth GP
901 King Street
Stroudsburg PA 18360
FAHL, MD, James C GS
24 Second Avenue Northeast
Hickory NC 28601
FINCH, MD, Alberta M FP
Rd 5 Box 5106
Stroudsburg PA 18360
FORREY EXEC SEC, CANDY
Pocono Hospital
East Stroudsburg PA 18301
FOSTER, MD, Ian S FP
P O Box 257
Del Water Gap PA 18327
FRANCESCANGELI JR, MD, IM
Vincent
175 East Brown Street
East Stroudsburg PA 18301
GOLDEN, MD, Jean D CRS
175 East Brown Street
East Stroudsburg PA 18301
GOLDNER, DO, Jonathan A IM
175 East Brown Street
East Stroudsburg PA 18301
GRUSZKA, MD, Francis A PTH
Pocono Hospital
East Stroudsburg PA 18301
GULICK, MD, Thomas H U
175 East Brown Street
East Stroudsburg PA 18301
GUPTA, MD, Giriwarlal N
329 East Brown Street
East Stroudsburg PA 18301
HALPERIN, MD, Meyer A AN
R D 2
East Stroudsburg PA 18301
HAYNICZ, MD, Peter R
Pocono Hospital
East Stroudsburg PA 18301
HELMICK, MD, Nathaniel D R
R D 2 Box 580
East Stroudsburg PA 18301
HIEMENZ, MD, Donald W FP
P O Box 37
Brodheadsville PA 18322
HUNSICKER, MD, Llewellyn W ABS
R D 5 Box 40
East Stroudsburg PA 18301
JORDAN, MD, Claus G GS
Pocono Med Building
East Stroudsburg PA 18301
JORDAN, MD, William P GS
175 East Brown Street
East Stroudsburg PA 18013
KAPCALA, DO, Jan S ORS
200 East Brown Street
East Stroudsburg PA 18301
KARVER, MD, Sloan B FP
52 Garden Street
Stroudsburg PA 18360
KASH, MD, Kenneth G IM
1172 West Main Street
East Stroudsburg PA 18360
KAUDERER JR, MD, John G IM
239 East Brown Street
Stroudsburg PA 18301
KENNEDY, MD, Richard P DR
206 East Brown Street
East Stroudsburg PA 18301
KESSELRING JR, MD, William T IM
175 East Brown Street
East Stroudsburg PA 18301
KITCHEN II, MD, James G FP
The Mohican
Pocono Lake PA 18347
KLEIN, MD, Lawrence GS
239 East Brown Street
East Stroudsburg PA 18301
KNEPP, MD, Mary E D
175 East Brown Street
East Stroudsburg PA 18301
KRISTVINSSON, MD, Hoskuldur GS
175 East Brown Street
East Stroudsburg PA 18301
LAWRENCE, MD, Philip H OBG
133 Maple Avenue
East Stroudsburg PA 18301
LILLI, MD, Elmo J FP
239 East Brown Street
East Stroudsbrg PA 18301
LOVECCHIO, MD, Francis A ORS
200 East Brown Street
East Stroudsburg PA 18301
MALIK, MD, Hussain G OTO
175 East Brown Street
East Stroudsburg PA 18301
MARKOSI JR, MD, Charles FP
Pine Acres Box 208
Tannersville PA 18372
MARTIN JR, MD, Philip R OBG
Psc Box 164
Apo San Fran CA 96366
MARTUCCI, MD, John J IM
Brodheadsville PA 18322
MARTUCCI, MD, William J FP
Main Street
Brodheadsville PA 18322
METZGAR, MD, Thomas I OPH
57 Village Drive
Stroudsburg PA 18360
MICHIE, MD, Alexander J U
934 North Arch Street
Allentown PA 18104
MICHIE, MD, Catharine R OS
R D 3 Box 3161
East Stroudsburg PA 18301
MILICH, MD, Zarko D FP
8070 Henderson Court
Alpharetta GA 30201
MIRAGLIA, MD, Richard J FP
Village Park Med Ctr
Pocono Lake PA 18347
MOHYUDDIN, MD, Moiz PD
322 Park Avenue
Stroudsburg PA 18360
MOLINA, MD, Ramon B FP
322 Park Avenue
Stroudsburg PA 18360
MORROW, MD, Robert E P
175 East Brown Street
East Stroudsburg PA 18301
MOYER, MD, James E U
242 Secor Avenue
East Stroudsburg PA 18301
PACETTI, MD, Stephen J PD
Route 611
Bartonsville PA 18321
PACIOTTI, MD, Samuel M AN
R D 5 Box 452
East Stroudsburg PA 18602
PASCAL, MD, Harold J P
R D 5 Box 445 F-2
East Stroudsburg PA 18301
PAUL, MD, Boris GS
R D 4 Box 4042
Stroudsburg PA 18360
PEARSON, MD, June A OBG
729 Sarah Street
Stroudsburg PA 18360
PEVNY, MD, Ernest AN
Po Box 1024
Stroudsburg PA 18360
PLISKIN, MD, Mark R
206 East Brown Street
East Stroudsburg PA 18301
POND, MD, Harold S IM
809 Thomas Street
Stroudsburg PA 18360
PRIMIANO, MD, George A ORS
200 East Brown Street
East Stroudsburg PA 18301
PRIVITERA, MD, Louis A GS
239 East Brown Street
East Stroudsburg PA 18031
PULLEN, MD, Harvey T IM
211 North Sixth Street
Stroudsburg PA 18360
RACCIATO, MD, Peter J OPH
239 East Brown Street
East Stroudsburg PA 18301
RUMPF, MD, Christopher B IM
175 East Brown Street
East Stroudsburg PA 18301
RUMSEY, MD, John L IM
401 Main Street
Stroudsburg PA 18360
RYAN, MD, William F ON
239 East Brown Street
East Stroudsburg PA 18301
SABRE, MD, Craig A FP
1236 Washington Street
Easton PA 18042
SAMET, MD, Sherwood L OBG
175 East Brown Street
East Stroudsburg PA 18301
SAMUELSON, MD, Joel S A
175 East Brown Street
East Stroudsburg PA 18301
SCHECTER, MD, Benjamin C GS
Bush Drive
East Stroudsburg PA 18301
SIMON, MD, Mark A CD
239 East Brown Street
East Stroudsburg PA 18301
SIMONS, MD, William M OPH
R D 7 Box 250
Manheim PA 17545
SMITH JR, MD, Chester L OBG
411 Main Street
Stroudsburg PA 18360
SPENCE, DO, Michael W IM
239 East Brown Street
East Stroudsburg PA 18301
SPINNER, MD, Morton H GS
360 Green Tree Drive
East Stroudsburg PA 18301
STROHLEIN, MD, Stephen S IM
P O Box 427
Kresgeville PA 18333
TATTERSALL, MD, Harold A GP
R R 22A Route 390
Cresco PA 18326
TAYLOR, MD, James A P
480 Beacon Hill Road
East Stroudsburg PA 18301
TIEFF, DO, Michael W R
R D 1 Box 509
Cresco PA 18326
TINSLEY, MD, John P PTH
206 East Brown Street
East Stroudsburg PA 18301
VAZQUEZ-ARAN, MD, Annette PD
P O Box 427
Kresgeville PA 18333
VEGARI, MD, Matt M N
175 East Brown Street
East Stroudsburg PA 18301
VIGLIONE, MD, Joseph P FP
25 North Eighth Street
Stroudsburg PA 18360
WACHTER, MD, H Ewing PD
805 West Kirby Avenue
Champaign IL 61820
WAGNER, MD, Barbara C PD
739 Milford Road
East Stroudsburg PA 18301
WEBER, MD, Otto R OBG
Box 5106 R D 5
Stroudsburg PA 18360
WEISS, MD, Carl B OPH
R D 1
Cresco PA 18326
WESTHEIM, MD, Alan I D
239 East Brown Street
East Stroudsburg PA 18301
YASWINSKI JR, MD, Peter T OBG
175 East Brown Street
East Stroudsburg PA 18301

MONTGOMERY

AARONSON, MD, Herbert G P
17 West Norton Drive
Churchville PA 18966
ADAMS, MD, David J ORS
27 South Bryn Mawr Avenue
Bryn Mawr PA 19010
ADAMS, MD, Judith A IM
891 Brookside Road
Pottstown PA 19464
ADAMSON, MD, William C CHP
1542 Susquehanna Road
Rydal PA 19046
ALBERTSON, MD, Richard P AN
Lankenau Hospital-An Dept
Philadelphia PA 19151
ALBRECHT, MD, James B FP
Broad Street
Lansdale PA 19446
ALDEN, MD, James C IM
Evans Road
Gwynedd Valley PA 19437
ALEXANDER, MD, Linda S OM
P O Box 388
Fort Washington PA 19034
ALEXANDRE, MD, Journel GS
731 West Erie Avenue
Philadelphia PA 19140
ALFONSO, MD, Gabriel A PTH
Po Box 1418
Bryn Mawr PA 19010
ALGAZY, MD, Kenneth M HEM
509 Prescott Road
Merion PA 19066
ALLEN, DO, Steven K OS
287 Wyndmoor Circle
Huntingdon Valley PA 19006
ALPERT, MD, Marc H CDS
Lansdale Medical Group
Lansdale PA 19446
ALPERT, MD, Norman P IM
149 Gypsy Road
King Of Prussia PA 19406
ALPERT, MD, Richard E PD
Lansdale Clinic
Lansdale PA 19446
ALTMAN, MD, Brian D OPH
2344 Philmont Avenue
Huntingdon Valley PA 19006
ALTMAN, MD, Sidney I P
8224 Forest Avenue
Elkins Park PA 19117
ALTOMONTE, MD, Joseph F GP
2525 West Main Street
Norristown PA 19403
AMADIO, MD, Julio J CD
Nine Meadow Lane
Haverford PA 19041
AMSTER, DO, Norman H AN
251 West Dekalb Pike #C-805
King Of Prussia PA 19406
ANDERSEN, MD, Edwin IM
620 High Street
Pottstown PA 19464
ANDERSEN, MD, John M FP
620 High Street
Pottstown PA 19464
ANDERSON, MD, Arlo C ORS
1308 Dekalb Street
Norristown PA 19401
ANDERSON III, MD, John D AN
P O Box 674
Wellsboro PA 16901
ANDREWS, MD, Ronald P RHU
1003 Easton Road Suite 104
Willow Grove PA 19090
ANDREWS III, MD, Willard G ON
1245 Highland Avenue
Abington PA 19001
ANDRIES, MD, Raymond M GP
1817 Hallowell Road
Norristown PA 19401
ANGSTADT JR, MD, Paul N R
Water Street Road
Worcester PA 19490
ANTHONY, MD, John A GP
1133 High Street
Pottstown PA 19464
ANTONUCCI, MD, Donna L PM
P O Box 161
Jenkintown PA 19046
ARANO, MD, Leonardo V IM
232 Lenape Drive
North Wales PA 19454
ARMSTRONG, MD, Thomas A OPH
331 North York Road
Hatboro PA 19040
ARNOLD, DO, Wayne V CD
7109 Valley Avenue
Philadelphia PA 19128
ASH, MD, S Russell US
740 High Street
Pottstown PA 19464
ATKINS, DO, Anita H OBG
1040 Dekalb Pike
Centre Square PA 19422
ATKINSON, MD, Nolan N FP
300 East Lancaster Avenue
Wynnewood PA 19096
AVANCENA, MD, Edgardo P OM
Merch Sharp & Dohme
West Point PA 19486
AXELROD, MD, Lawrence S FP
3106 Alpin Drive
Dresher PA 19025
BADOLATO, MD, David J FP
1244 Fort Washington Avenue
Ft Washington PA 19034
BAILER, DO, Alan S IM
P O Box 230
Cheltenham PA 19012
BAILEY JR, MD, Robert S OPH
912 East Willow Grove Avenue
Wyndmoor PA 19118
BALISTOCKY, MD, Marvin H OPH
491 Allendale Road
King Of Prussia PA 19406
BALLARD, MD, Ian M IM
529 County Line Road
Radnor PA 19087
BALLS, MD, Kent F END
Bryn Mawr Hospital
Bryn Mawr PA 19010
BANCROFT, MD, Edith D P
2696 Huntingdon Pk
Bryn Athyn PA 19009
BANDERA, MD, Peter B IM
15 Russell Place
Ambler PA 19002
BANDYOPADHYAY, MD, Bharati PD
131 Church Road
North Wales PA 19454
BANMILLER, MD, James D OBG
310 West Johnson Highway
Norristown PA 19401
BARAN, MD, Ernest M PM
466 Germantown Pike
Lafayette Hill PA 19444
BARCLAY JR, MD, Clayton C FP
1662 Brookwood Drive
Elkhart IN 46514
BARD, MD, Joseph L US
600 Wayland Road
Plymouth Meeting PA 19462
BARG, MD, Ronald B IM
122 Broome Lane
Merion Station PA 19066
BARLOW, MD, Anne L CD
856 Grove Avenue
Flourtown PA 19031
BARNA, MD, Nicholas J OPH
201 Ridgeview Eastlawn
Danville PA 17821
BARON, MD, Arthur M IM
242 Holly Drive
King Of Prussia PA 19406
BARRER, MD, Steven J NS
1245 Highland Avenue
Abington PA 19001
BARTLE JR, MD, Harvey P
864 County Line Road
Bryn Mawr PA 19010
BARTLETT JR, MD, OBG
Frederick H
1245 Highland Avenue
Abington PA 19001
BAVER, MD, George A GP
Front & Dotts Streets
Pennsburg PA 18073
BAYUK, MD, Julian M U
284 Copper Beech Drive
Blue Bell PA 19422
BEARDWOOD, MD, Donald M END
1245 Highland Avenue
Abington PA 19001
BECERRA-CABAL, MD, Luis I N
234 Birch Drive
Lafayette Hill PA 19444
BECK, DO, Jonathan E FP
1006 Hawthorne Lane
Ft Washington PA 19034
BECK JR, MD, William C OM
1420 Valley Road
Meadowbrook PA 19046
BECKER, MD, Andrea J CD
1544 Dekalb Street
Norristown PA 19401
BEIGHE, MD, Denise I IM
1811 Fitzwatertown Road
Willow Grove PA 19090
BELASCO, MD, Robert N IM
1401 Dekalb Street
Norristown PA 19401
BELL, DO, Alisa US
34 Latham Park
Melrose Park PA 19126
BELL, MD, H Craig P
1335 Highland Avenue
Abington PA 19001
BELL, MD, Randall W OPH
124 Bloomingdale Avenue
Wayne PA 19087
BELLUS, MD, John J PTH
Firestone Blvd & High Street
Pottstown PA 19464
BELMONT, MD, Jonathan B OPH
1000 North Broad Street
Lansdale PA 19446
BENDER, MD, Joseph IM
1544 Dekalb Street
Norristown PA 19401
BENNER, MD, Priscilla J IM
P O Box 216
Pennsburg PA 18073
BENNETT, MD, John T OBG
1330 Powell Street
Norristown PA 19401
BENNETT IV, MD, Joseph S IM
P O Box A Mem Med Bldg
Paoli PA 19301
BENZ, MD, Robert L IM
Lankenau Medical Bldg Ste 130
Philadelphia PA 19151
BERGELSON, MD, Victor D R
7222 Castor Avenue
Philadelphia PA 19149
BERGNES, MD, Manuel A PTH
1735 West Main Street
Norristown PA 19401
BERK, MD, Henry M GP
Paper Mill & Bergan Roads
Oreland PA 19075
BERKOW, MD, Robert IM
Merch Sharp & Dohme
West Point PA 19486
BERMAN, MD, Gail O CD
30 Chatham Road
Ardmore PA 19003
BINNICK, MD, Steven A D
531 West Germantown Pike
Plymouth Meeting PA 19462

BISHOP, MD, Robert P OM
Merck Sharp & Dohme
West Point PA 19486
BLAKE JR, MD, Alton D IM
Conestoga Medical Building
Bryn Mawr PA 19010
BLANK, MD, Ira B AN
1430 Dekalb Street
Norristown PA 19401
BLOOM, MD, Sharon S PD
1047 York Road
Abington PA 19001
BLUESTEIN, MD, Hazel M FP
15 West Wood Street
Norristown PA 19401
BLUMENTHAL, MD, Andrew R FP
881 Crestline Drive
Blue Bell PA 19422
BLUMSTEIN, MD, Charles G A
Benson East Apartment 210
Jenkintown PA 19046
BONNER JR, MD, Francis J PM
Sacred Heart Hospital
Norristown PA 19401
BONONI, MD, Paula A IM
1245 Highland Avenue Ste 202
Abington PA 19001
BORA, MD, Gulderen N P
3019 Old Arch Road
Norristown PA 19401
BORDEN, DO, Stanley J OPH
1474 Welsh Road
Huntingdon Valley PA 19006
BOWEN JR, MD, Thales AN
Lankenau Hospital Lancaster &
Philadelphia PA 19151
BOWIE, MD, Morris A RHU
225 Vassar Avenue
Swarthmore PA 19081
BOXER, MD, Arthur D P
931 Hollow Road
Radnor PA 19087
BRACKIN, MD, Phillip S R
805 Evans Road
Gwynedd Valley PA 19437
BRACKIN JR, MD, John T DR
773 Roslyn Avenue
Glenside PA 19038
BRADFORD, MD, Paul L GP
30 Morningside Drive
Lansdale PA 19446
BRADY, MD, Joseph A NS
320 Rock Road
Villanova PA 19085
BRANIGAN, MD, Alison E IM
100 Woodside Avenue
Narberth PA 19072
BRAY, MD, Joshua C FP
P O Box 98
Green Lane PA 18054
BRECKENRIDGE, MD, John W DR
Abington Memorial Hospital
Abington PA 19001
BRESSI JR, MD, Thomas E GS
Elliott Ave And Old Lancaster
Bryn Mawr PA 19010
BREST, MD, Norman A OBG
731 Wynnewood Road #31
Ardmore PA 19003
BROCKMAN, MD, Ronald J OPH
1650 Huntingdon Pike
Meadowbrook PA 19046
BROOKS, MD, Ronald J IM
491 Allendale Road Suite 307
King Of Prussia PA 19406
BROWN, MD, George L D
3001 Lititz Pike
Lancaster PA 17601
BROWN, MD, William E GP
107 Glenview Avenue
Wyncote PA 19095
BROWN JR, MD, M Evans PM
A Einstein N Div P M Dept
Philadelphia PA 19141
BUCK, MD, Ruth E R
338 Dreshertown Road
Fort Washington PA 19034
BUCKO JR, MD, Matthew I OTO
3213 Polk Road
Norristown PA 19401
BUCKWALTER, MD, Richard A GP
Welsh Road And Iverness Dr
Horsham PA 19044
BUDENZ, MD, Donald L IM
855 Old Lancaster Road
Bryn Mawr PA 19010
BUERK, MD, Minerva S D
331 Penn Road
Wynnewood PA 19096
BUONOCORE, MD, Bonnita K IM
2009 Spring Valley Road
Lansdale PA 19446
BURDEN, MD, Samuel S A
The Benson Manor
Jenkintown PA 19046
BURKE, MD, James F CD
Kelly Cardiovacular Group
Philadelphia PA 19151
BURKE, MD, M Susan GPM
915 Cedar Grove Road
Wynnewood PA 19096
BURKHART, MD, Charles B OBG
20 East Philadelphia Avenue
Boyertown PA 19512
BURNS, MD, Jesse E GP
500 Walnut Street
Royersford PA 19468
BUSHYAGER, MD, Ross M GP
118 North Reading Avenue
Boyertown PA 19512
BUYERS, MD, Robert A GS
1308 Dekalb Street
Norristown PA 19401
BYRNE, MD, Earl B ID
Mcneil Pharmaceutical
Spring House PA 19477
BYRNE, MD, Robert J ORS
1308 Dekalb Street
Norristown PA 19401
BYRON, MD, Harold J P
322 West Johnson Hwy
Norristown PA 19401
CAIN, MD, James P FP
67 King Street
Pottstown PA 19464
CALBOT-SCZEPANSKI, MD, IM
Cynthia L
4030 Hain Drive
Lafayette Hill PA 19444
CAMPBELL, MD, Twining F AN
1430 Dekalb Street
Norristown PA 19401
CANALS, MD, Joaquin P
117 South Schuylkill Avenue
Norristown PA 19403
CARELLA, MD, Richard J TR
Bryn Mawr Hospital
Bryn Mawr PA 19010
CARLIN, MD, Elwin S OBG
27 West Fornance Street
Norristown PA 19401
CARLSON, MD, Robert E GS
21 West Fornance Street
Norristown PA 19401
CARMICHAEL, MD, Paul L OPH
1000 North Broad Street
Lansdale PA 19446
CARPENTER JR, MD, John T OBG
864 County Line Road
Bryn Mawr PA 19010
CARSON, MD, John S AN
825 Great Springs Road
Rosemont PA 19010
CARTER JR, MD, William S P
311 Morse Boulevard East
Winter Park FL 32789
CARTY JR, MD, James B OPH
Bryn Mawr Medical Building
Bryn Mawr PA 19010
CASELLA, MD, Salvatore R AI
1650 Huntingdon Pike
Meadowbrook PA 19046
CASEY, MD, Thomas J PD
1201 County Line Road
Bryn Mawr PA 19010
CASTEL, MD, Jose M FP
1400 Old York Road
Abington PA 19001
CAUTILLI, MD, Richard A ORS
7922 Bustleton Avenue
Philadelphia PA 19152
CAVANAUGH, MD, Michael F ORS
801 East Glenside Avenue
Wyncote PA 19095
CELEBRE, MD, Joan A GYN
1040 Dekalb Pike
Centre Square PA 19422
CHANG, MD, Clayton W IM
933 North Charlotte Street
Pottstown PA 19464
CHAPIS, MD, Nicholas J OBG
1590 Medical Drive
Pottstown PA 19464
CHARLES, MD, Robert S U
1245 Highland Avenue
Abington PA 19001
CHATZINOFF, MD, Martin GE
1245 Highland Avenue
Abington PA 19001
CHESNICK, MD, Steven R OTO
306 West Logan Street
Norristown PA 19401
CHEYNEY II, MD, James B GP
1915 Harte Road
Jenkintown PA 19046
CHOI, MD, Tohshik IM
1533 Township Line Road
Norristown PA 19401
CHRISTIANSEN, MD, Kjell H TS
Bryn Mawr Medical Bldg
Bryn Mawr PA 19010
CHUA, MD, Chong V AN
1320 Randy Drive
Pottstown PA 19464
CHUNG, MD, Hack R P
273 Woodcock Lane
Ambler PA 19002
CIAVARELLI, MD, Anthony G IM
54 North Ridge Avenue
Ambler PA 19002
CICCONE, MD, Patrick E PA
Plymouth Road
Gwynedd Valley PA 19437
CIROTTI, MD, Joseph J PD
The Abington Health Center
Willow Grove PA 19090
CLADER, MD, Stanley C OBG
825 Glenbrook Avenue
Bryn Mawr PA 19010
CLAIR, MD, Theodore W PD
864 County Line Road
Bryn Mawr PA 19010
CLARKE, MD, Ann E GP
Prudential Insurance Co
Fort Washington PA 19034
CLARKE, MD, Catherine F IM
Five East Wynnewood Road
Wynnewood PA 19096
CLASSEN, MD, Charles H PD
864 County Line Road
Bryn Mawr PA 19010
CLEAVER, MD, Dorothy M P
182 Level Road
Collegeville PA 19426
CLEAVER, MD, E Eugene GP
27 Virginia Avenue
Beach Haven NJ 08008
CLEMENT, MD, Gordon S GS
1912 Johnson Road
Norristown PA 19401
CLEMENTS, MD, William W FP
Devon Building
Devon PA 19333
CLOSKEY, MD, Gregory M NEP
410 Charles Lane
Wynnewood PA 19096
CLYMAN, MD, Byron D
1329 Dekalb Street
Norristown PA 19401
COADY, MD, Mary L PD
455 South Roberts Road
Bryn Mawr PA 19010
COCHRAN, MD, William C GS
1245 Highland Avenue Ste 206
Abington PA 19001
COGEN, MD, Frederick C AI
1650 Huntingdon Pike #101
Meadowbrook PA 19046
COHEN, MD, Abraham L D
500 Prescott Road
Merion PA 19066
COHEN, MD, David E AN
227 Almur Lane
Wynnewood PA 19096
COHEN, MD, Jacob H FP
3526 Pine Road
Huntingdon Valley PA 19006
COHEN, MD, Samuel F GP
Valley View Towers West
King Of Prussia PA 19406
COHLER, MD, Alan TR
Laurel Road
Solebury PA 18963
COLCHER, MD, Irving S PD
2795 Egypt Road
Audubon PA 19401
COLCHER, MD, Robert E GS
1033 Germantown Pike
Norristown PA 19401
COLL, MD, Milton E U
551 Dreshertown Road
Dresher PA 19025
COLOSI, MD, Nicholas A GP
300 West Mount Carmel Avenue
Glenside PA 19038
CONNOR, MD, Robert W OPH
1000 North Broad Street
Lansdale PA 19446
CONROY, MD, Joseph V NS
Benson Manor
Jenkingtown PA 19046
COOPER, MD, Murray S OBG
1245 Highland Avenue
Abington PA 19001
CORALLO, MD, Diane M IM
259 Green Tree Road
Oaks PA 19456
CORKHILL JR, MD, Eric A OBG
Lanfair Argyle Road
Berwyn PA 19312
CORNISH, MD, James W P
1026 Old Ham Place
Cornwells Heights PA 19020
CORNMAN III, MD, Henry D IM
Haverford And Lindsay Avenues
Bryn Mawr PA 19010
CORRADO, MD, Gail C PA
Wyeth International Limited
Philadelphia PA 19101
CORRIGAN, MD, Dominic F END
1137 Old York Road
Abington PA 19001
COTLER, MD, Marc D AI
35 East Wynnewood Road
Wynnewood PA 19096
COZEN, MD, Bennett H IM
170 Terwood Road
Willow Grove PA 19090
COZZARELLI, MD, James D GS
South Broad St & Allentown Rd
Lansdale PA 19446
CRAMER, MD, Arnold J IM
1008 Stonebridge Road
Lower Gwynedd PA 19002
CRAMER, MD, Michelle E IM
1008 Stonebridge Road
Lower Gwynedd PA 19002
CRAVETZ, MD, Howard FP
Fifth And Ford Streets
Bridgeport PA 19405
CRITS, MD, Harry J IM
777 Germantown Pike
Lafayette Hill PA 19444
CRIVARO, MD, Michael A GS
46 Laurel Circle
Newtown PA 18940
CRUZ, MD, Alexander C GP
141 Race Street
Ambler PA 19002
CUNNINGHAM, MD, J David N
418 East Lancaster Avenue
Wayne PA 19087
CURRAN, MD, Marilyn R CHP
1124 Indian Creek Road
Philadelphia PA 19151
CUTHBERT-HARDEE, MD, Kay FP
7100 34Th Street South #703
St Petersburg FL 33711
CUTLER, MD, Charles IM
1340 Dekalb Street Unit 3
Norristown PA 19401
DALY, MD, Thomas J R
Pmmc Radiology Department
Pottstown PA 19464
DANIELS, MD, Maurice N PD
2152A S John Russell Circle
Elkins Park PA 19117
DANOFF, MD, David M DR
842 Mount Pleasant Road
Bryn Mawr PA 19010
DASCHER JR, MD, John J DR
1010 Pheasant Meadow Road
Blue Bell PA 19422
DAVIDSON, MD, Wallace L OM
P O Box 208
Sumneytown PA 18084
DAVIS, MD, Edward W GP
1803 West Main Street
Norristown PA 19401
DAY JR, MD, Robert E AN
Bryn Mawr Medical Building
Bryn Mawr PA 19010
DEAROLF III, MD, Walter W ORS
727 Willow Grove Avenue
Glenside PA 19038
DECKER, MD, Steven E FP
7012 Lafayette Avenue
Ft Washington PA 19034
DEFRANCISCO, MD, Mary E OPH
1331 County Line Road
North Wales PA 19454
DEIN, MD, Robert A OBG
1030 East Lancaster Avenue
Rosemont PA 19010
DEITZ III, MD, George W CD
2240 Pine Road
Huntingdon Valley PA 19006
DELACRUZ, MD, Apolinar D EM
521 Valley Forge Road
King Of Prussia PA 19406
DELP JR, MD, Charles W FP
810 East Philadelphia Avenue
Boyertown PA 19512
DEMARCO, MD, Lucinda PD
1201 Ardway Road
Blue Bell PA 19422
DENT, MD, Thomas L GS
Medical Office Bldg Ste 600
Abington PA 19001
DEPILLIS, MD, Vincent J PTH
Bryn Mawr Hospital
Bryn Mawr PA 19010
DERIVAS, MD, Carmela F P
700 Joseph Drive
Wayne PA 19087
DERSTINE, MD, Ralph L FP
P O Box 227
Harleysville PA 19438
DESAI, MD, Ansuya M OBG
516 Conshohocken State Road
Gladwyn PA 19035
DESAI, MD, Mohan G R
516 Conshohocken State Road
Gladwyne PA 19035
DESAI, MD, Shivraj J PUD
3771 Freemont Road
South Euclid OH 44121
DETWEILER, DO, Robert O FP
2405 North Broad Street
Colmar PA 18915
DETWEILER, MD, Thomas C IM
2405 North Broad Street
Colmar PA 18915
DEVENNEY, MD, John E NM
9501 Wheelpump Lane
Philadelphia PA 19118
DEVINE, MD, Jean K PD
600 Gawain Road
Plymouth Meeting PA 19462
DEVINE, MD, Michael F IM
100 Church Road
Ardmore PA 19003
DEVINEY, MD, John P IM
1519 Medical Drive
Pottstown PA 19464
DIAMOND, MD, B Franklin N
1245 Highland Avenue
Abington PA 19001
DIAZ, MD, Filadelfo T GS
Continental And Colonial Hts
Pottstown PA 19464
DIDONATO, MD, Robert IM
855 Old Lancaster Road
Bryn Mawr PA 19010
DIENER, MD, Ian L FP
310 Conestoga Road
Wayne PA 19087
DIETRICK, MD, Richard F FP
1400 York Road
Abington PA 19001
DIGIACOMO JR, MD, Philip J GE
Montgomery Hospital
Norristown PA 19401
DILLON, MD, Richard S CD
Bryn Mawr Medical Bldg
Bryn Mawr PA 19010
DOEFF, MD, Jan W P
425 Homestead Road
Wayne PA 19087
DOHERTY JR, MD, Henry J AN
Lankenau Hospital
Philadelphia PA 19151
DOLSKY, MD, Richard L PS
191 Presidential Boulevard
Bala Cynwyd PA 19004
DOMERACKI, MD, Frank R IM
205 Everett Avenue
Willow Grove PA 19090
DOMESEK, MD, James M DR
607 Heather Lane
Bryn Mawr PA 19010
DONAHUE, MD, John R ORS
1603 East High Street
Pottstown PA 19464
DONALD, MD, Delmar J GP
Maple Glen Prof Center
Maple Glen PA 19002
DONNER, MD, William T P
1245 Highland Avenue #403
Abington PA 19001
DORIAN, MD, Alan L GS
Nine Maple Drive Maple Meadow
Conshohocken PA 19428
DOWNIE, MD, Robert W PM
5301 Old York Road
Philadelphia PA 19141
DRISCOLL, MD, Genevra Z P
1333 Hagys Ford Road
Narberth PA 19072
DRISCOLL, DO, Robert W GS
2705 Dekalb Pike
Norristown PA 19401
DRIZIN, MD, Gary S PUD
Norristown Pulmonary Assoc
Norristown PA 19401
DUBROW, DO, Calvin M OPH
277 Woodcock Lane
Ambler PA 19002
DUDICH, MD, Michael S GP
7860 Spring Avenue
Elkins Park PA 19117
DUMARAN, MD, Delfa G IM
308 Huntingdon Pike
Rockledge PA 19111
DUMAS, MD, Peter R IM
7816 Southside Boulevard #66
Jacksonville FL 32216
DURKIN, MD, Martin J P
1025 Coates Road
Meadowbrook PA 19046
DYNAN, MD, James E GS
S Broad St And Allentown Road
Lansdale PA 19446
ECHIKSON, MD, Edward H IM
1245 Highland Avenue
Abington PA 19001
ECKER, MD, Andrew M PM
491 Allendale Road
King Of Prussia PA 19406
EDELSTEIN, MD, Merle P P
434 Crescent Road
Wyncote PA 19095
EHRLICH, MD, Clifford L CD
Lansdale Medical Group
Lansdale PA 19446
EHRLICH, MD, Dion R OPH
7500 Central Avenue
Philadelphia PA 19111
EHRLICH, MD, Leonard D GE
1015 Lorien Drive
Gwynedd Valley PA 19437
EISENBERG, MD, Floyd P ID
15 West Wood Street
Norristown PA 19401
ELDAIEF, MD, Daisy S PD
1508 Plumouth Boulevard
Norristown PA 19401
ELLIS, MD, David M CHP
240 Merion Road
Merion PA 19066
ELLIS EDD EXEC DIR, U BERKLEY
1529 Dekalb Street
Norristown PA 19401
ELLISON JR, MD, Richard T PD
1245 Highland Avenue
Abington PA 19001

EMPER, MD, William D ORS
27 South Bryn Mawr Avenue
Bryn Mawr PA 19010
ENGLISH, MD, Carroll A ORS
27 South Bryn Mawr Avenue
Bryn Mawr PA 19010
ERSNER, MD, Arthur R IM
1340 Dekalb Street Unit Three
Norristown PA 19401
ESKIN, MD, David J CD
1443 Woodland Road
Rydal PA 19046
ETTINGER, DO, Susan D PD
The Abington Health Center
Willow Grove PA 19090
EVANGELISTA, MD, Simplicio E DR
Bryn Mawr Hospital
Bryn Mawr PA 19010
EVANS, MD, Hayden O GP
637 High Street
Pottstown PA 19464
EWING, MD, Charles H GER
Rydal Parkacres Road
Rydal PA 19046
FAIRFIELD, MD, James C D
Lansdale Medical Group
Lansdale PA 19446
FALK, MD, Arthur E OBG
902 North Broad Street
Lansdale PA 19446
FALKER, MD, John M DR
1648 Huntingdon Pike
Meadowbrook PA 19046
FARB, MD, Stanley N OTO
306 West Logan Street
Norristown PA 19401
FARMER, MD, Harold E IM
352 Conestoga Road
Wayne PA 19087
FAYNBERG, MD, Nora GP
5827 Rising Sun Avenue
Philadelphia PA 19120
FEDOR, MD, Maria T FP
700 Germantown Pike
Norristown PA 19401
FEIN, DO, Howard K GP
922 Fayette Street
Conshohocken PA 19428
FEINSTEIN, MD, Michael A OBG
700 Spruce Street
Philadelphia PA 19107
FENN, MD, Patricia A RHU
933 Haverford Road
Bryn Mawr PA 19010
FILIP, MD, John R IM
1073 Montgomery Avenue
Narberth PA 19072
FILOSA, MD, Robert J OBG
Lansdale Medical Group South
Lansdale PA 19446
FINE, MD, Robert EM
1619 Kings Mill Road
Gwynedd Valley PA 19437
FINGERUT, MD, Jerald C GE
Montgomery Hospital
Norristown PA 19401
FINGO, MD, Albert J FP
1814 Spera Lane
Norristown PA 19403
FINK, MD, Jack W OBG
902 North Broad Street
Lansdale PA 19446
FISHER, MD, Alvin H P
1516 Hampton Road
Rydal PA 19046
FISHER, MD, Norman J FP
197 East Mill Road
Hatboro PA 19040
FISHER, MD, Robert M FP
447 Great Springs Road
Bryn Mawr PA 19010
FITZGERALD, DO, John J OBG
760 John's Lane
Ambler Pa 19002
FOSTER, MD, Sylvia L P
15 Montgomery Avenue
Cynwyd PA 19004
FRANGIPANE, MD, William L OBG
1903 Monroe Lane
Ambler PA 19002
FRANK, MD, Leonard A U
1313 Dekalb Street
Norristown PA 19401
FRANK, MD, Martin N CD
1245 Highland Avenue #308
Abington PA 19001
FRANK, MD, Paul E OPH
331 North York Road
Hatboro PA 19040
FRANK, MD, Reuben AI
Cedarbrook Hill
Wyncote PA 19095
FRANK, MD, Robert L OPH
331 North York Road
Hatboro PA 19040
FRANK, DO, Ronald B FP
2026 North Broad Street
Lansdale PA 19446
FRANKEL, MD, Arthur M GS
1245 Highland Avenue
Abington PA 19001
FRANKEL, MD, Leslie B OBG
1245 Highland Avenue
Abington PA 19001
FRAZIER, MD, Thomas G ON
600 Haverford Road
Haverford PA 19041
FREEBERG, MD, John R AN
622 Oxford Road
Bala Cynwyd PA 19004
FREEDMAN, MD, Lawrence T OBG
8118 Old York Road Suite D
Elkins Park PA 19117
FREIMUTH, MD, Erich J N
933 Haverford Road
Bryn Mawr PA 19010
FREYMAN, MD, Leon GP
39 Oakland Avenue
Needham MA 02192
FRIEDMAN, DO, David S FP
2026 North Broad Street
Lansdale PA 19446
FRIEDMAN, MD, Paul A IM
403 Great Springs Road
Rosemont PA 19010
FRIEHLING, MD, Linda A PD
1120 Woodmont Road
Gladwyne PA 19035
FROST, MD, Albert G CRS
Mcshea Hall
Norristown PA 19401
FUGARO, DO, Anthony J AN
Lankenau Medical Sci Bldg
Philadelphia PA 19151
FURMAN, MD, Harold B PD
1103 West Valley Road
Wayne PA 19087
GABRIEL, MD, Veronica FP
506 Wyndmoor Avenue
Philadelphia PA 19118
GAFFNEY, MD, Edmund J GS
64 North Hanover Street
Pottstown PA 19464
GALINDO-RODRIGUEZ, MD, FP
Ana I
2129 Pheasant Hill Road
Lansdale PA 19446
GALLAGHER, MD, Doris B AN
317 Aubrey Road
Wynnewood PA 19096
GANIME, MD, Peter D P
322 West Johnson Highway
Norristown PA 19401
GARABEDIAN, MD, Joseph A GP
1221 Powell Street
Norristown PA 19401
GATTER, MD, Robert A RHU
Regency Park Towers
Willow Grove PA 19090
GATTI, MD, Dominic L GP
2035 Winthrop Road
Huntingdon Valley 19006
GAZDICK, MD, Mary Anne PD
One Red Rowen Lane
Plymouth Meeting PA 19462
GEIGER, MD, Leonard R N
Bryn Mawr Medical Bldg-South
Bryn Mawr PA 19010
GELLER, MD, D Michael IM
506 East Durham Street
Philadelphia PA 19119
GERHART, MD, Willis C GP
200 North Wynnewood Avenue
Wynnewood PA 19096
GERMAN, MD, Terry M OBG
201 Old York Road
Jenkintown PA 19046
GERSHENSON, MD, Stephen R PD
41 Andrew Lane
Lansdale PA 19446
GERSHON, DO, Justin H US
2701 Dekalb Street
Norristown PA 19401
GERSON, MD, Irvin M N
7804 Montgomery Avenue
Elkins Park PA 19117
GERSTMAN, MD, Ira FP
1244 Fort Washington Avenue
Fort Washington PA 19034
GIAIMO, DO, Anthony J GP
808 Dekalb Street
Norristown PA 19401
GIANNASIO, MD, Charles V P
580 Mason Drive
Ambler PA 19002
GINSBURG, MD, Silas OBG
1245 Highland Avenue
Abington PA 19001
GITLIN, MD, Melvin C AN
1141 Delene Road
Rydal PA 19046
GLANZBERG, MD, Pauline FP
814 Dekalb Street
Norristown PA 19401
GLASER, MD, Barry L GS
1521 Amity Road
Rydal PA 19046
GLAUSER, MD, Terry A EM
103 Woodbine Avenue
Narbeth PA 19072
GOLDBERG, MD, Louis OPH
2000 Valley Forge Circle
King Of Prussia PA 19406
GOLDEN, MD, Mano R U
1313 Dekalb Street
Norristown PA 19401
GOLDENER, MD, John F PD
Lankenau Medical Building
Philadelphia PA 19151
GOLDSCHMIDT, MD, Herbert D
620 One Bala Cynwyd Plaza
Bala Cynwyd PA 19004
GOMEZ, MD, Blanca M P
999 South Bayshore Drive
Miami FL 33131
GOMEZ, MD, Pedro F P
999 South Bayshore Drive
Miami FL 33131
GONZALEZ, MD, Dominic E FP
4002 Skippack Pike
Skippack PA 19474
GOOD, MD, Robert P ORS
Bryn Mawr Med Office Bldg N
Bryn Mawr PA 19010
GOODMAN, MD, Carl R PM
Montgomery Hospital
Norristown PA 19404
GOODMAN, MD, Sanford M FP
1228 Easton Road
Roslyn PA 19001
GOPPELT, MD, John W P
Exeter Road
Haverford PA 19041
GORDON, MD, Arthur E OBG
401 Crescent Road
Wyncote PA 19095
GORDON, MD, Leonard F DR
1700 Governors Way
Blue Bell PA 19422
GORDON JR, MD, Kenneth H CHP
1250 Upper Gulph Road
Radnor PA 19087
GOREN, MD, Elihu N DIA
1451 Dekalb Street
Norristown PA 19401
GOTLIEB, MD, Jerry U
214 Jeffrey Lane
Newtown Square PA 19073
GOWEN, MD, George F GS
700 Spruce Street
Philadelphia PA 19106
GRAEFFE, MD, Estella F R
Montgomery Hospital
Norristown PA 19401
GRATCH, MD, Michael J ORS
1327 Old York Road
Abington PA 19001
GREEN, MD, Barry P GP
826 North Broad Street
Lansdale PA 19446
GREEN, MD, George R IM
1245 Highland Avenue #107
Abington PA 19001
GREEN, MD, Leland J A
Lansdale Medical Group
Lansdale PA 19446
GREENBAUM, MD, Marvin H OPH
326 Pembroke Road
Bala Cynwyd PA 19004
GREENBERG, MD, Richard E U
1245 Highland Avenue
Abington PA 19001
GREENBERG, MD, Sigmund R IM
1205 Southeast Tenth Avenue
Capr Coral FL 33901
GREENE, MD, Jeffrey M AI
233 East Lancaster Avenue
Ardmore PA 19003
GREENE, MD, Thomas E ORS
635 North Broad Street
Lansdale PA 19446
GREENSPAN, MD, Herbert S CHP
Beaver Hill E-6
Jenkintown Pa 19046
GREENSPON, MD, Samuel E GP
20 West Cheltenham Avenue
Philadelphia PA 19120
GROHSMAN, MD, Jonathan M OPH
217 Barker Road
Wyncote PA 19095
GROSS, MD, Daniel J ORS
700 South Henderson Road
King Of Prussia PA 19406
GROSS, MD, Peter G OPH
714 Oxford Road
Bala Cynwyd PA 19004
GROSSMAN, MD, Alan R OBG
1245 Highland Avenue
Abington PA 19001
GROSSMAN, MD, Sheila S FP
7740 Morgan Lane
Laverock PA 19118
GUIRNALDA-CASTRO, MD, P
Nemesia G
578 Coach Road
Horsham PA 19044
GUREGHIAN, MD, Patricia A R
Graduate Hospital Rad Assoc
Philadelphia PA 19146
GUTHRIE, MD, Marshall B PA
Guthrie Associates
Wayne PA 19087
GUTHRIE, MD, William J IM
1591 Medical Drive
Pottstown PA 19464
GUTIERREZ, MD, Lina C P
822 Mystis Lane
Norristown PA 19401
GUYER, MD, Samuel GS
934 Blue Rock Lane
Blue Bell PA 19422
HADRA, MD, Ellinor S FP
3500 West Chester Pike E-313
Newtown Square PA 19073
HAHN, MD, Jeannine R IM
191 Lowell Terrace
King Of Prussia PA 19406
HALE, MD, Robert G FP
4004 Fairway Road
Lafayette Hill PA 19444
HALL, MD, I Macdonald OM
4 Penn Ctr Plz Relience
Philadelphia PA 19103
HAMBURG, MD, Allen E ORS
532 Georgian Road
Glenside PA 19038
HAMMOND III, MD, N Leroy ORS
342 Lankenau Medical Bldg
Philadelphia PA 19151
HANBY JR, MD, W Forwood E R
2815 Lundy Lane
Huntingdon Valley PA 19006
HAND, MD, Roy H GS
Abington Memorial Hospital
Abington PA 19001
HANHAUSEN JR, MD, OPH
Edward H
418 East Lancaster Avenue
Wayne PA 19087
HARKNESS, MD, Michael J PD
912 Meadowbrook Drive
Huntingdon Valley PA 19006
HARMON, MD, Eli B P
One Bala Plaza Suite 209
Bala Cynwyd PA 19004
HARMON, MD, Sandra R FP
117 East Fourth Avenue
Conshohocken PA 19428
HARPER, MD, John B R
1200 York Road
Abington PA 19001
HARRISON JR, MD, Joseph OM
888 Glenbrook Avenue
Bryn Mawr PA 19010
HASAN, MD, Mohammad A TR
155 West Washington Lane #D-3
Jenkintown PA 19046
HASKIN, MD, Myra R PM
495 East Abington Avenue
Philadelphia PA 19118
HAUSER, MD, Norman R
1130 Old York Road
Abington PA 19001
HAYTHORNTHWAITE, MD, PD
B Mary
313 Wellington Terrace
Jenkintown PA 19046
HECHT, MD, Warren B A
Pottstown Professional Mall
Pottstown PA 19464
HEIDARY, MD, Ghodratallah AN
Lankenau Anes Associates
Philadelphia PA 19151
HENDERSON, MD, Theodore A IM
500 Willow Avenue
Ambler PA 19002
HENNESSEY, MD, Joseph F PD
2284 Stahl Road
Huntingdon Valley PA 19006
HERRING, MD, Steven J FP
855 Old Lancaster Avenue
Bryn Mawr PA 19010
HESS, MD, Ivan W GP
69 North Boro Line Road
Collegeville PA 19426
HEYDT JR, MD, Ernest H OPH
1024 East Hopkins Street
Aspen CO 81611
HICKEY JR, MD, Daniel GP
5026 Martins Lane
East Petersburg PA 17520
HIDALGO, MD, Ausberto B PD
251 West Dekalb Pike
King Of Prussia PA 19406
HIRSHBERG, DO, Louis H FP
2824 Egypt Road
Audubon PA 19403
HOFFMAN, MD, Carl J P
2901 Cottman Avenue
Philadelphia PA 19149
HOFFMAN, MD, James P
Merck Sharp & Dohme
West Point PA 19486
HOFMAN, MD, Walter I PTH
707 South Bowman Avenue
Merion Station PA 19066
HOLM, MD, William W PD
491 Allendale Road
King Of Prussia PA 19406
HOLMBERG, MD, Donald E GP
193 Easton Road
Horsham PA 19044
HOLMES, MD, William F OTO
418 East Lancaster Avenue
Wayne PA 19087
HOPKINS, MD, F Thomas CD
Bryn Mawr Medical Bldg-North
Bryn Mawr PA 19010
HOPKINSON III, MD, John H OBG
1245 Highland Avenue 106
Abington PA 19001
HOPPER, MD, Bruce D OBG
363 Pond View Drive
Devon PA 19333
HORMAN, MD, Marc J PUD
1200 York Road
Abington PA 19001
HORN, MD, William A D
1124 Gainsboro Road
Bala Cynwyd PA 19004
HORNER JR, MD, Daniel W CD
1617 Old York Road
Abington PA 19001
HORVATH, MD, Ronald J ORS
853 Hamilton Drive
Miquon PA 19452
HUNSBERGER, MD, Joseph L GP
2803 Stanbridge Street 512-B
Norristown PA 19401
HUNTLEY, MD, Arthur C P
Medical College Of Penna
Philadelphia PA 19129
HUTCHISON, MD, James C CD
2073 Parkview Avenue
Abington PA 19001
HYATT, MD, Glenn A IM
1608 Aidenn Lair Road
Dresher PA 19025
HYKES, MD, James I GP
218 Grays Lane
Haverford PA 19041
ICKLER, MD, John L PD
1047 York Road
Abington PA 19001
JABLON, MD, Norman C P
7805 Cobden Road
Laverock PA 19118
JAFFE, MD, Louis D
1210 Queen Street
Pottstown PA 19464
JAWORSKY, MD, Christine DMP
1600 Garrett Road G109
Upper Darby PA 19082

JENKINS, MD, Stephen W N
Clinical Research & Develop
Philadelphia PA 19101
JEYARAJ, MD, Francis PD
South Broad St & Allentown Rd
Lansdale PA 19446
JOCHNOWITZ, MD, Michael J OBG
902 North Broad Street
Lansdale PA 19446
JONES, MD, Daniel C FP
Box 628
Ardmore PA 19003
JOSSELSON, MD, Alan S IM
1401 Dekalb Street
Norristown PA 19401
JOYCE, MD, Michael F ORS
7922 Bustleton Avenue
Philadelphia PA 19152
JUAREZ, MD, Rolando GS
7927 Fairfield Street
Philadelphia PA 19152
JUBELIRER, MD, Robert A GS
1245 Highland Avenue
Abington PA 19001
JUDD, MD, James D FP
911 Laburnam Lane
Wyncote PA 19095
JULES, MD, Arnold J ORS
635 North Broad Street
Lansdale PA 19446
JUNKIN, MD, David M ORS
1327 Old York Road
Abington PA 19001
KANE, MD, John S OBG
308 West Johnson Highway
Norristown PA 19401
KAPLAN, MD, Frank E P
2874 Paprika Road
Doylestown PA 18901
KAPLAN, MD, Kenneth R IM
922 Montgomery Avenue West
Bryn Mawr PA 19010
KAPP, MD, Anton U
613 Paper Mill Road
Oreland PA 19075
KARPINSKI JR, MD, Felix E PD
780 Mancill Road
Wayne PA 19087
KATER, MD, Mitchell J AN
1209 Warden Way
Ft Washington PA 19034
KATTELMAN, DO, Marc GP
922 Fayette Street
Conshohocken PA 19428
KATZ, MD, Kathleen M N
1734 Clinton Drive
Ambler PA 19002
KATZ, MD, Robert E IM
500 Fayette Street
Conshohocken PA 19428

KATZ, MD, Steven A IM
1002 Stratford Avenue
Philadelphia PA 19126
KAUFFMAN, MD, M Luther OPH
2254 Pleasant Avenue
Glenside PA 19038
KAVLE, MD, Carleton J GS
109 Ringwood Road
Rosemont PA 19010
KAY, MD, Raymond J GP
The Barclay
West Chester PA 19380
KELSO, MD, Don R GS
Abington Memorial Hospital
Abington PA 19001
KELTON, MD, Franklin C GER
1507 East Grand Oak Lane
West Chester PA 19380
KENNEY, MD, Lawrence E OPH
1560 Medical Drive
Pottstown PA 19464
KENWORTHY JR, MD, Harry J IM
1245 Highland Avenue
Abington PA 19001
KERN, MD, Frank
31-B East Wynnewood Road
Wynnewood PA 19096
KERSHBAUM, MD, Carol M FP
633 Sabal Lake Drive
Longwood FL 32779
KERSON, MD, Lawrence A N
The Neurology Group
Norristown PA 19401
KETZAN, MD, Tibor PM
Abington Memorial Hospital
Abington PA 19001
KHOORY, MD, Maged S HEM
Bryn Mawr Medical Bldg South
Bryn Mawr PA 19010
KIEFNER JR, MD, Frederick J R
507 Cheltena Avenue
Jenkintown PA 19046
KILLIAN, MD, Dorothea M IM
Box 1108 B-221
Blue Bell PA 19422
KIM, MD, Hi S PD
5438 North Lawrence Street
Philadelphia PA 19120
KIM, MD, Jin R HEM
One Fairway Plaza
Huntingdon Valley PA 19006
KIMLESS-GARBER, MD, Debra B IM
310 South Easton Road
Glenside PA 19038
KINGSBURY, MD, Robert C FP
639 Conestoga Lane
Lansdale PA 19446
KINLAW, MD, W Bernard CD
Abington Memorial Hospital
Abington PA 19001
KIRKPATRICK, MD, Daniel W GP
823 Renel Road
Norristown PA 19401
KISTLER, MD, Paul M GP
157 Chandler Drive
West Chester PA 19380
KISTLER, MD, Priscilla J IM
300 Main Street
East Greenville PA 18041
KISTLER, MD, William S GP
300 Main Street
East Greenville PA 18041
KLINE, MD, Edgar W FP
608 Marlbrook Lane
Lansdale PA 19446
KNOWLTON JR, MD, Stephen B GS
Abington Memorial Hospital
Abington PA 19001
KNOX JR, MD, James D FP
Bryn Mawr Avenue
Bryn Mawr PA 19010
KOHLHAS, MD, Jacob J END
Cambridge Road
Haverford PA 19041
KOLLER, MD, Harold P OPH
1650 Huntingdon Pk 357
Meadowbrook PA 19046
KONECKE, MD, Lee L CD
1390 Glen Hardie Road
Wayne PA 19087
KRANTZ, MD, Walter J GP
1850 York Road
Abington PA 19001
KRANTZLER, MD, Joseph D CD
891 Brookside Road
Pottstown PA 19464
KRAVIS, MD, Lillian P PDA
233 East Lancaster Avenue
Ardmore PA 19003
KRAVITZ, MD, Bernard J IM
1245 Highland Avenue
Abington PA 19001
KRAYNAK, MD, Joseph C CD
Lansdale Medical Group
Lansdale PA 19446
KROMASH, MD, Marvin H PD
1590 Medical Drive
Pottstown PA 19464
KUKLINSKI, MD, Louise H FP
Family Practice Upper Dublin
Fort Washington PA 19034

KUKORA, MD, John S GS
1245 Highland Avenue
Abington PA 19001
LABELLE, MD, Patrice IM
Merck Sharp & Dohme Research
Blue Bell PA 19422
LABOWSKIE, MD, Eugene M FP
827 Fayette Street
Conshohocken PA 19428
LAGUNILLA, MD, Juanito L EM
982 Kenny Road
Pottstown PA 19464
LANDER, MD, William W FP
888 Glenbrook Avenue
Bryn Mawr PA 19010
LANE, MD, Jane L PD
7804 Linden Road
Wyndmoor PA 19118
LAUTERBACH, MD, Edwin W GS
1245 Highland Avenue
Abington PA 19001
LAWLOR, MD, Robert J FP
429 Hilltop Road
Paoli PA 19301
LEAHEY, MD, Alan B IM
538 Drayton Road
Oreland PA 19075
LEBEAU, MD, Jack CD
1401 Dekalb & Fornance Sts
Norristown PA 19401
LEGENDRE, MD, Gerald M GP
133 Fourth Street
Bridgeport PA 19405
LEROY, MD, N Blair PUD
933 Haverford Road
Bryn Mawr PA 19010
LESNIK, MD, Robert H D
637 Pine Street
Philadelphia PA 19106
LETWIN, MD, Lee B AN
2000 Valley Forge Circle
King Of Prussia PA 19406
LEVY, MD, William K CD
1245 Highland Avenue
Abington PA 19001
LIMBERT, MD, Lawrence GP
15546 East Chicory Drive
Fountain Hills AZ 85268
LINTGEN, MD, Arthur B IM
Abington Memorial Hospital
Abington PA 19001
LIPKIN, MD, David E IM
Nine Pinetree Place
Fort Washington PA 19034
LIPSHUTZ, MD, Hugh CD
1544 Dekalb Street
Norristown PA 19401
LIPTON, MD, Steven E OBG
8211 Brookside Road
Elkins Park PA 19117
LIT, MD, Joan A IM
109 Haws Lane
Philadelphia PA 19118
LITMAN, MD, Stephen E IM
109 Woodside Circle
Dreshen PA 19025
LITT, MD, Lawrence M PUD
1630 E High St
Pottstown PA 19464
LITVIN, MD, Henry P
134 Cardinal Road
Jenkintown PA 19046
LOCKE, MD, Harry R ON
Pottstown Memorial Hospital
Pottstown PA 19464
LONG, MD, Kathleen B PD
455 South Roberts Road
Bryn Mawr PA 19010
LONGACRE, MD, Jane M PD
One Red Rowen Lane
Plymouth Meeting PA 19462
LOWERY, MD, Susan C FP
15 West Wood Street
Norristown PA 19401
LUBOWITZ, MD, Richard M OPH
1245 Highland Avenue #405
Abington PA 19001
LUDWICK, MD, David J IM
801 East Glenside Avenue
Wyncote PA 19095
LUKASIEWICZ, MD, Lisa M PD
916 Blythe Avenue
Drexel Hill PA 19026
LUNDY, MD, Barbara S PS
1533 Dekalb Street
Norristown PA 19401
LUPAS, MD, John A PD
11 West Schuylkill Road
Pottstown PA 19464
LUPIN, MD, Gordon W FP
Main & Overbrook Roads
Hatfield PA 19440
LURIE, MD, Abraham A AN
328 Strathmore Drive
Rosemont PA 19010
LUTZ JR, MD, Roland B FP
1128 Old York Road
Abington PA 19001
LYNESS, MD, Samuel S NS
958 County Line Road
Bryn Mawr PA 19010

MACKEY JR, MD, James G GP
266 Wentworth Road
Wayne PA 19087
MACY, MD, Charles T IM
Lansdale Clinic
Lansdale PA 19446
MADDEN, MD, James J IM
South Broad St & Allentown Rd
Lansdale PA 19446
MAERZ, MD, John C GP
301 Smith Road
Schwenksville PA 19473
MAHOOD, MD, William H GE
6250 West Valley Green Road
Flourtown PA 19031
MAJID, MD, Nasira Y PD
267 Beechwood Drive
Rosemont PA 19010
MALIT, MD, Lee A AN
Lankenau Medical Sci Bldg
Philadelphia PA 19151
MALLIN, MD, Richard K FP
1405 Joel Drive
Ambler PA 19002
MALONEY, MD, Donald W PUD
1245 Highland Avenue #107
Abington PA 19001
MAMBU, MD, Joseph F FP
1400 Old York Road
Abington PA 19001
MANDLER, MD, John I U
Abington Office Medical Bldg
Abington PA 19001
MANKO, MD, Michael A IM
Lankenau Hospital
Philadelphia PA 19151
MANN, MD, Arthur F EM
1600 East High Street
Pottstown PA 19467
MANN, MD, Robert J IM
7505 Castor Avenue
Philadelphia PA 19152
MANZ, MD, Donald J PTH
Holy Redeemer Hospital
Meadowbrook PA 19046
MANZIONE, MD, Marc ORS
Lower Moreland Prof Park
Huntingdon Valley PA 19006
MANZO, MD, Thomas L OPH
1329 East High Street
Pottstown PA 19464
MARCH, MD, Herman C R
7222 Castor Avenue
Philadelphia PA 19149
MARCHANT, MD, Deforrest W OBG
401 Lankenau Medical Bldg
Philadelphia PA 19151
MARGARIDA, MD, Leopoldo E R
1479 Jericho Road
Abington PA 19001
MARINARI, MD, Lawrence A IM
264 Iven Avenue 1a
Saint Davids PA 19087
MARON, MD, John J GP
336 Spring Street
Royersford PA 19468
MARRONE, MD, R Thomas CHP
1721 Deerfield Road
Norristown PA 19401
MARTELLA JR, MD, Arthur GP
2410 Forty Fort Road
Harleysville PA 19438
MARTIN, MD, Martina M RHU
933 Haverford Road
Bryn Mawr PA 19010
MARTIN, MD, Melanie C OPH
511 Chreshmm Road
Wydmoor PA 19118
MARX, MD, Marvin H U
506 North Broad Street
Lansdale PA 19446
MASH, MD, Marlene J D
700 East Germantown Pike
Norristown PA 19401
MASH, MD, Michael J IM
1639 Dekalb Street
Norristown PA 19401
MASLOW, MD, Joel N IM
314 South Second Street
Philadelphia PA 19106
MATHEWS JR, MD, Neilson M OBG
115 Bloomingdale Avenue
Wayne PA 19087
MATTEO, MD, Anthony J OBG
7996 Oxford Avenue
Philadelphia PA 19111
MATTSON, MD, Ronald J GS
Bryn Mawr Medical Bldg
Bryn Mawr PA 19010
MAXWELL, MD, Emilie L PM
Normandy Farms Est B211
Blue Bell PA 19422
MAXWELL JR, MD, Robert A HEM
1245 Highland Avenue
Abington PA 19001
MAYER, MD, Bernard W AN
134 Old Gulph Road
Gladwyne PA 19035
MAYER, MD, Henry S CD
933 Haverford Road
Bryn Mawr PA 19010

MAYES, MD, Richard L OBG
31 East Fornace Street
Norristown PA 19401
MCCABE, MD, James L END
26 South Bryn Mawr Avenue
Bryn Mawr PA 19010
MCCLURKEN, MD, James B CDS
1245 Highland Avenue
Abington PA 19001
MCCOMBS, MD, Elaine M PD
2300 Washington Lane
Huntingdon Valley PA 19006
MCCOMBS, MD, Peter R GS
1245 Highland Avenue
Abington PA 19001
MCCORD, MD, James A OBG
902 North Broad Street
Lansdale PA 19446
MCDONALD, MD, Thomas A OBG
1245 Highland Avenue
Abington PA 19001
MCELROY, MD, Philip K AN
1129 Beverly Road
Rydal PA 19046
MCGAVIC, MD, John S OPH
1104 Montgomery Avenue
Rosemont PA 19010
MCGEE, MD, Elizabeth L P
640 North Valley Forge Road
Devon PA 19333
MCGEEHIN III, MD, Frank C CD
Kelly Cardiovascular Group
Philadelphia PA 19151
MCGLUMPHY, MD, Thomas H OBG
1245 Highland Avenue
Abington PA 19001
MCGRATH, MD, Glenn A IM
17 Beryl Road
Cheltenham PA 19012
MCKENNA, MD, Marc W FP
15 West Wood Street
Norristown PA 19401
MCKENNA JR, MD, Ernest L OTO
418 East Lancaster Avenue
Wayne PA 19087
MCLAUGHLIN, MD, Mary J AN
325 South Valley Road
Paoli PA 19301
MCLOONE, MD, John C FP
316 West Johnson Highway
Norristown PA 19401
MEADOWCROFT, MD, ORS
James A
233 East Lancaster Avenue
Ardmore PA 19003
MEDWAY, MD, Marc J PM
Six Rose Terrace
Lafayette Hill PA 19444
MEIER, MD, Louis A GS
3205 Nottingham Road
Norristown PA 19403
MELTZER, MD, David R
3058 Magee Avenue
Philadelphia PA 19149
MENA, MD, Lilia D P
Altemose Bldg
Center Square PA 19422
MENKOWITZ, MD, Bruce J ORS
1411 Powell Street
Norristown PA 19401
MENKOWITZ, MD, Elliot ORS
1603 East High Street
Pottstown PA 19464
MICHAELSON, MD, Janet M PD
300 East Lancaster Avenue
Wynnewood PA 19096
MICHAELSON, MD, Robert I OBG
1430 Treetop Lane
Ambler PA 19002
MILDENBERG, MD, Budd J GS
1237 Red Rambler Road
Rydal PA 19046
MILLER, MD, Alan M OTO
2223 North Stone Ridge Lane
Villanova PA 19085
MILLER, MD, Ann C IM
1121 Jarvis Lane
Lansdale PA 19446
MILLER, MD, Frank L GP
715 West Marshall Street
Norristown PA 19401
MILLER, MD, Leon OBG
1245 Highland Avenue
Abington PA 19001
MILLER, MD, Robert H P
1100 Powell Street
Norristown PA 19401
MILLER, MD, Thomas J FP
444 North York Road
Hatboro Pa 19040 1
MINARD, MD, William D OBG
Lansdale Clinic
Lansdale PA 19446
MINERVA, MD, Justin G AN
420 West Bonnie Lane
Lansdale PA 19446
MINN, MD, Fredrick L PA
Mcneil Labs
Spring House PA 19477
MINO, MD, Robert D U
1245 Highland Avenue
Abington PA 19001

MISHEL, MD, Henry S IM
1245 Highland Avenue
Abington Pa 19001 19046
MOIDEL, MD, Robert A RHU
1401 Dekalb Street
Norristown PA 19401
MOLLICK, MD, James A OBG
310 West Johnson Highway
Norristown PA 19401
MONAHAN, MD, George R AN
1106 Marlbrook Lane
Lansdale PA 19446
MONTGOMERY, MD, Bruce B OBG
825 Glenbrook Avenue
Bryn Mawr PA 19010
MOORE, MD, Daniel W NS
1245 Highland Avenue
Abington PA 19001
MOORE, MD, James T GS
1245 Highland Avenue
Abington PA 19001
MORGAN, MD, Corinne M NEP
15 West Wood Street
Norristown PA 19401
MORGENSTERN, MD, Stephen A P
1023 Indian Creek Road
Philadelphia PA 19151
MORRIS, MD, Robert S GS
2645 Edgehill Road
Huntingdon Valley PA 19006
MORRISON, MD, Archibald GP
339 Louella Avenue
Wayne PA 19087
MOST-LEVIN, MD, Carol IM
21 Cheswold Drive
Southampton PA 18966
MOTLEY, MD, John F GP
Lansdale Medical Group
Lansdale PA 19446
MOURY JR, MD, Nelson F IM
Butler Street & Skippack Pike
Ambler PA 19002
MOWERY, MD, Robert F FP
509 Germantown Pike
Lafayette Hill PA 19444
MRUK, MD, Celeste C IM
One Graduate Plaza
Philadelphia PA 19146
MULL, MD, Thomas D AN
Nine Rabbit Run Road
Malvern PA 19355
MULLIGAN, MD, Margaret A FP
1244 Fort Washington Avenue
Fort Washington PA 19043
MULLIN, MD, Kathleen M IM
119 Mill Creek Road
Ardmore PA 19003
MURPHY, MD, J Thomas R
Nine Crestview Circle
Wayne PA 19087
MURRAY, MD, John P FP
316 West Johnson Highway
Norristown PA 19401
MYERS, MD, Martin A GP
7901 Henry Avenue B-209
Philadelphia PA 19128
NACK, MD, Steven L IM
808 North Broad Street
Lansdale PA 19446
NATOLI, MD, Thomas J FP
1201 Dekalb Street
Norristown PA 19401
NEALIS, MD, Henry J OPH
Bryn Mawr Medical Bldg
Bryn Mawr PA 19010
NEJMAN, MD, Joseph H CRS
1245 Highland Avenue
Abington PA 19001
NELSON, MD, Barry K P
809 North Bethlehem Pike
Spring House PA 19477
NELSON, MD, Wenonah L PD
2321 East County Line Road
Ardmore PA 19003
NELSON JR, MD, Harry M CDS
Mcchea Building
Norristown PA 19401
NEMZOFF, MD, Sol L P
Noble Plaza
Jenkintown PA 19046
NEVULIS, MD, John J ORS
1308 Dekalb Street
Norristown PA 19401
NEVYAS, MD, Joann Y OPH
1930 Chestnut Street
Philadelphia PA 19103
NEWMAN, DO, Harris GP
P O Box 147
Gwynedd Valley PA 19437
NEWMAN JR, MD, Clyde F OBG
1580 Mcdaniel Drive
West Chester PA 19380
NICHOLSON, MD, Joseph T IM
Devon Blvd
Devon PA 19333
NJO, MD, Soen H GP
511 Kane Drive
Maple Glen PA 19002
NORTH, MD, Leon L PYA
515 Great Springs Road
Bryn Mawr PA 19010

NORTHROP, MD, Herbert L OM
Imperial Chemical Industries
Wilmington DE 19897
NOWACKI, MD, Stanley M GP
884 High Street
Pottstown PA 19464
NUTT, MD, Richard L ORS
Lansdale Medical Group
Lansdale PA 19446
NUTT III, MD, James N ORS
1308 Dekalb Street
Norristown PA 19401
OBENRADER, MD, Mark F FP
500 Willow Avenue
Ambler PA 19002
OBRIEN, MD, James J CD
Montgomery Professional Bldg
Norristown PA 19401
OCONNELL, MD, Robert L FP
702 Main Street
Phoenixville PA 19460
OELS, MD, Helen C PTH
Smith Kline Cns Prd
Philadelphia PA 19101
OLIM, MD, Dave B D
1244 Fort Washington Avenue
Fort Washington PA 19034
OLLER, MD, Samuel GP
4206 Chestnut Street
Philadelphia PA 19104
OLSON, MD, Emil W GP
1413 Marlyns Lane
North Wales PA 19454
ONEAL JR, MD, Alexander H FP
Wessex House Box 148
St Davids PA 19087
ONIFER, MD, Theodore M IM
1930 Keith Road
Abington PA 19001
OPALACK, DO, Cheryl A FP
2406 Chestnut Street
Harrisburg PA 17104
OSBORN, MD, Hayler H DR
884 Black Rock Road
Gladwyne PA 19035
OSIAS, MD, Marc B U
1313 Dekalb Street
Norristown PA 19401
OVERBECK, MD, Michael D IM
20 East 11th Avenue
Conshohocken PA 19428
OWEN, MD, Barbara J PTH
1957 Montgomery Avenue
Villanova PA 19085
PAGNANELLI, MD, David M NS
1245 Highland Avenue
Abington PA 19001
PALAZZOLO, MD, Michael J IM
147 Fisher Rd
Jenkintown PA 19046
PANARO, MD, Rudolph J GP
543 Gen Muhlenberg Road
King Of Prussia PA 19406
PANZER, MD, Herman M D
8008 Fenton Road
Laverock PA 19118
PAPPANO JR, MD, Joseph E A
Bryn Mawr Medical Bldg
Bryn Mawr PA 19010
PARNES, MD, Curt I PD
1047 Old York Road
Abington PA 19001
PATEL, MD, Natvarbhai GP
2792 Egypt Road
Audubon PA 19407
PATEL, MD, Sanjay D FP
700 Germantown Pike
Plymouth Valley PA 19401
PATHROFF, MD, Robert FP
193 Easton Road
Horsham PA 19044
PAUL, MD, Alvin J D
311 Stump Road
North Wales PA 19454
PAUL, MD, Elaine S OBG
105 Alison Road
Horsham PA 19044
PAWLOWSKY, DO, Michael IM
30 Levering Circle
Bala Cynwyd PA 19004
PECHSTEIN, MD, George R R
Pottstown Hospital
Pottstown PA 19464
PEGEL, MD, Louis A GP
1504 Bethlehem Pike
Flourtown PA 19031
PEIFER, MD, Maryanne K FP
15 West Wood Street
Norristown PA 19401
PEIKES, MD, Irwin L OBG
1609 Juniper Street
Norristown PA 19401
PELTZ, MD, Dieter E PDS
Bryn Mawr Medical Bldg
Bryn Mawr PA 19010
PENDLETON, MD, James L P
815 Fetters Mill Road
Bryn Athyn PA 19009
PERCH, MD, Gerald A U
Coventryville Road
Pottstown PA 19464

PERCH, MD, Robert B U
1981 Virginia Lane
Norristown PA 19401
PERERA, MD, L Wimal NS
1340 Dekalb Street
Norristown PA 19401
PETERSOHN, MD, J Randolph PD
1340 Dekalb Street #4
Norristown PA 19401
PETERSON, MD, Arthur L P
Institute Of Penna Hospital
Philadelphia PA 19139
PEZZI, MD, Pio J GS
Abington Memorial Hospital
Abington PA 19001
PFISTER, MD, John A IM
230 Glenmore Road
Gladwyne PA 19035
PHATAK, MD, Meena V OBG
Two Penn Blvd
Philadelphia PA 19144
PHELAN, MD, Gerald R FP
6005 Cricket Road
Flourtown PA 19031
PHIAMBOLIS, MD, Thomas P CD
1698 Sylvan Drive
Norristown PA 19401
PICKENS, MD, Peter V ON
1245 Highland Avenue
Abington PA 19001
PICKERING, MD, Jack E CD
316 Lankanau Medical Bldg
Philadelphia PA 19151
PIEROTTI, MD, Richard J FP
P O Box 227
Harleysville PA 19438
PIOTROWSKA, MD, Lucy B AN
High St & Arm & Hammer Blvd
Pottstown PA 19464
PIZZIKETTI, MD, Robert J FP
895 Old Lancaster Road
Bryn Mawr PA 19010
PLUME, MD, Theodore W GP
3403 Huntingdon Pike
Huntingdon Valley PA 19006
POLSKY, MD, Harry S GS
601 Country Club Drive
Blue Bell PA 19422
POORMAN, MD, S Sturgis FP
107 East Montgomery Avenue
Ardmore PA 19003
POPOLOW, MD, Michael L IM
828 Brookside Road
Pottstown PA 19464
POWELL, MD, Mary M ORS
931 Haverford Road
Bryn Mawr PA 19010
PRITT, MD, Pauline OS
1124 West Airy Street
Norristown PA 19401
PRUITT, MD, John D P
1137 Old York Road
Abington PA 19001
QUILL, MD, Joseph R CRS
19 West Forance Street
Norristown PA 19401
QUINN JR, MD, Norman J PD
One Red Rowen Road
Plymouth Meeting PA 19462
QUINT, MD, Andrew R END
1451 Dekalb Street
Norristown PA 19401
RABSON, MD, Joseph A PS
1533 Dekalb Street
Norristown PA 19401
RAMINANI, MD, Lokadri N IM
119 Macklenburg Drive
Penllyn PA 19422
RAMSEY II, MD, William H CRS
Bryn Mawr Medical Bldg
Bryn Mawr PA 19010
RANDALL, MD, J Perlingiero PD
1174 Highland Avenue
Abington PA 19001
RANDALL IV, MD, Alexander PD
1174 Highland Avenue
Abington PA 19001
RAPHAEL, MD, Stephen A PDA
15 West Wood Street
Norristown PA 19401
RAVEL, MD, Robert L TR
Bryn Mawr Hospital Xray
Bryn Mawr PA 19010
RAWSON, MD, Helen H PD
707 Stoler Avenue
Lansdale PA 19446
RAYMOND JR, MD, Fred D RHU
933 Haverford Road
Bryn Mawr PA 19010
REED, MD, David T FP
500 Willow Avenue
Ambler PA 19002
REINBOLD, MD, Raymond L EM
968 Terrace Lane
Pottstown PA 19464
REIS, MD, Maria T P
3104 Lena Lane
Norristown PA 19403
REISS JR, MD, G Russell PD
2220 Mount Carmel Avenue
Glenside PA 19038

RELUZ, MD, Javier S PD
47 Varnum Road
Norristown PA 19403
REX, MD, Eugene B OTO
1218 County Club Road
Gladwyne PA 19035
RHODE, MD, Marvin C GS
North Penn Hospital
Lansdale PA 19446
RICH, MD, Dean C NS
958 County Line Road
Bryn Mawr PA 19010
RICHMOND, MD, Spencer I OPH
1560 Medical Drive
Pottstown PA 19464
RICHTER, MD, Melvyn P TR
Abington Memorial Hospital
Abington PA 19001
RIEMER, MD, Joseph T GS
21 West Fornance Street
Norristown PA 19401
RIGOLIZZO, MD, Donna IM
3505 Moreland Road
Willow Grove PA 19090
RIVAS-FLORES JR, MD, U
Aureliano
Medical Drive Prof Mall
Pottstown PA 19464
RODGERS III, MD, William H FP
15 West Wood Street
Norristown PA 19401
ROEDIGER, MD, Paul M IM
1245 Highland Avenue
Abington PA 19001
ROFMAN, MD, Barry A CD
101 Jem Drive
Ambler PA 19002
ROGERS, MD, Jonathan J ORS
1401 Bethlehem Pike
Flourtown PA 19031
ROJER, MD, Charles L OTO
1245 Highland Avenue
Abington PA 19001
ROMANZO, MD, George M FP
500 Willow Avenue
Ambler PA 19002
RONNERMANN, MD, Drew P GE
1591 Medical Drive
Pottstown PA 19464
RORICK, MD, Nicholas R R
1430 Dekalb Street
Norristown PA 19401
ROSAN, DO, Jay R GP
Box 525
Gwynedd Valley PA 19437
ROSE, MD, David GS
600 Haverford Road
Haverford PA 19041
ROSE, MD, Robert M U
R D 1 Eleanor Drive
Spring City PA 19475
ROSENBERG, MD, Mark M P
718 Fox Hollow Road
Ambler PA 19002
ROSENBERG, MD, Philip PDA
3447 Vista Street
Philadelphia PA 19136
ROSENBLUM, MD, Frances L PD
Montgomery Office Plaza
Montgomeryville PA 18936
ROSENFELD, MD, Howard FP
1635 Skippack Pike
Blue Bell Pa 19422
ROSENFELD, MD, Jack C FP
13 Shannon Road
North Wales PA 19454
ROSENFELD, MD, Philip A OTO
1245 Highland Avenue #502
Abington PA 19001
ROSENFELD, MD, Richard N IM
Logan Square Medical Assoc
Philadelphia PA 19103
ROSNER, MD, Michael J GE
3929 Robin Road
Huntingdon Valley PA 19006
ROSS, MD, Jonathan CD
1597 Medical Drive
Pottstown PA 19464
ROWLAND, MD, Harold A IM
337 West Lancaster Avenue
Wayne PA 19087
RUBIN, MD, Jeffry F ORS
1249 School Lane
Rydal PA 19046
RUBIN, MD, Nathan W OBG
64 East Germantown Pike
Norristown PA 19401
RUBIN, MD, Peter E OS
700 Knox Road
Wayne PA 19087
RUDOLPH JR, MD, Samuel F OBG
1030 East Lancaster Avenue
Rosemont PA 19010
RYAN, MD, Lawrence W GYN
221 Sinker Drive
Radnor PA 19087
RYAN JR, DO, Edward F D
531 West Germantown Pike
Plymouth Meeting PA 19462
SABOKBAR, MD, Nasser AI
P O Box 388
Gwynedd PA 19436

SACKS, MD, Ellis H ADL
300 East Lancaster Avenue
Wynnewood PA 19096
SACKS, DO, Stephen E N
531 West Germantown Pike
Plymouth Meeting PA 19462
SADOFF, MD, Robert L P
Benjamin Fox Pavilion
Jenkintown PA 19046
SAG, MD, Jerome E IM
South Broad St & Allentown Rd
Lansdale PA 19446
SALES, MD, Lauren E IM
325 Haverford Avenue
Narberth PA 19072
SALINDONG, MD, Jaime P AN
R D 2 Coventeyville Road
Pottstown PA 19464
SAND, MD, David J OTO
507 Greenhill Road
Willow Grove PA 19090
SANDS, MD, Earl E OBG
1590 Medical Drive
Pottstown PA 19464
SANDSTROM JR, MD, Frank T OBG
1245 Highland Avenue #106
Abington PA 19001
SANSONE, MD, Thomas C U
830 Old Lancaster Road
Bryn Mawr PA 19010
SANTORE, MD, Louis X OPH
City Line & Lancaster Avenue
Philadelphia PA 19151
SARIS, MD, Anne L GE
1245 Highland Avenue
Abington PA 19001
SARIS, MD, Demetrius S GS
Hahemann Med College & Hosp
Philadelphia PA 19102
SARKER, MD, Chitta R ON
15 West Wood Street
Norristown PA 19401
SASTRY, MD, Dasika M TS
1650 Huntingdon Pike
Meadowbrook PA 19046
SAUNDERS, MD, Richard M PUD
590 Colonel Dewees Road
Wayne PA 19087
SAWIN, MD, Henry S CD
702 Main Street
Phoenixville PA 19460
SAYLOR, MD, Richard F GS
1569 Medical Drive
Pottstown PA 19464
SCAROLA, MD, Joseph A RHU
2450 Turner Road
Willow Grove PA 19090
SCARPA, MD, Harry C GP
232 Township Line Court
Gwynedd PA 19436
SCHALLER, MD, James A OBG
515 North Latcher Lane
Merion Station PA 19066
SCHARF, DO, Gerald IM
224 Tower Lane
Narberth PA 19072
SCHINFELD, MD, Jay S OBG
1245 Highland Avenue
Abington PA 19001
SCHINFELD, MD, Louis H OBG
7782 Cloverfield Circle
Boca Raton FL 33433
SCHMIDT, MD, H William PTH
378 Allendale Road
King Of Prussia PA 19406
SCHMUTZLER III, MD, Robert C AN
Abington Memorial Hospital
Abington PA 19001
SCHNEIDER, MD, Chester L P
4138 Jackson Drive
Lafayette Hill PA 19444
SCHNEIDER, MD, Roberta L EM
139 Fernbrook Avenue
Wyncote PA 19095
SCHOFIELD, MD, R Alan PTH
1025 Briar Lane
Pottstown PA 19464
SCHOLL, MD, Harvey W GP
Fifth & Jefferson Streets
East Greenville PA 18041
SCHULTHEIS JR, MD, Carl F PD
491 Allendale Road
King Of Prussia PA 19406
SCHUMACHER, MD, L Richard IM
1513 Greenfield Drive
Bensalem PA 19020
SCHWAMM, MD, Harry A PTH
1310 Pine Road
Rosemont PA 19010
SCHWARCZ, MD, Harriet B FP
1402 Seneca Runke
Ambler Pa 19002 19422
SCHWARTZ, MD, Joel L PYA
830 Twining Road
Dresher PA 19025
SCHWARTZ, MD, Louis W OPH
1000 North Broad Street
Lansdale PA 19446
SCOTT, MD, William S FP
501 Valley Road
Melrose Park PA 19126

SCOTT JR, MD, S David IM
818 Bethlehem Pike
Erdenheim PA 19118
SCOVERN, MD, Henry RHU
107 Montgomery Avenue
Bala Cynwyd PA 19004
SEELAUS, MD, Jere F R
Abington Memorial Hospital
Abington PA 19001
SEHN, MD, Susan C CHP
4005 Fairway Road
Lafayette Hill PA 19444
SEIDNER, MD, Michael R FP
826 North Broad Street
Lansdale PA 19446
SELBY, MD, Charles L RHU
C/O Rheumatology Associates
Philadelphia PA 19144
SELSMAN, MD, Joseph V GER
13 Allandale Road
Philadelphia PA 19151
SEROTA, MD, Fredric T PD
602 Bethlehem Pike
Ambler PA 19002
SHACKLEFORD, MD, Robert E RHU
1320 Heyward Road
Wayne PA 19087
SHAFFER, MD, Lionel B IM
11 Pastern Lane
Blue Bell PA 19422
SHAH, MD, Mehul N IM
Valley Forge Medical Center
Norristown PA 19403
SHARER, DO, Carl W ON
22 Anthony Drive
Malvern PA 19355
SHERWIN, MD, William K D
121 Gypsy Lane
Wynnewood PA 19096
SHIELDS, MD, John J PD
625 Highland Avenue
Jenkintown PA 19046
SHIELDS, MD, Thomas J OBG
South Broad St & Allentown Rd
Lansdale PA 19446
SHIN, MD, Grace E AN
1415 Wahington Lane
Rydal PA 19046
SHISLER, MD, Frederick H GP
Lansdale Clinic
Lansdale PA 19446
SHORE, MD, Robert A IM
7505 Castor Avenue
Philadelphia PA 19152
SHORE, MD, Sidney GP
1234 Fillmore Street
Philadelphia PA 19124
SIEGEL-ZABACK, MD, Ayn D P
English Village Apartments
North Wales PA 19454
SIEGER, MD, Joseph P R
Maple Glen Professional Ctr
Maple Glen PA 19002
SILLARS, MD, Charles H R
P O Box 149
Gardenville PA 18926
SILVER, MD, Barry A ORS
635 North Broad Street
Lansdale PA 19446
SILVER, MD, Laurence M IM
835 Meeting House Road
Ambler PA 19002
SILVERMAN, DO, Marvin J EM
306 Berkeley Road
Merion Station PA 19066
SILVERMAN, MD, Morton L EM
1418 Malcolm Drive
Dresher PA 19025
SILVERMAN, MD, Stanley P PUD
8321 Ridgeway Street
Philadelphia PA 19111
SILVERS, MD, Abigail A ON
933 Haverford Road
Bryn Mawr PA 19010
SINGER, MD, Barry L ON
1464 Fort Washington Avenue
Ambler PA 19002
SINGER, MD, Joseph D OBG
677 West Dekalb Pike
King Of Prussia PA 19406
SIVITZ, MD, Michael C PD
1047 Old York Road
Abington PA 19001
SKOWRONSKI, MD, Theodore J IM
Abington Memorial Hospital
Abington PA 19001
SKUBICK, MD, Daniel L N
920 Lawn Avenue
Sellersville PA 18960
SLOAN, MD, Dean A FP
394 Redbud Court
Warrington PA 18976
SMITH, MD, Ivan S IM
543 Oak Shade Avenue
Elkins Park PA 19117
SMITH, MD, Laurance D N
The Neurology Group
Norristown PA 19401
SMITH, MD, Mary L PM
902 West Avenue
Jenkintown PA 19046

SMITH, MD, Robert W CD
1650 Huntingdon Pike
Meadowbrook PA 19046
SMITH, MD, Roger M GS
Firestone Blvd & Medical Dr
Pottstown PA 19464
SMITH JR, MD, Morgan T OBG
1245 Highland Avenue
Abington PA 19001
SMOGER, MD, Barry R DR
1434 Flat Rock Road
Penn Valley PA 19072
SNEDDEN, MD, Hal E ORS
P O Box 98
Gladwyne PA 19035
SNYDER, MD, Harry D OPH
1244 Fort Washington Avenue
Fort Washingtn PA 19034
SNYDER, MD, Richard W PUD
1245 Highland Avenue
Abington PA 19001
SOFFLER, MD, Robert J IM
1591 Medical Drive
Pottstown PA 19464
SOHN, MD, William J PD
The Abington Health Center
Willow Grove PA 19090
SONG, MD, Steven S AN
Montgomery Hospital
Norristown PA 19401
SOUSER, MD, Roslyn C PS
Bryn Mawr Medical Bldg
Bryn Mawr PA 19010
SPIELBERGER, MD, Karen M IM
101 Elmwood Avenue
Narberth PA 19072
SPRATT, MD, Charles E PDA
2801 Stanbridge Street
Norristown PA 19401
SPRATT, MD, Robert H EM
1130 West Church Road
Wyncote PA 19095
SPRINGER, MD, Jay M IM
P O Box 448
Gwynedd PA 19436
SQUADRITO JR, MD, James F U
207 Hedgemere Drive
Devon PA 19333
STAINBACK, MD, William C GS
2221 Buttonwood Road
Berwyn PA 19312
STAPP, MD, Harriet L GP
312 King Street
Pottstown PA 19464
STEFFENS, MD, Arnold O OBG
1116 Shaw Drive
Ft Washington PA 19034
STEIGERWALT, MD, John L PD
1201 County Line Road
Bryn Mawr PA 19010
STEINBERG, MD, Steven U
339 Lankenau Medical Bldg
Philadelphia PA 19151
STEINMEYER JR, MD, Harry H R
Bryn Mawr Hospital
Bryn Mawr PA 19010
STEPANSKY, MD, David W IM
1629 Weedon Road
Wayne PA 19087
STEPANSKY, MD, William FP
702 Main Street
Phoenixville PA 19460
STERNLIEB, MD, Jonathan M IM
4136 Kottler Drive
Layfayette Hill PA 19444
STEVENSON, MD, Richard D PD
Lansdale Medical Group
Lansdale PA 19446
STEWART, MD, Patricia E OS
Mcneil Cpc
Fort Washington PA 19034
STEWART JR, MD, William G ORS
27 South Bryn Mawr Avenue
Bryn Mawr PA 19010
STONE, MD, Robert K P
716 Hemlock Road
Media PA 19063
STRIAR, MD, Jeffrey H N
531 West Germantown Pike
Plymouth Meeting PA 19462
STUBA, MD, Stella FP
1806 Harmon Road
Conshohocken PA 19428
SULLIVAN, MD, Howard E AI
Bryn Mawr Medical Bldg
Bryn Mawr PA 19010
SULLIVAN, MD, Richard A PM
8601 Stenton Avenue
Wyndmoor PA 19118
SUN, MD, Elizabeth A IM
1445 Dekalb Street
Norristown PA 19401
SUSSMAN, DO, Mark P FP
2026 North Broad Street
Lansdale PA 19446
SUTLIFF, MD, Frederick P OPH
1125 Woodbine Avenue
Narberth PA 19072
SWEIGARD, MD, Keith W IM
18 Fawn Lane
Horsham PA 19044

SZEBENYI, MD, Andrew G GS
771 Audubon Drive
North Wales PA 19454
TABLER, MD, Jan B PD
5L5 Elliot Drive
King Of Prussia PA 19406
TAIT, MD, Edwin C OPH
15 West Wood Street
Norristown PA 19401
TAMAKI, MD, H Tom PTH
1522 Sandy Hill Road
Norristown PA 19401
TANYOL, MD, Hasib IM
333 Skippack Pike
Ft Washington PA 19034
TEEHAN, MD, Brendan P NEP
130 Lankenau Medical Bldg
Philadelphia PA 19151
TEICH, MD, Stephen M IM
1245 Highland Avenue
Abington PA 19001
TENDLER, MD, Steven W CD
920 North Street #5
Lansdale PA 19446
TEUFEL, MD, Severin CLP
464 Glyn Wynne Road
Haverford PA 19041
THALER, MD, Malcolm S IM
425 Saybrook Road
Villanova PA 19085
THOMPSON, MD, James W U
265 Hothorpe Lane
Villanova PA 19085
TINDALL, MD, Dorothy D OPH
306 Rose Lane
Haverford PA 19041
TINKLEPAUGH, MD, Carole N IM
205 Germantown Pike
Lafayette Hill PA 19444
TOLSCIK, MD, Richard Z AN
1411 North Line Street
Lansdale PA 19446
TOMEO, MD, Michael D
611 Meadowbrook Drive
Huntingdon Valley PA 19006
TOMPKINS, MD, H Ernest R
Box 256
Buck Hill Falls PA 18323
TORNETTA, MD, Frank J AN
307 Anthony Drive
Plymouth Meeting PA 19462
TORRES, MD, Carlos P ON
1611 Medical Drive
Pottstown PA 19464
TRICHTINGER, MD, Martin D IM
309 Florence Avenue
Jenkintown PA 19046
TRONCELLITI, MD, A Wayne IM
1522 Wynnewood Road
Ardmore PA 19003
TRONCELLITI, MD, Alfred E CD
1522 Wynnewood Road
Ardmore PA 19003
TRONCELLITI, MD, Edward A PD
936 County Line Road
Bryn Mawr PA 19010
TRONCELLITI, MD, Manrico A GS
1437 Dekalb Street
Norristown PA 19401
TRUSCOTT, MD, William R FP
Lansdale Clinic
Lansdale PA 19446
TSAI, MD, Yu J GP
1846 West Main Street
Norristown PA 19403
TUCKEY, MD, Corinne N OBG
Valley Forge Road
Norristown PA 19403
TWER, MD, Alan J IM
1514 Old York Road
Abington PA 19001
UMAR, MD, Kenan P
Norristown State Hospital
Norristown PA 19401
UNDERWOOD, MD, Mara Z AN
180 Upper Gulph Road
Radnor PA 19087
UNGER, MD, Michael IM
1058 Indian Creek Road
Wynwood PA 15151
URBACH, MD, Frederick D
3322 North Broad Street
Philadelphia PA 19140
URBANSKI, MD, Timothy E IM
500 Willow Avenue
Ambler PA 19002
UTSINGER, MD, Peter D RHU
8815 Germantown Avenue
Philadelphia PA 19118
VANDERVEER, MD, Joseph B CD
1400 Waverly Road Villa 19
Gladwyne PA 19035
VANEENWYK, MD, Fay J FP
1400 Old York Rd
Abington PA 19001
VANSCOTT, MD, Eugene J D
3322 North Broad Street
Philadelphia PA 19140
VARADA, MD, K P Babu PM
Six Dewey Road
Cheltenham PA 19012

VARE JR, MD, Victor B ORS
1308 Dekalb Street
Norristown PA 19401
VERNACE, MD, Joseph V ORS
101 Bryn Mawr Avenue
Bryn Mawr PA 19010
VILLEGAS, MD, Antonio C PTH
Pottstown Medical Center
Pottstown PA 19464
VOLIN, MD, Jan J NPM
1511 Glenn Drive
Maple Glen Pa. 19002
VOLLMER, MD, Earl S A
127 Roberts Avenue
Glenside PA 19038
VOSSENBERG, MD, Frans J IM
491 Allendale Road
King Of Prussia PA 19406
WAGNER, MD, Charles I GE
1245 Highland Avenue
Abington PA 19001
WAGNER, MD, Tibor D OTO
723 North Easton Road
Glenside PA 19038
WALTZER, MD, Frederick N OPH
York And Keith Roads
Abington PA 19001
WARD, MD, Stephen D GE
1245 Highland Avenue
Abington PA 19001
WARNER, MD, Francis J N
1600 Church Road
Wyncote PA 19095
WARREN, MD, Kenneth C U
830 Old Lancaster Road
Bryn Mawr PA 19010
WATSON, MD, James G GP
1405 Powell Street
Norristown PA 19401
WAX, MD, Martin B OPH
134 Cherry Lane
Wynnewood PA 19096
WEBBER, MD, Carol P OS
500 Chesterbrook Blvd Med
Wayne PA 19087
WEBER, MD, Frederic J CD
702 Main Street
Phoenixville PA 19460
WEED, MD, Allen S PD
One Red Rowen Road
Plymouth Meeting PA 19462
WEHBE, MD, Marwan A ORS
101 Bryn Mawr Avenue
Bryn Mawr PA 19010
WEINER, MD, Bruce GS
21 West Fornance Street
Norristown PA 19401
WEINER, MD, Harold M DR
1430 Dekalb Street
Norristown PA 19401
WEINER, MD, Jeffery R FP
980 Jolly Road
Blue Bell PA 19422
WEINSTOCK, MD, Jerome L GP
824 Margo Lane
Narberth PA 19072
WEISER, MD, Madeleine C PD
814 Woodbine Avenue
Narberth PA 19072
WEISS, MD, Alan R N
1014 Stone Bridge Road
Gwynedd PA 19436
WEISS, MD, George H FP
3023 Dekalb Blvd
Norristown PA 19403
WEISS, MD, Ned M IM
1655A Trellis Circle
Yardley PA 19067
WENDELL JR, MD, James I PD
758 High Street
Pottstown PA 19464
WENNERSTEN, MD, Jack R GP
Pottstown Medical Specialists
Pottstown PA 19464
WERTHER, MD, Norman M GP
1400 York Road
Abington PA 19001
WEST JR, MD, Clifton F GS
Route 3 Box 127
Chestertown MD 21620
WEXLIN, MD, Donald J IM
600 Lewis Road
King Of Prussia PA 19406
WHALEN, MD, Edward C GP
205 Glenn Road
Ardmore PA 19002
WHITE, MD, Cheryl Jo ID
Msdrl Bl3-4
West Point PA 19486
WHITE, MD, John V GS
3401 North Broad Street
Philadelphia PA 19140
WHITE, MD, Kathlene A ORS
1928 Old Huntingdon Pike
Huntingdon Valley PA 19006
WHITTAKER, MD, Richard P ORS
1603 East High Street
Pottstown PA 19464
WIENER, MD, David H CD
102 Summit Lane
Bala Cynwyd PA 19004

WIKLER, MD, Matthew A ID
348 New Market Court
Wayne PA 19087
WILLIAMS, MD, Barbara J P
282 South Spring Garden St
Ambler PA 19002
WILLIAMS, MD, Judith V PD
455 South Roberts Road
Bryn Mawr PA 19010
WILLIAMS, MD, R Hallock P
629 Manchester Road
Norristown PA 19403
WILLIAMS, MD, Stephen K GP
360 Main Street Trappe
Collegeville PA 19426
WILSON, MD, Frederick S PA
1338 Jericho Road
Abington PA 19001
WILSON, MD, John F FP
310 Saw Mill Lane
Horsham PA 19044
WILSON, MD, William W P
239 Old Gulph Road
Wynnewood PA 19096
WILSON JR, MD, Robert N OBG
680 Mill Road
Villanova Pa 19085 1217
WILTON, MD, Edward A GP
1316 Fayette Street
Conshohocken PA 19428
WINTER, MD, Fred S R
Pottstown Memorial Med Center
Pottstown PA 19464
WITKIN, MD, Evelyn D ORS
2533 Kirk Drive
Huntingdon Valley PA 19006
WOLDOW, MD, Andrew B CD
7420 Barclay Road
Cheltenham PA 19012
WOLF, MD, Melvyn A OPH
Springhouse Center West
Spring House PA 19477
WOOD, MD, David W PDA
640 North Valley Forge Road
Devon PA 19333
WOOD, MD, Howard P P
741 Millbrook Lane
Haverford PA 19041
WOODRING, MD, Albert J OTO
Bryn Mawr Med Bldg
Rosemont PA 19010
WOODRUFF JR, MD, D Stratton FP
Bryn Mawr Hospital
Bryn Mawr PA 19010
WORTHINGTON, MD, John J P
Huntingdon Hospital
Willow Grove PA 19090
WRIGHT, MD, Thomas S CHP
1245 Highland Avenue
Abington PA 19001
WRIGLEY, MD, Michael S IM
1823 West Main Street
Norristown PA 19403
WULC, MD, Allan E OPH
220 Upland Road
Merian PA 19066
WURTZEL, MD, Howard P
540 Heath Road
Merion PA 19066
YANG, MD, Un-Taek AN
626 Creighton Road
Villanova PA 19085
YANG, MD, Willian PD
1500 Spring Garden Street
Philadelphia PA 19101
YIH, MD, Donald F CD
Kelly Cardiovascular Group
Philadelphia PA 19151
YOST, MD, Robert M FP
1107 Bethlehem Pike
Flourtown PA 19031
YOUNG, MD, In Min FP
3209 Patricia Circle
Norristown PA 19401
YUDIS, MD, Melvin NEP
1738 Old York Road
Abington PA 19001
YUSCHAK, MD, James V GS
16 Downey Drive
Horsham PA 19044
ZAJAC, MD, Barbara A ID
1040 Arthur Avenue
Huntingdon Valley PA 19006
ZAWAWI, MD, Adnan B P
Building 48
Norristown PA 19401
ZEIGEN, MD, Scott R OPH
325 Gerard Avenue
Elkins Park PA 19117
ZEITLIN, MD, Warren M CD
1597 Medical Drive
Pottstown PA 19464
ZELLEY, MD, Lee S OBG
1590 Medical Drive
Pottstown PA 19464
ZIKOS, DO, Antonios IM
2035 North John Russell
Elkins Park PA 19117
ZIMMERMANN, MD, Albert W OS
One Plymouth Meeting #505
Plymouth Meeting PA 19462

ZUCKER, MD, Eli W FP
444 North York Road
Hatboro PA 19040
ZUKOSKI, MD, Joseph T GP
216 Beech Street
Pottstown PA 19464
ZVARGULIS, MD, Janis E AN
415 Crescent Road
Wyncote PA 19095

MONTOUR

ALBERTINI, MD, Robert E PUD
Geisinger Medical Center
Danville PA 17822
ALESSI, MD, Thomas R AN
50 Timberwood Drive
Danville PA 17821
AMACHER, MD, A Loren NS
North Academy Avenue
Danivlle PA 17821
ANGUS, MD, Leslie R P
301 Maple Street
Danville PA 17821
ARGENIO, MD, Sandra L FP
Geisinger Medical Center
Danville PA 17822
ARIAS, MD, Joanne D PS
Geisinger Medical Center
Danville PA 17822
AWAD, MD, Latif L OBG
Geisinger Medical Center
Danville PA 17822
BAGNICK, MD, Joseph F IM
Mahoning Terrace
Danville PA 17821
BAKER, MD, Kenneth M CD
Geisinger Medical Center
Danville PA 17822
BALZ, MD, Thomas P IM
Geisinger Medical Center
Danville PA 17822
BATES, MD, James S OBG
Geisinger Medical Center
Danville PA 17822
BATES JR, MD, Ollice NEP
Geisinger Medical Center
Danville PA 17822
BAXTER, MD, John A DR
R D 1 Box 53
Danville PA 17821
BECK, MD, Bonny L OPH
C/O Kenneth L Beck
Punxsutawney PA 15767
BECKER, MD, Keith R OTO
106 Maple Street
Danville PA 17821
BEECHAM, MD, Clayton T OBG
R D 1
Sunbury PA 17801
BEILER, MD, David D TR
Geisinger Medical Center
Danville PA 17822
BENKOVIC, MD, Gregory W IM
Geisinger Medical Center
Danville PA 17822
BENOIT, MD, Charles H TS
Geisinger Medical Center
Danville PA 17822
BERNATH JR, MD, Albert M ON
Geisinger Medical Center
Danville PA 17822
BHATIA, MD, Shyamsunder D
Geisinger Medical Center
Danville PA 17822
BILLAS, MD, Anthony FP
Geisinger Med Ctr Dept Of Fp
Danville PA 17822
BISORDI, MD, Joseph E NEP
Geisinger Medical Center
Danville PA 17822
BITTERLY, MD, Thomas J PS
Geisinger Medical Center
Danville PA 17822
BLACKBURN, DO, James H PUD
Geisinger Medical Center
Danville PA 17822
BLODGETT JR, MD, RHU
Randolph C
P O Box 7929
Philadelphia PA 19101
BOWES, MD, Donald E TS
R D 1 Box 205
Danville PA 17821
BRILL, MD, David R NM
Geisinger Medical Center
Danville PA 17822
BROSS, MD, James E ID
82 Overlook Drive
Danville PA 17821
BROWN, MD, Frederick G NEP
Geisinger Medical Center
Danville PA 17822
BROWN, MD, Harold E U
R D 7 Box 91
Danville PA 17821
BURKE, MD, Frank A ORS
4277-1 Elm Lane
Aab MD 20335
BURNS, MD, J Robert PUD
Geisinger Medical Center
Danville PA 17822

BUSH, MD, David C HS
Box 126
Washingtonville PA 17884
BUTCHER, MD, Richard J CD
Geisinger Medical Center
Danville PA 17822
CADMAN, MD, Thomas E N
Geisinger Medical Center
Danville PA 17822
CAHILL, MD, Thomas J GE
Geisinger Medical Center
Danville PA 17822
CARLSON, MD, John P N
Geisinger Medical Center
Danville PA 17822
CASSIDY, MD, Harvey D FP
Geisinger Medical Center
Danville PA 17822
CASSIDY, MD, Richard J IM
3231 32Nd Court
Jupiter FL 33477
CERA JR, MD, Peter J PTH
Geisinger Medical Center
Danville PA 17822
CHAPMAN, MD, John H CD
Geisinger Medical Center
Danville PA 17822
CHOI, MD, Mark EM
Geisinger Med Ctr-Dept Em Med
Danville PA 17822
CLEMENT, MD, John A TR
Geisinger Medical Center
Danville PA 17822
COCHRAN, MD, William J PD
Geisinger Medical Center
Danville PA 17822
COLE, MD, James M OTO
Geisinger Medical Center
Danville PA 17822
COLEMAN, MD, Linda L R
38 Overlook Drive
Danville PA 17821
COLLEY, MD, Arthur T IM
Geisinger Medical Center
Danville PA 17822
COOPER, MD, Maureen A IM
R D 7 Box 88
Danville PA 17821
COOPER, MD, William H N
R D 7 Box 88
Danville PA 17821
COTSARELIS, MD, George IM
Mahoning Terrace Apartments
Danville PA 17821
CROWTHER, MD, Robert J DR
22 Vine Street
Danville PA 17821
CURRID, MD, Aideen M AN
Geisinger Medical Center
Danville PA 17822
CURTIN, MD, Andrew J DR
609 Sharon Mill Court
Worthington OH 43085
CURTIS, MD, James L OPH
R D 4 Box 268
Danville PA 17821
DANFORTH, MD, Nicholas P
Geisinger Medical Center
Danville PA 17822
DAVIS, MD, Duane E US
61 Overlook Drive
Danville PA 17821
DAVIS, MD, J Mostyn FP
Geisinger Medical Center
Danville PA 17822
DECKER, MD, Frances L IM
40 Nicholas Avenue
Danville PA 17821
DEITRICK, MD, John E GS
Geisinger Medical Center
Danville PA 17822
DENNEHY, MD, John J OS
Geisinger Medical Center
Danville PA 17822
DEPAOLI, MD, Rosemary T D
R D 6 Box 398a
Danville PA 17821
DICKEY, MD, Robert F D
Geisinger Medical Center
Danville PA 17822
DULA, MD, David J EM
Geisinger Medical Center
Danville PA 17822
DUNNE, MD, Anne P DR
Geisinger Medical Center
Danville PA 17822
EKBERG, MD, Norman L IM
Geisinger Medical Center
Danville PA 17822
ELLISON, MD, Neil M ON
Geisinger Medical Center
Danville PA 17822
EVANS, MD, James F GS
Geisinger Medical Center
Danville PA 17822
EYERLY, MD, Robert C ON
Geisinger Medical Center
Danville PA 17822
FAVINO, MD, C James PTH
Geisinger Medical Center
Danville PA 17822

FINNELL, MD, James R IM
100 1/2 Steela Street
Danville PA 17821
FISK, MD, David E TS
R D 3 Box 268
Danville PA 17821
FOLDES, MD, Steven I AN
400 North Front Street
Sunbury PA 17801
FOLDES, MD, Veronika M PD
400 North Front Street
Sunbury PA 17801
FRANCIS, MD, Paul D PDC
Geisinger Medical Center
Danville PA 17822
FRIEDMAN, MD, Robert A GS
103 Highlands
Danville PA 17821
FUNKHOUSER, MD, George R R
Geisinger Medical Center
Danville PA 17822
GALLAGER, MD, James G ON
Geisinger Medical Center
Danville PA 17822
GARBES, MD, Archimedes D PTH
Geisinger Medical Center
Danville PA 17822
GATSKI, MD, Robert L P
310 East Market Street
Danville PA 17821
GAUL, DO, Timothy P FP
Seven Bloom Street
Danville PA 17821
GERIG, MD, John S NEP
Geisinger Medical Center
Danville PA 17822
GHOSH, MD, Tarit K GYN
Geisinger Medical Center
Danville PA 17822
GIBSON, MD, Elizabeth L PD
209 Orange Street
Danville PA 17821
GIBSON, MD, Keith FP
123 East Market Street
Danville PA 17821
GIBSON, MD, William S OTO
Geisinger Medical Center
Danville PA 17822
GILLEN, MD, James P EM
45 Overlook Drive
Danville PA 17821
GOLDBERG, MD, Richard M ON
Geisinger Medical Center
Danville PA 17822
GORDON, MD, Gerald IM
188 Smoketown Road
Lewisburg PA 17837
GRAMMES, MD, Charles F DIA
Geisinger Medical Center
Danville PA 17822
GRECO, MD, Robert M IM
R D 6 Box 357
Danville PA 17821
GREENFIELD, MD, Lawrence S IM
Geisinger Medical Center
Danville PA 17822
GREENWOOD, MD, Steven M PTH
Geisinger Medical Center
Danville PA 17822
GUTKNECHT, MD, David R IM
Geisinger Medical Center
Danville PA 17822
HADDAD, MD, Robert M IM
Geisinger Medical Center
Danville PA 17822
HAMILTON, MD, Wade T PDC
Geisinger Medical Center
Danville PA 17822
HARRINGTON, MD, Thomas M RHU
Geisinger Medical Center
Danville PA 17822
HARRIS, MD, Ronald D R
Geisinger Medical Center
Danville PA 17822
HARRISON, DO, Keith W FP
Six Laurel Lane
Danville PA 17821
HELLERMAN, MD, Pamela E FP
506 Plaza Apartments
Lebanon PA 17042
HENRY, MD, Sheldon D IM
109 Library Avenue
Danville PA 17821
HEROMIN, MD, Thomas J DR
11 Aspen Street
Elysburg PA 17824
HESBACHER, MD, Edwin N D
11 West Market Street
Danville PA 17821
HOOD, MD, Henry L NS
Geisinger Foundation
Danville PA 17822
HOUSTON, MD, John B AN
Geisinger Medical Center
Danville PA 17822
HUGHES, MD, Howard G EM
65 Overlook Drive
Danville PA 17821
INDECK, MD, Matthew C TRS
Geisinger Clinic
Danville PA 17822

JEFFREYS, MD, William H N
R D 6
Danville PA 17821
JOHNS, MD, Barbara A FP
1537 Old Berwick Road
Bloomsburg PA 17815
JOHNSEN, MD, David E DR
620 East Market Street
Danville PA 17821
JOHNSON, MD, Marta M R
212 Oak Street
Danville PA 17821
JONAS, MD, Jaroslav G ORS
V A Hospital
Oteen NC 28805
JONES JR, MD, Frederick L PUD
Geisinger Medical Center
Danville PA 17822
KABLER, MD, Ronald L U
Geisinger Medical Center
Danville PA 17822
KAPLAN, MD, Sheldon J US
West Reading Ophthalmic Assoc
West Reading PA 19611
KELLEHER, MD, Brian M EM
Geisinger Medical Center
Danville PA 17822
KENNEDY, MD, Thomas L OTO
Geisinger Medical Center
Danville PA 17822
KIBELBEK, MD, Michael J PD
66 Overlook Drive
Danville PA 17821
KLEIN, MD, Robert F IM
Geisinger Medical Center
Danville PA 17822
KLINGER, MD, Harry M GS
4401 Gulf Of Mexico Drive
Longboat Key FL 33548
KNEBL, DO, Janice A IM
5500 Wissahickon Avenue
Philadelphia PA 19144
KONCHAR, MD, William C FP
Geisinger Medical Center
Danville PA 17822
KOUGH, MD, Robert H HEM
Geisinger Medical Center
Danville PA 17822
KRESOCK JR, MD, Frank D CD
R D 6 Box 398-A
Danville PA 17821
KRISHNAN, MD, Kalyan S AN
Geisinger Medical Center
Danville PA 17822
LAFOLLETTE, MD, Bruce F ORS
Geisinger Clinic 13-23
Danville PA 17822
LAUBACH JR, MD, Charles A CD
Geisinger Medical Center
Danville PA 17822
LEE, MD, Martin L A
Geisinger Medical Center
Danville PA 17822
LEICHT, MD, Michael J EM
Geisinger Medical Center
Danville PA 17822
LEIPOLD, MD, Robert W FP
R D 7 Box 81
Danville PA 17821
LEONARD, MD, Dianne J GS
North Academy Avenue
Danville PA 17822
LEVANDOSKI JR, MD, Gerald J GS
R D 1 Box 195
Danville PA 17821
LEVINE, MD, Mark A IM
R D 1 Box 399-A
Lewisburg PA 17837
LIGHTMAN, MD, David A OPH
Geisinger Medical Center
Danville PA 17822
LILLMARS, DO, Steven A ORS
Geisinger Medical Center
Danville PA 17822
LINGUITI, MD, Charles IM
P O Box 41182
Baton Rouge LA 70835
LOBEL, MD, Jeffrey S PD
Geisinger Medical Center
Danville PA 17822
LOMBARD, MD, Sharon M AN
Geisinger Medical Center
Danville PA 17822
LOPEZ, MD, Ubaldo P P
Geisinger Medical Center
Danville PA 17822
LORAH, MD, Kevin N PD
121 First Street
Danville PA 17821
LUTNESS, MD, Mark P PM
Geisinger Medical Center
Danville PA 17822
MAHMUD, MD, Faruq PDR
Four Heather Hills Drive
Danville PA 17821
MAKARY, MD, Adel Z HEM
Geisinger Medical Center
Danville PA 17822
MAKSIMAK, MD, Janis F PD
Department Of Pediatrics
Danville PA 17822

MAKSIMAK, MD, Martin GE
Geisinger Medical Center
Danville PA 17822
MANGAN, MD, Thomas F GE
Geisinger Medical Center
Danville PA 17822
MARKS, MD, Victor J D
Geisinger Clinic
Danville PA 17821
MARTIN, MD, J Scott NS
Geisinger Medical Center
Danville PA 17822
MARTIN, MD, Thomas J PD
Geisinger Medical Center
Danville PA 17822
MARTINSON, MD, Mark W AN
Geisinger Clinic
Danville PA 17822
MARTYAK, DO, Gabriel S EM
Geisinger Medical Center
Danville PA 17822
MARZEWSKI, MD, David J N
Geisinger Medical Center
Danville PA 17822
MATRAGRANO, MD, Andrew P PUD
Geisinger Medical Center
Danville PA 17822
MCCORMICK, MD, John V GE
Geisinger Medical Center
Danville PA 17822
MCGILL, MD, Charles W PS
Geisinger Medical Center
Danville PA 17822
MCHATTIE, MD, Thomas J OBG
North Academy Avenue
Danville PA 17821
MCKILLION, MD, Patrick C IM
P O Box 333
Riverside PA 17868
MCKINLEY, MD, David F PD
Geisinger Medical Center
Danville PA 17822
MCMURRY, MD, Fred G NS
Geisinger Medical Center
Danville PA 17822
MERKLEY, MD, Kevin H IM
Geisinger Medical Center
Danville PA 17822
MESCHTER, MD, Steven C PTH
Five Overlook Drive
Danville PA 17821
MILLER, MD, O Fred D
Geisinger Medical Center
Danville PA 17822
MONSAERT, MD, Ronald P END
R D 6
Danville PA 17821
MORAN, MD, John J CLP
Geisinger Medical Center
Danville PA 17822
MORRIS, MD, Joel S CDS
309 Orange Street
Danville PA 17821
MORRISON, MD, Samuel S PD
Geisinger Medical Center
Danville PA 17822
MOSER, MD, Barbara E S DR
187 Smoketown Road
Lewisburg PA 17837
MOWAD, MD, Joseph J U
Geisinger Medical Center
Danville PA 17822
MURNIN, MD, Patrick J IM
109 Green Street
Danville PA 17821
NADKARNY, MD, Uday R NPM
3 Holly Court
Danville PA 17821
NASSEF JR, MD, Louis A IM
Geisinger Medical Center
Danville PA 17822
NATIVIDAD, MD, Nita C TR
Geisinger Medical Center
Danville PA 17822
NOTZ, MD, Robert G OPH
Geisinger Medical Center
Danville PA 17822
OBERKIRCHER, MD, Oscar R PD
Geisinger Medical Center
Danville PA 17822
OROURKE, MD, John N A
801 Avenue H
Riverside PA 17868
OROURKE, MD, Terence L R
209 West Market Street
Danville PA 17821
OTT, MD, Susan E FP
11 Park Avenue
Wilkes Barre PA 18702
PARENTI, MD, John M ORS
R D 5 Box 138
Danville PA 17821
PATEL, MD, Bakulesh D OS
Four Rosewood Court
Danville PA 17821
PERRUQUET, MD, James L IM
502 Laura Drive
Danville PA 17821
PERRY, MD, James M ORS
R D 3 Box 307
Danville PA 17821

PHARR, MD, William F CDS
Geisinger Medical Center
Danville PA 17822
PIERCE, MD, James C GS
Geisinger Med Ctr
Danville PA 17822
PILEGGI, MD, Anthony J PD
Geisinger Medical Center
Danville PA 17822
POPLAWSKY, MD, Deborah A OBG
Department Ob/Gyn
Danville PA 17822
PYTKO, MD, Valentine F CD
Geisinger Medical Center
Danville PA 17822
REAMS, MD, Carl L OT
Geisinger Medical Center
Danville PA 17822
REED, MD, Mary J GS
R D 1 Box 321
Millville PA 17846
RICE III, MD, John E N
Geisinger Medical Center
Danville PA 17822
RIXEY, MD, Charles O OPH
Army Residence Community
San Antonio TX 78239
RODRIGUEZ, MD, Dolores E CHN
Geisinger Medical Center
Danville PA 17822
ROSE, MD, John F U
Geisinger Medical Center
Danville PA 17822
ROTH, DO, Raymond D OBG
R D 1 Box 295
Snow Shee PA 16874
ROTHERMEL, MD, Franklin J R
407 Locust Lane
Danville PA 17821
ROWLAND JR, MD, Robert B EM
Mahoning Terrace
Danville PA 17821
ROYER, MD, Thomas C EM
Geisinger Medical Center
Danville PA 17822
SABOL, MD, Louise J OPH
R D 4 Box 261
Danville PA 17821
SACCO, MD, Matthew A DR
Geisinger Medical Center
Danville PA 17822
SANTINI, MD, Lewis C DR
Geisinger Medical Center
Danville PA 17822
SAUL, MD, Robert F N
Geisinger Medical Center
Danville PA 17822
SCHIRK, MD, Steven K
4201 Cedar Elm
Wichita Falls TX 76306
SCHMALTZ, MD, Harry W ORS
103 First Street
Danville PA 17821
SCHOENLEBER, MD, Dana B OPH
Geisinger Medical Center
Danville PA 17822
SCHOONOVER, MD, Daniel K EM
R D 2 Box 334
Catawissa PA 17820
SCHRADING, MD, Walter A EM
P O Box 398
Riverside PA 17868
SCHUERCH, MD, Conrad PTH
R D 1 Box 244
Catawissa PA 17820
SCHULLER, MD, Diane E PDA
Geisinger Medical Center
Danville PA 17822
SCHWAB, MD, Robert A EM
Geisinger Medical Center
Danville PA 17822
SCHWARTZ, MD, Jan A AN
Geisinger Medical Center
Danville PA 17822
SELLERS JR, MD, Thomas D IM
Geisinger Medical Center
Danville PA 17822
SHAH, MD, Narayan HEM
Geisinger Medical Center
Danville PA 17822
SHOOP, MD, Jon D R
R D 5 Box 27
Danville PA 17821
SIDOROV, MD, Jaan E IM
205 Jade Street
Danville PA 17821
SKIENDZIELEWSKI, MD, John J EM
Geisinger Medical Center
Danville PA 17822
SLOCUM, MD, Harold E FP
306 Maple Avenue
Danville PA 17821
SMITH, MD, Joseph L PUD
Geisinger Medical Center
Danville PA 17822
SMITH, MD, Sandra J PD
101 The Highlands
Danville PA 17821
SMITH, MD, Thomas C IM
721 East Front Street
Danville PA 17821

SNOVER, MD, Seth W — EM
Geisinger Medical Center
Danville PA 17822
SPAHR, MD, Robert C — NPM
One Rosewood Court
Danville PA 17821
SPANGLER, MD, John G — PDC
Geisinger Medical Center
Danville PA 17822
SPANGLER, MD, Robin M — FP
C-8 Mahoning Terrace
Danville PA 17821
SPILSBURY, MD, Paul R — N
Geisinger Medical Center
Danville PA 17822
STARKEY, MD, Ralph H — END
Geisinger Medical Center
Danville PA 17822
STELLA, MD, Joseph E — FP
235 Port Noble Drive
Bloomsburg PA 17815
STETZ, DO, Drew J — OTO
R D 2 Box 394
Huntingdon PA 16652
STRICKLAND, MD, Mary L — DR
Geisinger Medical Center
Danville PA 17822
SUNDERLIN JR, MD, — US
Frederick S
Geisinger Medical Center
Danville PA 17822
SUTTON, MD, Paul L — A
104 Charlene Drive
Danville PA 17821
TARASZEWSKI, MD, Robert — IM
404 East Marion Avenue
Youngstown OH 44507
TAYLOR, MD, Peter B — OPH
Geisinger Medical Center
Danville PA 17822
TENEDIOS, MD, George — PD
Geisinger Medical Center
Danville PA 17822
THURSTON, MD, Stephen E — N
Geisinger Medical Center
Danville PA 17822
TORRETTI, MD, Dennis — RHU
Geisinger Medical Center
Danville PA 17822
TRAVITZ, MD, Ronald P — IM
133 West Mahoning Street
Danville PA 17821
TREVLYN, MD, Dean W — GS
407 Lombard Street
Danville PA 17821
TUREL JR, MD, Anthony P — N
Geisinger Medical Center
Danville PA 17822
TURKEWITZ, MD, David — PD
59 Overlook Drive
Danville PA 17821
VARANO, MD, Vincent J — GE
Geisinger Medical Center
Danville PA 17822
VERCH, MD, Patricia M — FP
R D 2 Box 111
Milton PA 17847
VILLAGRA, MD, Victor G — IM
Geisinger Medical Center
Danville PA 17822
VRABEC, MD, Donald P — OTO
Geisinger Medical Center
Danville PA 17822
WALKER, MD, Robert L — OBG
Geisinger Medical Center
Danville PA 17822
WEADER, MD, Joseph A — PD
R D 4 Box 274
Danville PA 17821
WEAVER, AMY LU — FP
219-C West Market Street
Danville PA 17821
WEITZEL, MD, Scott L — EM
515 Legion Road
Bloomsburg PA 17815
WEST, MD, John C — GS
Geisinger Medical Center
Danville PA 17822
WILKINSON, MD, David M — DR
Geisinger Medical Center
Danville PA 17822
WOLFGANG, MD, Gary L — ORS
Geisinger Medical Center
Danville PA 17822
WYTOCK, MD, Dale H — GE
Geisinger Medical Center
Danville PA 17822
YAP, MD, Wen T — U
Geisinger Medical Center
Danville PA 17822
YARTZ, DO, Frank C — GYN
Geisinger Medical Center
Danville PA 17822
YOUKEY, MD, Jerry R — VS
Cvts Geisinger Medical Center
Danville PA 17822
YOUN, MD, Brian A — EM
R D 6 Box 152
Danville PA 17821
YUMEN, MD, Omar — IM
18 Charles Street
Danville PA 17821

ZEIDNER, MD, Daniel L — PDE
Geisinger Medical College
Danville PA 17822
ZIMMER, MD, Cynthia S — GP
R D 7 Box 36
Danville PA 17821
ZIMMER, MD, Frederick E — IM
R D 7 Box 36
Danville PA 17821

NORTHAMPTON

ABAD, MD, Raul M — NS
175 South 21st Street
Easton PA 18042
ABGOTT, MD, Michael A — FP
1232 Stanford Road
Bethlehem PA 18018
ABO, MD, Marc N — GS
Red School Lane
Phillipsburg NJ 08865
ADELMAN, MD, Ronald W — R
1101 Northampton Street
Easton PA 18042
ADOLF, MD, Ann C — IM
1846 Freemansburg Avenue
Easton PA 18042
AHERN, MD, Thomas S — IM
540 Barclay Drive
Bethlehem PA 18017
AKSU, MD, Ahmet — AN
1406 Eaton Avenue
Bethlehem PA 18018
ALTMAN, MD, Arthur A — PTH
3550 Southwood Drive
Easton PA 18042
AMIN, MD, Atul K — PS
175 South First Street
Easton PA 18042
ANDERSON, MD, John R — U
800 Ostrum Street
Bethlehem PA 18015
APFELBAUM, MD, Jay H — AN
St Lukes Hospital
Bethlehem PA 18015
ARASTU, MD, Mohammad I — END
Gateway Professional Center
Bethlehem PA 18017
ARNER, MD, Raymond H — AN
1265 Muffit Avenue
Bethlehem PA 18018
AUCH, MD, Ella M — GP
341 Cresent Drive
Easton PA 18042
AUERBACH, MD, Mark H — IM
1810 Washington Blvd
Easton PA 18042
AUGELLI-HODOR, DO, Linda P — IM
Medical Arts Building
Bethlehem PA 18018
BACAK, MD, Joseph F — IM
800 Ostrum Street
Bethlehem PA 18017
BALSHI, MD, James D — VS
303 West Broad Street
Bethlehem PA 18018
BALSHI, MD, Stephen F — OTO
1509 Easton Avenue
Bethlehem PA 18017
BARRETT, MD, George S — U
R D 1 Box 363-D
Cresco PA 18326
BARTOLET, MD, Terry L — ORS
2111 Washington Blvd
Easton PA 18042
BARTOS, MD, Joseph E — FP
933 Linden Street
Bethlehem PA 18018
BEALER, MD, John D — OM
3639 Emerson Circle
Bethlehem PA 18017
BECK, MD, Christine H — PM
21St And Farview Streets
Easton PA 18042
BECKER, MD, Martin S — OBG
205 South 22nd Street
Easton PA 18042
BENSIMHON, MD, Georges J — AN
1490 North 40th Street
Allentown PA 18104
BENSIMHON, MD, Salomon N — N
P O Box 1038
Easton PA 18042
BENZ, MD, Edward J — PTH
19 East Elizabeth Avenue
Bethlehem PA 18018
BERGER, MD, Jay B — IM
1371 Armstrong Road
Bethlehem PA 18017
BERNARD, MD, John V — FP
520 Fritchey Hill Road
Easton PA 18042
BETTS, DO, Brooks — GP
1725 Northampton Street
Easton PA 18042
BHATT, MD, Mukesh D — PM
1107 Easton Avenue
Bethlehem PA 18018
BIGGS, DO, Robert H — CD
157 Moreland Avenue
Bethlehem PA 18017

BIRO JR, MD, Frank — OBG
1826 Paul Avenue
Bethlehem PA 18018
BISSET JR, MD, James F — OBG
3311 Nazareth Road
Easton PA 18042
BLOCH, MD, Robert S — GS
1901 Hay Terrace
Easton PA 18042
BLOSE, MD, Linda K — IM
560 Cedar Hill Drive
Allentown PA 18103
BOONSWANG, MD, Pricha — US
2358 Gruver Avenue
Easton PA 18042
BOYLAN, MD, James J — GE
800 Ostrum Street
Bethlehem PA 18015
BRASHER, MD, Bruce M — IM
1810 Washington Blvd
Easton PA 18042
BRAUN III, MD, William P — FP
1141 East Lafayette Street
Easton PA 18042
BRENNEMAN, MD, Richard E — AN
2522 Ninth Street
Bethlehem PA 18017
BROWN, MD, John M — CLP
3543 Glen Avenue
Easton PA 18042
BROWN, MD, Sheila — AN
4065 Ascot Circle
Allentown PA 18106
BUDURA, MD, Paul — GP
387 Carver Drive
Bethlehem PA 18017
BURGER, MD, Theodore P — FP
2431 Easton Avenue
Bethlehem PA 18017
BURKLEY JR, MD, Louis F — OBG
2040 Lehigh Street Apt 201
Easton PA 18042
BYRNE, MD, James E — OS
138 South Second Street
Bangor PA 18013
CANLAS, MD, Jolly B — GP
4379 William Penn Highway
Bethlehem PA 18017
CAPOBIANCO, MD, Frank M — EM
Little Creek Road
Martins Creek PA 18063
CARLIN, MD, Hugh M — AN
397 Timothy Drive
Bethlehem PA 18017
CASSELBERRY, MD, — PD
E Josephine
920 Prospect Avenue
Bethlehem PA 18018
CHANG, MD, Che-Yi — AN
55 Country Club Lane
Phillipsburg NJ 08865
CHAPMAN, MD, Christopher N — NM
21St And Lehigh Streets
Easton PA 18042
CHEN, MD, Chih-Hung — IM
2411 Exeter Court
Bethlehem PA 18017
CLARKE, MD, Frederick T — IM
35 Audobon Street
Easton PA 18042
COCHRAN, MD, James F — OPH
2151 Fairview Avenue
Easton PA 18042
COHEN, MD, Merton E — PD
2025 Fairview Avenue
Easton PA 18042
COLASANTE, MD, Anthony D — GP
1458 Stefko Boulevard
Bethlehem PA 18017
COLE, MD, Jack E — FP
65 East Elizabeth Avenue
Bethlehem PA 18018
COLEMAN, MD, Donald K — N
4475 North Ocean Boulevard
Delray Beach FL 33444
COOK, MD, Nicholas A — IM
832 Tombler Street
Bethlehem PA 18015
COSTANZA, MD, Agatha H — PD
19 North 14th Street
Easton PA 18042
CUNNINGHAM, MD, Peter L — ON
2100 Lehigh Street
Easton PA 18042
DAGOSTINO, MD, Frank J — GE
100 South Greenwood Avenue
Easton PA 18042
DALE JR, MD, Hiram T — CD
618 Delaware Avenue
Bethlehem PA 18015
DEIBERT, MD, Edward B — GP
1406 Main Street
Hellertown PA 18055
DEILY, MD, Raymond E — OM
942 Seventh Avenue
Bethlehem PA 18018
DEOL, MD, Jasbir S — GS
2209 Lehigh Street
Easton PA 18042
DERASSE, MD, Alain R — IM
4001 Freemansburg Avenue
Easton PA 18042

DERASSE, MD, Judith R — IM
4001 Freemansburg Avenue
Easton PA 18042
DICONCETTO, MD, Joseph A — AI
52 Highland Avenue
Bethlehem PA 18017
DIETRICH, MD, Warren C — OTO
3055 Center Street
Bethlehem PA 18017
DIIORIO, MD, Emil J — ORS
200 West Macada Road
Bethlehem PA 18017
DIPPOLITO, MD, Anthony D — CRS
4201 Wilson Street
Bethlehem PA 18017
DISALVO, MD, Barbara A — GP
555 Spring Street
Bethlehem PA 18018
DISALVO, MD, Eugene I — ORS
2005 Fairview Avenue
Easton PA 18042
DITMARS, MD, Douglas D — ORS
2111 Washington Boulevard
Easton PA 18042
DODSON, MD, Donald L — AN
R D 7
Bethlehem PA 18015
DONEKER, MD, Thomas G — AN
35 East Elizabeth
Bethlehem PA 18018
DORMAN, MD, Sanford A — PTH
Easton Hospital
Easton PA 18042
DORVILLE, MD, Fabio L — IM
1130 Delaware Avenue
Bethlehem PA 18015
DOTO JR, MD, Joseph B — AN
1821 Nottingham Road
Allentown PA 18103
DOWNS, MD, Ronald K — GS
1817 Willow Drive
Easton PA 18042
DREHER, MD, Robert H — GP
P O Box 97
Wind Gap PA 18091
DUANE, MD, Thomas D — OPH
Bedminster PA 18910
DURBACK, MD, Mark A — RHU
784 Castlewood Road
Glenside PA 19038
DY, MD, Victor C — GS
3417 Bridlepath Road
Easton PA 18042
EATON, MD, David A — N
618 Delaware Avenue
Bethlehem PA 18015
EBAUGH, MD, Duane W — NPM
St Lukes Hospital
Bethlehem PA 18015
ECHENBERG, MD, Robert J — OBG
826 Delaware Avenue
Bethlehem PA 18015
EICHLER, MD, George R — ORS
P O Box 2847
Bethlehem PA 18001
ELDER, MD, E Glenn — GP
2205 Lehigh Street
Easton PA 18042
ELZENEINY, MD, Ismail H — OPH
522 Delaware Avenue
Bethlehem PA 18018
EMERY, MD, Robert C — CD
2003 Fairview Avenue
Easton PA 18042
EPISCOPIO, MD, Joseph V — IM
2912 Kenwick Drive
Bethlehem PA 18017
ERWIN, MD, Henry K — OPH
Westminster #55
Allentown PA 18103
ESPINOSA, MD, Manuel H — GS
175 South 21st Street
Easton PA 18042
ESTRADA, MD, Alberto G — GS
Red School Lane
Phillipsburg NJ 08865
ESTRADA, MD, Fernando P — GS
3605 Browning Lane
Bethlehem PA 18017
EYVAZZADEH, MD, Camille — GS
35 East Elizabeth Avenue
Bethlehem PA 18018
FARACE, MD, Joseph L — GP
Fourth St & Pennsylvania Ave
Bangor PA 18013
FAVAZZA, MD, Frank W — P
410 Wedgewood Drive
Easton PA 18042
FEINBERG, MD, David H — IM
General Lafayette Apartments
Easton PA 18042
FILIPEK, MD, Walter J — FP
737 Easton Road
Hellertown PA 18055
FISHER, MD, Jay B — GS
Easton Hospital
Easton PA 18042
FISHER, MD, Luther I — IM
729 Redfern Lane
Bethlehem PA 18017

FISHER JR, MD, Joseph W — PTH
19 East Elizabeth Avenue
Bethlehem PA 18018
FOLANDER, MD, Hal L — R
2677 Madison Avenue
Bethlehem PA 18017
FOLLMER, MD, Don C — FP
1245 Beverly Avenue
Bethlehem PA 18018
FRAUNFELDER, MD, John A — GP
141 South Broad Street
Nazareth PA 18064
FRIEDENBERG, MD, Steven S — DR
St Lukes Hospital Xray
Bethlehem PA 18015
FRIEDMAN, MD, Jerald N — GS
2531 Northampton Street
Easton PA 18042
GADBOIS, MD, William F — U
800 Ostrum Street
Bethlehem PA 18015
GARBARINO, MD, Joseph L — ORS
1174 Illicks Mill Road
Bethlehem PA 18017
GAULIN, MD, J Claude — PTH
3578 Timberlane Drive
Easton PA 18042
GAYDOS, MD, Thomas L — OBG
800 Ostrum Street
Bethlehem PA 18015
GERMAINE-MUNOZ, MD, Jude — FP
P O Box 549
Kresgeville PA 18333
GERONIMO, MD, Lauro S — PD
430 Bridle Path Road
Bethlehem PA 18017
GHATAK, MD, Peter K — PUD
101 South Schanck Avenue
Pen Argyl PA 18072
GHIA, MD, Pradeep S — CD
124 Lafayette Towers Bldg
Easton PA 18042
GILLEN, MD, George P — R
Muhlenberg Medical Center
Bethlehem PA 18017
GOLD, MD, Samuel C — OPH
522 Deleware Avenue
Bethlehem PA 18015
GOODRICH, MD, David C — AN
1640 Quarter Mile Road
Bethlehem PA 18015
GOSZTONYI JR, MD, — OM
Rudolph E
R D 1 Box 265-Aa
Milford NJ 08848
GOZUM, MD, Carmen Z — EM
953 Cumberland Street
Bethlehem PA 18017
GRANSON, MD, Marc A — CDS
303 West Broad Street
Bethlehem PA 18018
GRAY, DO, John M — EM
801 West Broad Street
Bethlehem PA 18018
GREENSPAN, MD, Bruce M — OTO
940 North New Street
Bethlehem PA 18018
GRESS, MD, Francis A — PD
2545 Center Street
Bethlehem PA 18017
GROVE JR, MD, Dale A — FP
1545 Broadway
Bethlehem PA 18015
GUERRA, MD, Corazon A — P
3505 Dundee Road
Bethlehem PA 18017
GUERRA, MD, Reynaldo C — FP
1250 Greenwood Drive
Bethlehem PA 18017
GUZMAN, MD, Jose G — EM
1203 Dalehurst Drive
Bethlehem PA 18018
HAGGERTY, MD, Sally M — PD
204 East Market Street
Bethlehem PA 18018
HAIN, MD, Howard L — PM
3822 Glen Oaks Manor Drive
Sarasota FL 34232
HAMPSEY, MD, John A — GS
800 Ostrum Street
Bethlehem PA 18015
HANISEK, MD, William F — IM
2061 Fairview Avenue
Easton PA 18042
HARADA, MD, William A — CLP
Easton Hospital
Easton PA 18042
HARE, MD, Jeffrey D — GP
1139 Lynnhurst Circle
Bethlehem PA 18017
HARLAN, MD, William K — ON
2529 Northampton Street
Easton PA 18042
HARPER, MD, James G — U
509 East Paxinesa Road
Easton PA 18042
HART, MD, Alex D — AN
Box 128A Alpine Drive
Hellertown PA 18055
HEIMBACH, MD, George Z — R
1401 North 40th Street
Allentown PA 18104

HEMMERLY, MD, William C GP
1900 Easton Avenue
Bethlehem PA 18017
HERMAN, MD, Richard D DR
St Lukes Hospital
Bethlehem PA 18015
HERMAN, MD, Roman K TS
533 Sixth Avenue
Bethlehem PA 18018
HESS, MD, Floyd M GP
26 South First Street
Bangor PA 18013
HILL JR, MD, Robert G EM
521 Linden Street
Bethlehem PA 18018
HOBART, MD, John H U
2001 Fairview Avenue
Easton PA 18042
HOCH, MD, John J FP
50 Green Street
Nazareth PA 18064
HOFFMAN, MD, David E IM
3316 Moravian Court
Bethlehem PA 18017
HOFFMAN, MD, Gilbert M IM
Bethlehem Steel Room 101-A
Bethlehem PA 18016
HOFFMAN, MD, John E IM
766 Barrymore Lane
Bethlehem PA 18017
HOWE, MD, J Dale ORS
306 Artemis Circle
Bethlehem PA 18017
HUNSICKER, MD, Robert C OTO
65 East Elizabeth Avenue #311
Bethlehem PA 18018
HYMAN, MD, David S OPH
2663 Schoenersville Road
Bethlehem PA 18017
IALEGGIO, MD, John J ORS
81 Blenheim Drive
Easton PA 18042
IRANI, MD, Mahakhurshid CRS
2030 Lehigh #116
Easton PA 18042
IRANI, MD, Mahatab CRS
2030 Lehigh Street
Easton PA 18042
JACOBIUS, MD, Henry F OPH
21675 Juego Circle
Boca Raton FL 33433
JAHRE, MD, Jeffrey A ID
801 Ostrum Street
Bethlehem PA 18015
JOSEPH, MD, George M IM
1810 Washington Boulevard
Easton PA 18042
JULIA, MD, Ronald R IM
3844 Trent Court
Bethlehem PA 18017
KAKODKAR, MD, Vasundhara S PD
889 Blair Road
Bethlehem PA 18017
KANDULA, MD, Ravindra R GS
1107 Eaton Avenue
Bethlehem PA 18018
KANE, DO, Eric D FP
Park Plaza Suite 400
Bethlehem PA 18017
KARA, MD, Aoun B CD
800 Ostrum Street
Bethlehem PA 18015
KASPAR, MD, Albert J CD
2003 Fairview Avenue
Easton PA 18042
KAUFMANN, MD, Bruce M OBG
800 Ostrum Street
Bethlehem PA 18015
KEENAN JR, MD, William F FP
1545 Broadway Street
Bethlehem PA 18015
KEITH, MD, Helen R H PD
3325 Green Meadow Drive
Bethlehem PA 18017
KENNEDY III, MD, Arthur R GS
R D 3 Box 519
Slatington PA 18080
KESSLER, MD, Frank J GP
32 South Broad Street
Nazareth PA 18064
KILPATRICK EXEC SEC, WILLIAM H
788 Redfern Lane
Bethlehem PA 18017
KIM, MD, Doo T AN
Easton Hospital
Easton PA 18042
KIM, MD, Ih C PD
Six Ivy Court
Easton PA 18042
KINTZER JR, MD, John S PUD
510 Delaware Avenue
Bethlehem PA 18015
KITEI, MD, William J OPH
1313 Center Street
Bethlehem PA 18018
KNOLL, MD, George M D
43 Parkview Road
Slatington PA 18080
KORHAMMER, MD, Alan F OBG
301 South 22nd Street
Easton PA 18042

KOSHAR, MD, Mark I IM
1810 Washington Blvd
Easton PA 18042
KOVAR, MD, Charles E OBG
301 South 22nd Street
Easton PA 18042
KOZICKY, MD, Peter W ORS
821 Delaware Avenue
Bethlehem PA 18015
KOZINN, MD, Wesley P IM
2850 Gordon Street
Allentown PA 18104
KRAMER, MD, Kenneth
158 Shawnee Avenue
Easton PA 18042
KRIEGER, MD, Harry L GP
1856 Ferry Street
Easton PA 18042
KUCIRKA, MD, Susan J D
1939 Homestead Avenue
Bethlehem PA 18018
LAHAV, MD, Erika IM
2454 Pennsylvania Street
Allentown PA 18104
LANG, DO, John B AN
1445 Dartmouth Drive
Bethlehem PA 18017
LARGE, MD, Hiram S AN
3206 Margate Road
Bethlehem PA 18017
LAUB, MD, Irene F IM
64 North Fourth Street
Easton PA 18042
LAUBACH, MD, George B FP
Bethman Road
Easton PA 18042
LEAVITT, MD, Herbert M D
2061 Fairview Avenue
Easton PA 18042
LEE, MD, Chong S OBG
2045 Westgate Drive #201
Bethlehem PA 18017
LEE, MD, H C PD
1825 Northampton Street
Easton PA 18042
LEE, MD, Sang T OTO
2100 Lehigh Street
Easton PA 18042
LENNERT, MD, Joseph B U
940 North New Street
Bethlehem PA 18018
LENTZ, MD, Conrad L D
35 East Elizabeth Avenue
Bethlehem PA 18018
LESSE, MD, S Michael P
Stevens & Jewel Streets
Easton PA 18042
LIBERTA, MD, Thomas R IM
25 North 16th Street
Easton PA 18042
LIGHT, MD, Harry G GS
65 East Elizabeth Avenue
Bethlehem PA 18018
LIM, MD, Emmanuel R FP
2240B Valley Park West
Bethlehem PA 18018
LOMIBAO, MD, Eduardo C AN
P O Box 617
Phillipsburg NJ 08865
LONGO, MD, Santo PTH
801 Ostrum Street
Bethlehem PA 18015
LOW, MD, Thomas H OPH
Pinnacle Port Ph 27
Panama City Beach FL 32407
LOWMAN, MD, Gerald F TS
520 Pierce Street
Easton PA 18042
LUDIVICO, MD, Charles L RHU
800 Ostrum Street
Bethlehem PA 18015
LUKASZCZYK, MD, Thomas A EM
19 East Elizabeth Avenue
Bethlehem PA 18018
LYCHAK, MD, John C P
35 East Elizabeth Avenue
Bethlehem PA 18018
MAHON, MD, John K N
175 South 21st Street
Easton PA 18042
MAISEL, MD, Wilfred AN
Easton Hospital
Easton PA 18042
MAISH JR, MD, George O GS
2649 Schoenersville Road
Bethlehem PA 18017
MAKHDOMI, MD, A Rashid IM
2100 Lehigh Street
Easton PA 18042
MANLEY, DO, James W FP
Park Plaza Suite 400
Bethlehem PA 18017
MARCINCIN, MD, Robert P NS
35 East Elizabeth Avenue
Bethlehem PA 18018
MARGIE JR, MD, Walter E IM
35 East Elizabeth Avenue
Bethlehem PA 18018
MARON, MD, Norman L ORS
Coventry Centre
Phillipsburg NJ 08865

MATUS, MD, Nancy R D
2061 Fairview Avenue
Easton PA 18042
MCANDREW, MD, Francis J GP
24 West Fourth Street
Bethlehem PA 18015
MCBRIDE, MD, James G OPH
Fairview Medical Bldg
Easton PA 18042
MCCOY, MD, Robert L N
Lehigh Valley Neuro Assoc
Bethlehem PA 18015
MCCOY JR, MD, George W FP
3103 Farmborough Court
Silver Spring MD 20906
MCDONALD, MD, Marilyn R OPH
827 North 32nd Street
Allentown PA 18104
MCEVOY, MD, Robert F IM
1351 Verona Drive
Pen Argyl PA 18072
MCGUIRE, MD, James J OBG
35 East Elizabeth Avenue
Bethlehem PA 18018
MCMAHON JR, MD, Joseph F ORS
2005 Fairview Avenue
Easton PA 18042
MCNELLIS, MD, Donald R U
318 Wedgewood Drive
Easton PA 18042
MEHTA, MD, Bharat K IM
2632 Nazareth Road
Easton PA 18042
MERESCHAK, MD, Volmar A OBG
461 Corliss Avenue
Phillipsburg NJ 08865
MEROLA, MD, Joseph C L OBG
830 Ostrum Street
Bethlehem PA 18015
MILES, DO, G Bruce FP
1901 Fairview Avenue
Easton PA 18042
MILLER, MD, Warren A FP
1545 Broadway
Bethlehem PA 18015
MOHAN, MD, Brij DR
1238 Pine Grove
Easton PA 18042
MORALES, MD, Gladys D IM
800 Ostrum Street
Bethlehem PA 18015
MORGAN, MD, Russell E GP
839 Delaware Avenue
Bethlehem PA 18015
MORGAN, MD, William F P
151 East Market Street
Bethlehem PA 18018
MORRIS, MD, Patricia A AN
2577 Madison Avenue
Bethlenem PA 18017
MORROW, MD, Gerald J GS
800 Ostrum Street
Bethlehem PA 18015
MOSCATO, MD, Anthony F ON
3527 Hecktown Road
Bethlehem PA 18017
MOTSAY, MD, George J GS
32 Pheasant Run
Fogelsville PA 18051
MOYER, MD, Glenn E OPH
R D 3 Firelane Farm
Bethlehem PA 18015
MUNSON, MD, Frederick J R
920 Prospect Avenue
Bethlehem PA 18018
MUNVES, MD, Jonathan H IM
Gateway Professional Center
Bethlehem PA 18017
MURRAY, MD, Stephen R GYN
3311 Nazareth Road
Easton PA 18042
NABATI, MD, Ismail GS
2663 Schoenersville Road
Bethlehem PA 18017
NAJMI, MD, Moosa CD
2003 Fairview Avenue
Easton PA 18042
OLEWILER JR, MD, H Newton IM
1010 West Macada Road
Bethlehem PA 18017
OLIVER, MD, John G FP
527 Pennsylvania Avenue
Pen Argyl PA 18072
ORR JR, MD, Ross M GS
744 Ostrum Street
Bethlehem PA 18015
ORSI, MD, James M AN
35 East Elizabeth Avenue
Bethlehem PA 18018
OSTFELD, MD, David A DR
Easton Hospital
Easton PA 18042
PACIS, MD, Constante D AN
Four Briarstone Road
Phillipsburg NJ 08865
PALAO, MD, Manuel C TS
175 South 21st Street
Easton PA 18042
PANAYOTOVA, MD, Maria L OPH
522 Delaware Avenue
Bethlehem PA 18018

PARENTI, MD, Dennis L IM
800 Ostrum Street
Bethlehem PA 18015
PARRY, MD, Rhinard D PD
953 Sullivan Trail
Easton PA 18042
PATRICK, MD, Michael A IM
317 West Broad Street
Bethlehem PA 18018
PATTERSON, MD, John W IM
St Lukes Hospital
Bethlehem PA 18015
PAUL, MD, George J GS
St Lukes Hospital
Bethlehem PA 18015
PEACOCK, MD, Thomas E HEM
50 South 18th Street
Easton PA 18042
PEARSON, MD, Frederick J OBG
748 Ostrum Street
Bethlehem PA 18015
PELICATA, DO, Robert D EM
P O Box 2247
Hazleton PA 18201
PETERS, MD, Walter K GP
724 Barrymore Lane
Bethlehem PA 18017
PETRUCCELLI, MD, Nicholas D FP
313 South Walnut Street
Bath PA 18014
PETZ, MD, Colin J IM
2092 Stefko Blvd
Bethlehem PA 18017
PLANO, DO, Vincent F OBG
301 South 22nd Street
Easton PA 18042
POLINER, MD, Hime S GS
124 North Fourth Street
Easton PA 18042
POMPONIO, MD, Joseph G GP
798 Barrymore Lane
Bethlehem PA 18017
PRESTIFILIPPO, MD, Orazio US
4263 Lonat Drive
Easton PA 18042
PUNDIAK, MD, Terry J IM
3321 Sherwood Road
Easton PA 18042
PURSELL, MD, Robert N NEP
21St & Fairview Avenues
Easton PA 18042
QUIAMBAO, MD, Melinda J FP
1705 West Broad Stret
Bethlehem PA 18015
QUILO, MD, Felicidad F IM
2649 Schoenersville Road
Bethlehem PA 18017
QUILO, MD, Lino S EM
2649 Schoenersville Road
Bethlehem PA 18017
QUINEY JR, MD, James J GP
104 Pennsylvania Avenue
Easton PA 18042
QUINN, MD, Donn R IM
112 East Wayne Avenue
Easton PA 18042
RAAB, MD, Michael F FP
3600 Northwood Avenue
Easton PA 18042
RASO, MD, Dominic J IM
124 North 14th Street
Easton PA 18042
RAZURI, MD, Rafael G GS
Medical Arts Center #6
Savannah GA 31405
REESE JR, MD, Evan C ORS
2005 Fairview Avenue
Easton PA 18042
REFOWICH, MD, Richard S D
65 East Elizabeth Avenue
Bethlehem PA 18018
REGAN, MD, James R IM
3222 Green Meadow Drive
Bethlehem PA 18017
REGANIS, MD, John C GS
2100 Lehigh Street
Easton PA 18042
REINA, MD, Charles R ORS
2031 Hay Terrace
Easton PA 18042
REPPERT, MD, William D IM
St Lukes Hospital
Bethlehem PA 18015
ROBB, MD, Marie E DR
St Lukes Hospital
Bethlehem PA 18015
RODRIGUEZ, MD, Victor R PD
10 North Fifth Street
Easton PA 18042
ROGERS, MD, John F P
35 East Elizabeth Avenue
Bethlehem PA 18018
ROHATGI, MD, Anita IM
20 Tamarack Path
Easton PA 18042
ROHATGI, MD, Rajeev CD
2003 Fairview Avenue
Easton PA 18042
ROMANO JR, MD, Nicholas M FP
104 South Second Street
Bangor PA 18013

ROSENFELD, MD, Joel C GS
744 Ostrum Street
Bethlehem PA 18015
RUCH, MD, Carl R GP
Lehigh University Bldg 36
Bethlehem PA 18015
RYAN, MD, John J PUD
510 Delaware Avenue
Bethlehem PA 18015
SACHDEV, MD, Ranjan ORS
1174 Illicks Mill Road
Bethlehem PA 18001
SAGGE, MD, Perla S AN
185 Roseberry Street
Phillipsburg NJ 08865
SALCEDO, MD, Wilfredo G PTH
Easton Hospital
Easton PA 18042
SALGADO, MD, Edward M PS
825 Delaware Avenue
Bethlehem PA 18015
SALLASH JR, MD, Robert J OBG
830 Ostrum Street
Bethlehem PA 18015
SARON, MD, Irvin J U
684 Washington Street
Easton PA 18042
SAUER, MD, Thomas S ORS
1174 Illicks Mill Road
Bethlehem PA 18001
SAUNDERS, MD, Charles D U
800 Ostrum Street
Bethlehem PA 18015
SCHADT, MD, Daniel C US
Two West Market Street
Bethlehem PA 18018
SCHARLE, MD, W Timothy IM
906 Barnsdale Road
Bethlehem PA 18017
SCHENKEL, MD, Eric J IM
3213 Nazareth Road
Easton PA 18042
SCHOEPPNER, MD, Eric IM
1346 Northampton Street
Easton PA 18042
SCHRADER, MD, Patricia A GS
512 Mercer Street
Gloucester NJ 08030
SCHRAMM, MD, Frank E OBG
35 East Elizabeth Avenue
Bethlehem PA 18018
SCHUESSLER, MD, Paul W FP
817 South 24th Street
Easton PA 18042
SCHWENDEMAN, MD, David L P
Mill Race Farm R D 4
Bethlehem PA 18015
SCOBLIONKO, MD, David P CD
800 Ostorum Street
Bethlehem PA 18015
SEIDEL, MD, Horace Y IM
Memorial Hospital
Hollywood FL 33021
SENFT, MD, Karen E PD
3132 Rambeau Road
Bethlehem PA 18017
SENFT, MD, Stephen C D
940 North New Street
Bethlehem PA 18018
SERFAS, MD, Lee S GS
80 Gordon Drive
Easton PA 18042
SHARMA, MD, Amar J AI
940 North New Street
Bethlehem PA 18018
SHARMA, MD, Om P IM
34 Russet Drive
Easton PA 18042
SHIELDS, MD, Ralph L IM
880 Laurel Drive
Bethlehem PA 18017
SHIN, MD, Hee Joon GS
256 Roseberry Street
Phillipsburg NJ 08865
SILBERMAN, MD, Robert M IM
1725 Northampton Street
Easton PA 18042
SILVERMAN, MD, William H FP
704 East Fourth Street
Bethlehem PA 18015
SKORINKO, MD, Kenneth P CD
Box 112 Route One
Coplay PA 18037
SKUTCHES, MD, Joseph M OBG
830 Ostrum Street
Bethlehem PA 18015
SLEDZ, MD, Ann Marie DR
821 Prospect Avenue
Bethlehem PA 18013
SMITH, MD, Donald H GS
1901 Hay Terrace
Easton PA 18042
SMYTH, MD, Lawrence T OM
25188 Marion Avenue
Punta Gorda FL 33950
SNYDER, MD, John M PUD
139 East Market Street
Bethlehem PA 18018
SNYDER, MD, Robert L GP
101 East Center Street
Nazareth PA 18064

SNYDER JR, MD, Charles F ORS
P O Box 2847
Bethlehem PA 18001
SOMASUNDARAM, MD, OBG
Anasuya
800 Ostrum Street
Bethlehem PA 18015
SPADONI, MD, Joseph L EM
4537 Foxtail Drive
Nazareth PA 18064
SPOLL, DO, Edward A FP
229 South 22nd Street
Easton PA 18042
STABILE, MD, Jerome G TS
2200 Northampton Street
Easton PA 18042
STACKHOUSE, MD, Duane E GP
Lehigh University Health Ctr
Bethlehem PA 18015
STANCOMBE, MD, Wesley R GP
335 Broadway
Bangor PA 18013
STAUFFER, MD, Richard A AN
334 Spruce Street
Emmaus PA 18049
STAUFFER, MD, Stanley S AN
35 East Elizabeth Avenue
Bethlehem PA 18018
STEELE, DO, Kirth W IM
St Lukes Hospital
Bethlehem PA 18015
STEIN, MD, Richard N PD
701 North New Street
Bethlehem PA 18018
STEIN, MD, Robert S PH
Lafayette College Hlth Ctr
Easton PA 18042
STEIN, MD, Stanley I PD
701 North New Street
Bethlehem PA 18018
STEINBOOK, MD, Melvin U
1475 Dartmouth Drive
Bethlehem PA 18017
STRAVINO, MD, Vincent D PM
St Lukes Hospital
Bethlehem PA 18015
STREUBERT, MD, George E R
801 Ostrum Street
Bethlehem PA 18015
STRUNK, MD, William M R
St Lukes Hospital
Bethlehem PA 18015
SULLUM, MD, Daniel S P
2904 Allen Street
Allentown PA 18104
SULPIZI, MD, Antoinette M CD
800 Ostrum Street
Bethlehem PA 18015
SWANK, MD, Mark D DR
St Lukes Hospital
Bethlehem PA 18015
SWETERLITSCH, MD, Louis H OPH
11 West Langhorne Avenue
Bethlehem PA 18017
TACHOVSKY, MD, Thomas J GS
800 Ostrum Street
Bethlehem PA 18015
THEMAN, MD, Terrill E CDS
800 Ostrum Street
Bethlehem PA 18015
THOMPSON, MD, C Fred FP
1120 Main Street
Hellertown PA 18055
THOMPSON, MD, Frank V GP
49 East Center Street
Nazareth PA 18064
TORRES, MD, Julio E ON
1409 Kelchner Road
Bethlehem PA 18018
TOSHNIWAL, MD, Pradip K N
52 Highland Drive
Bethlehem PA 18017
TOSHNIWAL, MD, Renu ID
52 Highland Avenue
Bethlehem PA 18017
TRAUPMAN, MD, Arnold F OPH
1313 Center Street
Bethlehem PA 18018
TRIBBLE, MD, Jana K PD
3206 Margate Road
Bethlehem PA 18017
TRINKLE, MD, Wilmer S AN
35 East Elizabeth Avenue
Bethlehem PA 18018
TURTZO, MD, Douglas F IM
101 South Schanck Avenue
Pen Argyl PA 18072
TYLER, MD, George GS
35 East Elizabeth Avenue
Bethlehem PA 18018
UNGER, MD, Andrew NPM
St Lukes Hospital
Bethlehem PA 18015
UPDEGROVE, MD, John H GS
3584 Timberline Drive
Easton PA 18042
VANDERVEER, MD, Lindsley D GE
2025 Fairview Avenue
Easton PA 18042
VANGAALEN, MD, Adriaan J OBG
800 Ostrum Street
Bethlehem PA 18015
VASILY, MD, David B D
940 North New Street
Bethlehem PA 18018
VERMA, MD, Maheshwer B PD
2031 Hay Terrace
Easton PA 18042
VERSAGE, MD, Joseph L PUD
113 Main Street
Stockertown PA 18083
VISPERAS, MD, Emiliana P OBG
2240 Schonersville Road
Bethlehem PA 18017
VOGLER JR, MD, Wilfred E FP
2431 Easton Avenue
Bethlehem PA 18017
VOLK, MD, Stephen A ON
1511 Red Maple Lane
Allentown PA 18104
WALDEN, MD, Thomas B U
2001 Fairview Avenue
Easton PA 18042
WALKER, MD, Stanley R IM
2031 Hay Terrace
Easton PA 18042
WALTMAN, MD, Charles A GS
1120 Morgan Hill Road
Easton PA 18042
WANG, MD, Chee K AN
Easton Hospital
Easton PA 18042
WARD, MD, Thomas A ORS
800 Ostrum Street
Bethlehem PA 18015
WARREN, MD, Jonathan EM
77 North Second Street
Easton PA 18042
WATKINS, MD, George M GS
Easton Hospital
Easton PA 18042
WEBER, MD, William C OTO
Lafayette Towers
Easton PA 18042
WEISMAN, MD, Dale M FP
401 W Broad St
Bethlehem PA 18018
WEMPLE, MD, Jan B NS
R D 7 Hickory Hill Road
Bethlehem PA 18017
WENG, MD, Sam S IM
940 North New Street
Bethlehem PA 18018
WERLEY, MD, Charles W R
Weyhill Crescent
Bethlehem PA 18015
WERLEY, MD, John D NM
Easton Hospital
Easton PA 18042
WHILDIN, MD, James G DR
1849 Arlington Street
Bethlehem PA 18017
WHITAKER, MD, Paul J OM
7227 Via De Le Montana
Scottsdale AZ 85258
WHITE, MD, Robert P NEP
820 North Bishopthorpe Street
Bethlehem PA 18015
WILDRICK, MD, Kenneth H PUD
510 Delaware Avenue
Bethlehem PA 18015
WILLIAMS JR, MD, Thomas L P
65 East Elizabeth Avenue
Bethlehem PA 18018
WILLIS, MD, Johnnie S OBG
2045 Westgate Drive #206
Bethlehem PA 18107
WINKLER JR, MD, Louis H A
1741 Cloverleaf Street
Bethlehem PA 18017
WISEMAN, DO, Douglas C AI
35 East Elizabeth Avenue
Bethlehem PA 18018
WOLF, MD, Stewart G IM
R D 1 Box 1120-G
Bangor PA 18013
YEAW, MD, Scott C U
684 Washington Street
Easton PA 18042
YU, MD, Paul T AN
Easton Hospital
Easton PA 18042
ZASIK JR, DO, Joseph M PUD
65 East Elizabeth Avenue
Bethlehem PA 18018
ZULICK JR, MD, Thomas C GS
175 West North Street
Nazareth PA 18064

NORTHUMBERLAND

ALLEN, MD, Robert E OS
38 West Third Street
Mount Carmel PA 17851
BIGLETE, MD, Leon T IM
125 West Commerce
Shamokin PA 17872
BODMER, MD, Meral O GP
100 North Market Street
Selinsgrove PA 17870
BOGNER, MD, Edward W FP
254 Front Street
Northumberland PA 17857
BROSCIUS, MD, Benjamin M GP
24 North Sixth Street
Shamokin PA 17872
BRUNO, MD, Pat J PD
369 North 11th Street
Sunbury PA 17801
BUENDIA, MD, Antonio V B DR
Two East Sunbury Street
Shamokin PA 17872
BUENDIA, MD, Mary Lou J PD
Two East Sunbury Street
Shamokin PA 17872
BULLINGTON, MD, Sunny J OPH
330 North 12th Street
Sunbury PA 17801
BYUN, MD, Stanley Y R
R D 4 Box 47c
Selinsgrove PA 17870
CATALANO, MD, Anthony C GS
P O Box 578
Sunbury PA 17801
CHRISTMAN, MD, Willard W CLP
R D 2
Selinsgrove PA 17870
CICCHIELLO, MD, James R FP
1450 Chestnut Street
Kulpmont PA 17834
CORDAS, DO, Michael FP
P O Box 179
Selinsgrove PA 17870
COTTRELL, MD, David C ORS
113 North Market Street
Selinsgrove PA 17870
DALLABRIDA, MD, OBG
Marguerite R
21 East Avenue
Mount Carmel PA 17851
DEITRICK JR, MD, George A GS
28 North Third Street
Sunbury PA 17801
DELCASTILLO, MD, Juan J GS
346 Arch Street
Sunbury PA 17801
DELGADO, MD, Juan F OBG
142 Market Street
Sunbury PA 17801
DIMILILER, MD, Ismail GS
1072 Market Street
Sunbury PA 17801
DOTTERER, MD, Christine S FP
504 West Pine Street
Selinsgrove PA 17870
GABALA, MD, John M EM
R D 3 Box 33 G
Selinsgrove PA 17870
GAZDER, MD, Aftab A AN
124 Market Street
Sunbury PA 17801
GEHRIS, MD, James C GP
633 West Chestnut Street
Shamokin PA 17872
GIBBS, MD, Winfield S R
P O Box 737
Sunbury PA 17801
GRECO, MD, Jeffrey M IM
300 South Hickory
Mount Carmel PA 17851
GREEN, MD, Michael R PUD
203 Race Street
Sunbury PA 17801
HEINBACH, MD, Robert A GP
P O Box 26
Selinsgrove PA 17870
JACOBS, MD, Clyde H OPH
370 Market Street
Sunbury PA 17801
JUDGE, MD, John D M CD
Two Twig Lane
Sunbury PA 17801
JUSTIN, MD, Peter A CD
250 South Oak Street
Mount Carmel PA 17851
KEMPFE, MD, Konrad M OBG
330 North 12th Street
Sunbury PA 17801
KHANNA, MD, Sudhir K IM
R D 2 Box 167
Shamokin PA 17872
KIRK, MD, Daniel L GER
201 North Church Street
Waynesboro PA 17268
KNEIFATI, MD, Ahmed ORS
P O Box 264
Sunbury PA 17801
KORT, MD, Joseph F FP
519 North Rock
Shamokin PA 17872
LAGRIMAS, MD, Fernando C OBG
Shamokin State General Hosp
Shamokin PA 17872
LEMASTERS, DO, William C OPH
437 Market Street
Sunbury PA 17801
LEWIS, MD, Ivor FP
385 State Street
Sunbury PA 17801
MCNEIL, MD, Peter E FP
R D 1 Box 324
Paxinos PA 17860
MIRARCHI, MD, Vincenzo GP
404 West Avenue
Mount Carmel PA 17851
MITTAL, MD, Basant K IM
Box 429
Shamokin Dam PA 17876
MUNIR, MD, Mohammad M US
Box 427
Shamokin Dam PA 17876
MYCHAK, MD, Dennis R US
130 North Market Street
Mount Carmel PA 17851
NESPOLI, MD, Anthony M FP
16 North Market Street
Selinsgrove PA 17870
PAGANA, MD, John P FP
316 North 12th Street
Sunbury PA 17801
PATEL, MD, Purshottam N U
326 Market Street
Bloomsburg PA 17815
PAYNE, MD, Virginia L P
101 Magnolia Avenue
Selinsgrove PA 17870
PERALTA, MD, Juan O R
141 East Sunbury Street
Shamokin PA 17872
PERRIGE, MD, William M EM
330 North 12th Street
Sunbury PA 17801
PUGLIESE, MD, Patrick D EM
13 Hemlock Lane
Elysburg PA 17824
RODRIGUEZ, MD, Edsel A GP
Ten West Center Street
Elysburg PA 17824
SAMAD, MD, Mohammad A IM
Box 427
Shamokin Dam PA 17876
SAYERS, MD, Francis P GP
R D 3 Box 91-A
Sunbury PA 17801
SCHRECK, MD, Fred M GP
911 North Fifth Street
Sunbury PA 17801
SCICCHITANO, MD, David C IM
15 East Avenue
Mount Carmel PA 17851
SEDLOVSKY, MD, Michael Z NM
R D 5 Box 159
Selinsgrove PA 17870
SINGH, MD, Gurdial N US
Downtown Medical Center
Shamokin PA 17872
SPOCK, MD, Nicholas FP
300 Shamokin Street
Shamokin PA 17872
STIEF, MD, Michael J GP
117 East Frouth Street
Mount Carmel PA 17851
STRAUSSFOGEL, MD, PTH
Martin K
116 Tenth Avenue Shamokin Dam
Selinsgrove PA 17870
TILVA, MD, Praful K DR
P O Box 737
Sunbury PA 17801
TWIGGAR II, MD, Edward V GS
335 Center Street
Shamokin PA 17872
VASTINE, MD, John R IM
109 Salamanca Court
Solono Beach CA 92075
VIGDAROVICH, MD, Vladimir AN
129 Market Street
Sunbury PA 17801
WAGNER, MD, Jere L FP
William H Ressler Center
Shamokin PA 17872
WEADER, MD, William M GP
107 Susquehanna Avenue
Selinsgrove PA 17870
WELLER, MD, Carl A GP
Box E
Hummels Wharf PA 17831
WILSON, MD, Dorothy G GYN
330 North 12th Street
Sunbury PA 17801

PERRY

BARTHO, MD, Blaine F GP
R D 1 Box 52
Landisburg PA 17040
BELMONT, MD, Frank A OBG
P O Box 56
New Bloomfield PA 17068
BOLDEN, MD, Patrick T FP
Duncannon Family Health Ctr
Duncannon PA 17020
CHANG, MD, Byung D PD
19 South Carlisle Street
New Bloomfield PA 17068
GADANI, MD, Manu R IM
20 High Ridge Trail
Mechanicsburg PA 17055
GADANI, MD, Pravin R IM
600-B South State Road
Marysville PA 17053
GASULL JR, MD, H Robert GP
Perry Health Center
Loysville PA 17047
KEOUGH, MD, Jonathan E PTH
401 Kings Highway
Marysville PA 17053
MAGILL, MD, William H FP
Two South Fourth Street
Newport PA 17074
MARAKOWSKI, DO, James J GP
Perry Health Center
Loysville PA 17047
MATSKO, DO, Robert P FP
211 Broad Street
Marysville PA 17053
MATUNIS, MD, Joseph J FP
R D 2 Box 365
Loysville PA 17047
RUMBAUGH JR, MD, James O FP
Box 156
Newport PA 17074
STEPHENSON, MD, Orlando K FP
P O Box 55
New Bloomfield PA 17068
STRAHS, MD, Gerald NM
R D 2 Box 166
Millerstown PA 17062

PHILADELPHIA

AARON, MD, Neil H PD
4418 Spruce Street
Philadelphia PA 19104
ABBASI, MD, Soraya PTH
1114 Clubhouse Road
Gladwyne PA 19035
ABDOLLAHIAN, MD, Javad CD
1516 Redwood Lane
Wyncote PA 19095
ABEL, MD, David R P
300 Parker Avenue
Philadelphia PA 19128
ABLAZA, MD, Sariel G CDS
Klein Prof Office Bldg
Philadelphia PA 19141
ABNEY, DO, Ishiah J US
2967 School House Lane
Philadelphia PA 19102
ABRAHAM, MD, Hans A FP
3589 South Ocean Boulevard
Palm Beach FL 33480
ABRAHAM, DO, Michael I GS
Metropolitan Hospital Ste 424
Philadelphia PA 19106
ABRAHAM, DO, Ronald PM
338 Glen Meadow Road
Richboro PA 18954
ABRAHAMSON, MD, ORS
Manford N
Roosevelt Blvd And Welsh Road
Philadelphia PA 19114
ABRAMOWITZ, DO, Jodi S OS
9600 Atlantic Avenue
Margate NJ 08402
ABRAMS, MD, Cyril CD
1425 Dorset Lane
Philadelphia PA 19151
ABRAMS, MD, Peggy L PM
269 St Joseph's Way
Philadelphia PA 19106
ABRAMSON, MD, Edwin B IM
Beaver Hills
Jenkintown PA 19046
ABRAMSON, MD, Maurice GYN
7500 Manchester Road
Melrose Park PA 19126
ABRUTYN, MD, Elias ID
209 Rhyl Lane
Bala Cynwyd PA 19004
ACKERMAN, DO, Mark IM
821 Moredon Road
Meadowbrook PA 19046
ADAM, MD, Alberto L BE
360 Warren Road
Wayne PA 19087
ADAM, MD, David J IM
331-A Monroe Street
Philadelphia PA 19147
ADAMS III, MD, Ray D AN
Graduate Hospital-Dept Anes
Philadelphia PA 19146
ADDONIZIO, MD, V Paul TS
3400 Spruce Street
Philadelphia PA 19104
ADELIZZI, MD, Paul J DR
517 Merwyn Road
Narberth PA 19072
ADELMAN, MD, Bernard P R
907-B Elkins Park House
Elkins Park PA 19117
ADELMAN, MD, Frederick P IM
Elkins Park House
Elkins Park PA 19117
ADESMAN, MD, Michael B CD
615 Addison Street
Philadelphia PA 19147
ADLER, MD, Alan G IM
Hahnemann University Hospital
Philadelphia PA 19102
ADLER, MD, Richard D IM
2516 East Lehigh Avenue
Philadelphia PA 19125
ADLIN, MD, Albert IM
1512 Lindley Avenue
Philadelphia PA 19141
ADONI, MD, Leon D
8302 Old York Road
Elkins Park PA 19117

AGARWAL, MD, Nalini PD
226 Welsh Terrace
Merion PA 19066
AGERTY, MD, Horst A PD
420 Township Line Road
Havertown PA 19083
AGRO, MD, Angelo S OTO
31 Hazelhurst Drive
West Berlin NJ 08091
AHMED, MD, Fatema US
924 Stewart Avenue
Springfield PA 19064
AHONKHAI, MD, Vincent I ID
2622 General Forst Drive
Colmar PA 18915
AHRENS, MD, John C IM
Medical College Of Pa
Philadelphia PA 19129
AIKEN, MD, Robert D N
130 South Ninth Street
Philadelphia PA 19107
AL-MATEEN, MD, Cheryl S P
1219 East Johnson Street
Philadelphia PA 19138
AL-MATEEN, MD, Kevin B PD
40 West Evergreen
Philadelphia PA 19118
ALAVIZADEH, MD, Rowshan Z PD
1131 Sandringham Road
Bala Cynwyd PA 19004
ALAVIZADEH, MD, Seyed M IM
1364 East Hunting Park Avenue
Philadelphia PA 19124
ALBAUGH, MD, Mary Anne CHP
769 Wallace Drive
Warminster PA 18974
ALBERICO, MD, Anthony M IM
5100 Oxford Avenue
Philadelphia PA 19124
ALBERT, MD, Bonnie F PD
2424 Panama Street
Philadelphia PA 19103
ALBERT, MD, Seymour M ORS
Klein Prof Office Building
Philadelphia PA 19141
ALBERT, MD, Todd J GS
2424 Panama Street
Philadelphia PA 19103
ALBURGER, MD, Philip D ORS
3401 North Broad Street
Philadelphia PA 19140
ALDAY, MD, Edgardo S GS
1025 Walnut Street
Philadelphia PA 19107
ALEXANDER, MD, Fred PA
1400 Youngsford Road
Gladwyne PA 19035
ALEXANDER, MD, George A PM
Four Strathmore Drive
Cherry Hill NJ 08003
ALEXANDER, MD, John B IM
160 Edgehill Road
Bala Cynwyd PA 19004
ALEXANDER JR, MD, John D IM
301 South Eighth Street
Philadelphia PA 19106
ALGEO, MD, Suzanne B RHU
8814 Germantown Avenue
Philadelphia PA 19118
ALISUAG, MD, Restituto M GP
3664 Sipler Lane
Huntingdon Valley PA 19006
ALLAN, MD, David A RHU
236-A Moore Street
Philadelphia PA 19148
ALLCOCK, MD, Jennifer A PD
251 East Bringhurst Street
Philadelphia PA 19144
ALLOY, DO, Curtis A IM
764 North Taylor Street
Philadelphia PA 19130
ALMALLAH, MD, Omar F OPH
9020 Ayrdale Crescent
Philadelphia PA 19128
ALOSI, MD, Anthony J GP
230 East Keswick Avenue
Glenside PA 19038
ALPERT, MD, Charles B PM
4715 Conshohocken Avenue
Philadelphia PA 19131
ALTER, MD, Milton N
3401 North Broad Street
Philadelphia PA 19140
ALTEVEER, MD, Janet G EM
345 Tom Brown Road
Moorestown NJ 08057
ALTHOFF, MD, Marilyn F EM
215 Hillside Avenue
Jenkintown PA 19046
ALTSCHULER, MD, Stanley L PUD
8100 Roosevelt Blvd #103
Philadelphia PA 19152
AMADIO JR, MD, Peter FP
1015 Walnut Street
Philadelphia PA 19107
AMENDOLA, MD, Beatriz E TR
606 Fox Fields Road
Bryn Mawr PA 19010
AMENTA, MD, Peter S PTH
1000 Jefferson Avenue
Cherry Hill NJ 08002

AMROM, MD, George J GS
227 North Broad Street
Philadelphia PA 19107
AMSTERDAM, MD, Gerald H GS
Cedarbrook Hill Apts A-107
Wyncote PA 19095
ANDERSON, MD, Alice M GPM
3412 West Coulter Street
Philadelphia PA 19129
ANDREWS, MD, Waverly S PA
4739 Cedar Avenue
Philadelphia PA 19143
ANDRUCZYK, DO, Eugene OBG
38 Neshaminy Drive
Ivyland PA 18974
ANGLES, MD, Carmen PM
A Einstein Med Ctr/Nthn Div
Philadelphia PA 19141
ANNON JR, MD, Walter T GS
1912 Lambert Road
Jenkintown PA 19046
ANOLIK, MD, Miriam O PD
905 Primrose Lane
Wynnewood PA 19096
ANOLIK, MD, Mitchell A D
1601 Walnut Street
Philadelphia PA 19103
ANTENSON, MD, Charles M GP
1101 St Paul Street
Baltimore MD 21202
ANTONIADES, MD, John R
260 St Joseph Way
Philadelphia PA 19106
APPEL, MD, John W P
111 North 49th Street
Philadelphia PA 19139
ARANSON, MD, Robert PUD
3601 Conshohocken Avenue #246
Philadelphia PA 19131
ARAVABHUMI, MD, Srinivas PM
1529 Redwood Lane
Wyncote PA 19095
ARENAS, MD, Apollo M N
P O Box 534
Maple Shade NJ 08052
ARENTSEN, MD, Juan J OPH
933 Black Rock Road
Gladwyne PA 19035
ARGER, MD, Peter H R
Hospital University Of Pa
Philadelphia PA 19104
ARKLESS, MD, Henry A CD
331 Kent Road
Broomall PA 19008
ARMENTI, MD, Frederick R TS
Presb-Univ Of Pa Suite 105
Philadelphia PA 19104
ARMENTO, MD, Donald F U
Holy Redeemer Medical Bldg
Meadowbrook PA 19046
ARMOUR, MD, William S ORS
Springfield Residence C324
Wyndmoor PA 19118
ARNAO, MD, James GP
2503 South 62nd Street
Philadelphia PA 19142
ARONIN, MD, Tsodik OS
700 Kentwood Street
Philadelphia PA 19116
ARONSON, MD, Jerold M P
200 D Sproul Road
Broomall PA 19008
ARONSON, MD, Susan S PD
605 Moreno Road
Narberth PA 19072
ARTZ, DO, William J FP
5321 Castor Avenue
Philadelphia PA 19124
ASBELL, MD, Sucha O TR
297 North Highland Avenue
Merion PA 19066
ASKAR, MD, F GS
1143 Norwalk Street
Philadelphia PA 19115
ATKINS, MD, William R PM
5450 Wissahickon Avenue
Philadelphia PA 19144
ATKINS JR, MD, Joseph P HNS
Eighth And Spruce Streets
Philadelphia PA 19107
AU, MD, Francis C GS
Temple Hospital
Philadelphia PA 19140
AUDAY, MD, Jose H ORS
3905 Ford Road
Philadelphia PA 19131
AUERBACH, DO, Robert S OBG
1325 West Tabor Road
Philadelphia PA 19141
AUGSBURGER, MD, James J OPH
621 Montgomery School Lane
Wynnewood PA 19096
AUSTRIAN, MD, Robert C OS
Hospital University Of Pa
Philadelphia PA 19104
AVART, DO, Herbert N PM
Delaware County Medical Ctr
Broomall PA 19008
AVELLINO, MD, Joseph D GP
2219 South Broad Street
Philadelphia PA 19148

AVERSA, MD, Nicholas IM
1322 Ritner Street
Philadelphia PA 19148
AVERSA JR, MD, Zefferino A OTO
2301 South Broad Street
Philadelphia PA 19148
AXE, DO, Allen L GP
3392 Red Lion Road
Philadelphia PA 19114
AXELROD, MD, Budd B GP
618 East Girard Avenue
Philadelphia PA 19125
AXELROD, MD, Rita S ON
Hematology/Oncology
Philadelphia PA 19140
AYERLE, MD, Robert S OM
Scott Paper Company
Philadelphia PA 19113
AZAR, MD, Reza R AN
712 Harvest Hill Drive
Chalfont PA 18914
BACCASH, MD, Patricia D GER
600 Glen Echo Road
Philadelphia PA 19119
BACHARACH, MD, Benjamin TS
1025 Walnut Street
Philadelphia PA 19107
BAER, MD, Samuel IM
5123 North Broad Street
Philadelphia PA 19141
BAGLEY, MD, Demetrius H U
1025 Walnut Street
Philadelphia PA 19107
BAKER, MD, Linda J PD
Seven Whitemarsh Avenue
Erdenheim PA 19118
BAKSHI, MD, Kalind R OS
4241 Willow Avenue
Trevose PA 19047
BAKST, DO, Barry L PM
7317 Society Drive
Claymont DE 19703
BALABAN, MD, Donald J FP
Thomas Jefferson University
Philadelphia PA 19107
BALASUBRAMANIAN, MD, ORS
Easwaran
1335 West Tabor Road
Philadelphia PA 19141
BALCHANDANI, MD, DR
Rajkumari B
P O Box 82
Collegeville PA 19426
BALDERSTON, MD, Richard A ORS
Orthopedic Associates
Philadelphia PA 19107
BALIN, MD, Solomon L GP
Three Irving Road
Wallingford PA 19086
BALLEK, MD, Ronald E IM
1379 Heller Drive
Yardley PA 19067
BALMASEDA, MD, Ofelia B PM
1765 Terrace Drive
Maple Glen PA 19002
BALMASEDA, MD, Philip F PM
1765 Terrace Drive
Maple Glen PA 19002
BALSARA, MD, Rohinton K TS
St Christophers Hospital
Philadelphia PA 19133
BALTAROWICH, MD, Oksana H DR
1145 Beverly Road
Rydal PA 19046
BALTZELL, MD, William H BE
208 Rex Avenue
Philadelphia PA 19118
BAMONT, MD, Anthony J FP
3901 Henry Avenue
Philadelphia PA 19129
BANCROFT, MD, Peggy Lee PD
813 Bethlehem Pike
Erdenheim PA 19118
BANCROFT, MD, Ursula F IM
11605 Bustleton Avenue
Philadelphia PA 19116
BAND, MD, Philip T CHP
2603 North Fifth Street
Philadelphia PA 19133
BANDINI JR, MD, Paul J GE
4127 Jackson Drive
Lafayette Hill PA 19444
BANK, MD, Arnold A N
A Einstein Medical Center
Philadelphia PA 19141
BANKA, MD, Reena S N
Corner Bustleton & Brighton
Philadelphia PA 19149
BANNER, MD, Ronald S IM
410 Chapel Road
Elkins Park PA 19117
BANSAL, MD, Harinder K P
P O Box 172
New Britain PA 18901
BANSBACH, MD, Jean M D
21 North Feathering Road
Media PA 19063
BANSBACH, MD, William A U
21 North Feathering Road
Media PA 19063

BANTLEY JR, MD, David S R
Upper Bucks Radiology
Sellersville PA 18960
BANTOM III, MD, Walter E IM
567 South Lansdowne Avenue
Darby PA 19023
BAR, MD, Allen H GS
820-824 Pine Street
Philadelphia PA 19107
BARATZ, MD, Burton H OBG
Northeast Medical Center
Philadelphia PA 19114
BARBER, DO, Kevin G NEP
43 Edelweiss Road
Voorhees NJ 08043
BARBER, MD, Lee A IM
6607 Ridge Avenue
Roxborough PA 19128
BARBER, DO, Locke W DR
Two East Park Avenue
Haddonfield NJ 08033
BARBER, MD, Margaret P
1170 Northeast 191st Street
North Miami Beach FL 33179
BARBIERI, MD, Edward A GS
1038 Rock Creek Road
Bryn Mawr PA 19010
BARBO, MD, Dorothy M ON
3300 Henry Avenue
Philadelphia PA 19129
BARENBAUM, MD, Daniel H GP
2623 West Allegheny Avenue
Philadelphia PA 19132
BARKER, MD, Clyde F GS
University Of Pa Hospital
Philadelphia PA 19104
BARKER, MD, Richard G OM
446 Huntingdon Drive
Wayne PA 19087
BARLOW JR, MD, Robert A GS
13 Prime Pallep Court
Newtown PA 18940
BARNABY JR, MD, Arthur J CDS
227 North Broad Street
Philadelphia PA 19107
BARNES, MD, Anne U GS
1503 Richland Road
Feasterville PA 19047
BAROLAT-ROMANA, MD, NS
Giancarlo
1025 Walnut Street
Philadelphia PA 19107
BARON, MD, Raymond C IM
P O Box 3
Wyncote PA 19095
BARON, MD, Richard J IM
600 West Harvey Street
Philadelphia PA 19144
BARRETT, MD, Michael J CD
3300 Henry Avenue
Philadelphia PA 19129
BARRINGER, MD, Lydia R AN
201 South Buck Lane
Haverford PA 19041
BARRIOS, MD, Antonio GP
2122 North Hancock Street
Philadelphia PA 19122
BARRIST, MD, Ellis M GS
2277 Sunset Drive #3
Miami Beach FL 33140
BARRY, MD, Brenda M OBG
7950 Henry Avenue
Philadelphia PA 19128
BARRY, MD, William E HEM
3400 North Broad Street
Philadelphia PA 19140
BARSKY, DO, Howard Edwin AI
202 Parkview Road
Cheltenham PA 19012
BARSKY, MD, Rosalind D IM
2338 Perot Street
Philadelphia PA 19130
BARTAL, MD, Sharon A IM
Ccmc Towers Apartments
Chester PA 19013
BARTLETT, MD, Alexandra S PD
7358 Rural Lane
Philadelphia PA 19119
BARTLETT, MD, Scott P PS
3400 Spruce Street
Philadelphia PA 19104
BARTUSKA, MD, Doris G END
3227 West Penn Street
Philadelphia PA 19129
BARUSEWYCZ, MD, CHP
Sr Maria N
1825 West Lindley Avenue
Philadelphia PA 19141
BASSETT, MD, James G GS
3300 Henry Avenue
Philadelphia PA 19129
BASTIAN, MD, Grace A GP
465 Highview Drive
Radnor PA 19087
BATIPPS, MD, Francis W U
451 Lynetree Drive
West Chester PA 19380
BATOFF, MD, Milton A GP
209 East 22nd Street
Spray Beach NJ 08008

BATRA, MD, Preet M FP
708 Wright Drive
Maple Glen PA 19002
BATTAFARANO, MD, Leonard A GP
7054 City Line Avenue
Philadelphia PA 19151
BATTERTON, MD, Thomas D IM
2346 Rhawn Street
Philadelphia PA 19152
BATTS JR, MD, James A OBG
433 West Johnson Street
Philadelphia PA 19144
BATZER, MD, Frances R END
330 South Ninth Street
Philadelphia PA 19107
BAUM, MD, Stanley DR
3400 Spruce Street
Philadelphia PA 19104
BAURER, MD, Frederic M P
111 North 49th Street
Philadelphia PA 19139
BAZARNIC, MD, Margaret L R
Medical College Of Pa
Philadelphia PA 19129
BEANE, MD, Susan Jo IM
2601 Pennsylvania Avenue
Philadelphia PA 19130
BEAR, DO, Robert S IM
2618 Hamilton Drive
Voorhees NJ 08043
BEATTY, 501, Albert C CDS
501 West Moreland Avenue
Philadelphia PA 19118
BEAUCHAMP JR, MD, GS
Eugene W
300 Stafford Street
Springfield MA 01104
BEBB, MD, Gregory G
950 Walnut Street #213
Philadelphia PA 19107
BECK, MD, Aaron T P
406 Wynmere Road
Wynnewood PA 19096
BECK, MD, Allan G FP
Church Road
Waterford Works NJ 08089
BECK, MD, Sidney GS
Trianon Apartment 212
Bala Cynwyd PA 19004
BECK, MD, Thomas R IM
408 Anthwyn Road
Narberth PA 19072
BECK JR, MD, William W OBG
938 Summit Road
Narberth PA 19072
BECKER, MD, Irwin FP
1115 Morris Road
Bryn Mawr PA 19010
BECKER, MD, Joseph M DR
548 Winding Way
Merion Station PA 19066
BECKER, MD, Nancy S P
222 Edgehill Road
Merion PA 19066
BECKHARD, MD, Sharon A IM
834 Chestnut Street
Philadelphia PA 19107
BEDFORD, MD, Richard A FP
2998 Welsh Road
Philadelphia PA 19152
BEDNAREK, MD, Joseph M GS
1265 Stanwood Street
Philadelphia PA 19111
BEDRICK, MD, Edward L IM
2401 Pennsylvania Avenue
Philadelphia PA 19130
BEERMAN, MD, Herman D
Logan Square East Apt 1412
Philadelphia PA 19103
BEG, MD, Mirza M IM
1500 Spring Garden Street
Philadelphia PA 19101
BEHAR, MD, Robert D OPH
504 Ramblewood Drive
Bryn Mawr PA 19010
BEHJAT, MD, Fa-Ezeh GP
6101 Lansdowne Avenue
Philadelphia PA 19151
BEHREND, MD, Bernard OM
708 West Mt Airy Avenue
Philadelphia PA 19119
BEIZER, MD, Lawrence H HEM
Pepper Pavilion #1005
Philadelphia PA 19146
BELL, MD, Ella C IM
P O Box 1539
Lancaster SC 29720
BELL, MD, Harry J PM
Moss Rehabilitation Hospital
Philadelphia PA 19141
BELL, MD, Louis D GE
514-C Rondolph Court
Philadelphia PA 19147
BELL, MD, Steven D AN
11Th And Walnut Streets
Philadelphia PA 19107
BELL-THOMSON, MD, John CDS
York And Tabor Roads
Philadelphia PA 19141
BELLARMINO, MD, Francis M IM
2101 Porter Street
Philadelphia PA 19145

BELLER, MD, Martin L ORS
R D 1 Box 256b
Gaines PA 16921
BELMONT, MD, Herman S CHP
7900 Old York Road
Elkins Park PA 19117
BELMONT, MD, Owen OPH
Foxcroft Square Apartment 1
Jenkintown PA 19046
BEMIS, MD, Charles Eastman CD
One Farmhouse Lane
Malvern PA 19355
BENACK, MD, Andrea AN
122 Spruce Street
Doylestown PA 18901
BENDERSKY, MD, Gordon CD
2200 Ben Franklin Parkway
Philadelphia PA 19130
BENDITT, MD, Philip L IM
614 Revere Road
Merion Station PA 19066
BENDLIN, MD, Arnaldo GS
Six Hawthorne Court
Cherry Hill NJ 08003
BENJAMIN, MD, Ivor OBG
2020 Walnut Street
Philadelphia PA 19103
BENJAMIN, MD, Kenneth W OPH
3404 Warden Drive
Philadelphia PA 19129
BENJAMIN, MD, Marshall E GS
Two Surrey Road
Voorhees NJ 08043
BENKINNEY, MD, James A EM
726 Willow Brook Road
Coopersburg PA 18036
BENNETT, MD, Hugh D IM
639 Valley View Road
Ardmore PA 19003
BENNETT, MD, Joel A US
76 Peregrine Drive
Voorhees NJ 08043
BENNETT, MD, John A IM
2000 Mt Vernon Street
Philadelphia PA 19130
BENNETT, MD, Richard H N
Aemc Room 405 Klein Bldg
Philadelphia PA 19141
BENSON, MD, John R P
3401 North Broad Street
Philadelphia PA 19140
BENSON, MD, Melody A P
The Courts Apartment B-108
Philadelphia PA 19104
BENSON, MD, William E OPH
910 East Willow Grove Avenue
Wyndmoor PA 19118
BENTIVOGLIO, MD, Lamberto G CD
Two Bala Cynwyd Plaza
Bala Cynwyd PA 19004
BERENBAUM, MD, Paul L GE
Medical Arts Building
Elkins Park PA 19117
BERENHOLZ, MD, Leonard P OTO
1712 Pine Street
Philadelphia PA 19103
BERES, MD, Joseph C DR
2601 Holme Avenue
Philadelphia PA 19152
BERG, MD, Alan P IM
1508 Church Road
Oreland PA 19075
BERG, MD, Karen A IM
448 Seville Street
Philadelphia PA 19127
BERG, MD, Morton D P
315 Avenue Road Suite 1
Canada
BERG, MD, Philip GP
Wyncote House #505
Wyncote PA 19095
BERGER, MD, Alan S GS
525 Jamestown Avenue
Philadelphia PA 19128
BERGER, MD, Bruce C DR
1210 Imperial Road
Rydal PA 19005
BERGER, DO, Gary G PM
602 Westerly Drive
Marlton NJ 08053
BERGER, MD, Ira L IM
1617 Green Street
Philadelphia PA 19130
BERGHER, MD, Moises CHP
1500 Hellerman Street
Philadelphia PA 19149
BERK, MD, Nathaniel G IM
1405 Juniper Avenue
Elkins Park PA 19117
BERKOWITZ, MD, Henry D GS
3400 Spruce Street
Philadelphia PA 19104
BERMAN, MD, Arnold T ORS
230 North Broad Street
Philadelphia PA 19102
BERNS, MD, Leon L IM
1335 West Tabor Road
Philadelphia PA 19141
BERNSTEIN, MD, Larry PM
308 Bewley Road #2
Havertown PA 19083

BERNSTINE, MD, J Bernard OBG
23205 Mara Glen Drive
Los Altos CA 94022
BERTOLI, MD, Carol Lee DR
Pennsylvania Hospital
Philadelphia PA 19107
BERTOLI, MD, Robert J TR
Pennsylvania Hospital Rad Dpt
Philadelphia PA 19107
BESARAB, MD, Anatole NEP
1025 Walnut Street
Philadelphia PA 19107
BESSER, MD, Joseph P IM
350 East Willow Grove Avenue
Philadelphia PA 19118
BETTS, MD, Eugene K AN
108 Rock Rose Lane
Radnor PA 19087
BETZ, MD, Randal R ORS
572 Lenape Circle
Langhorne PA 19047
BEVAN, MD, Emma B GYN
354 West Lancaster Avenue
Haverford PA 19041
BEVERLY, MD, Avery W R
5029 Woodland Avenue
Philadelphia PA 19143
BEVERLY III, MD, Roland S D
529 South Juniper Street
Philadelphia PA 19147
BEVERLY JR, MD, Roland S GP
5836 Chestnut Street
Philadelphia PA 19139
BEVILACQUA, MD, John E OS
900 Drexel Avenue
Drexel Hill PA 19026
BEYER JR, MD, Karl H NEP
P O Box 387
Penllyn PA 19422
BHUTANI, MD, Vinod K NPM
Pennsylvania Hospital
Philadelphia PA 19107
BIANROSA, MD, John J AN
510 South Darien Street
Philadelphia PA 19147
BIELE, MD, Flora H P
The Touraine
Philadelphia PA 19102
BIEMULLER, MD, Martha L OBG
5735 Ridge Avenue Suite 104
Philadelphia PA 19128
BIERMANN, MD, William A ON
111 South 11th Street
Philadelphia PA 19107
BIGELOW, MD, Karen A S PD
One Montgomery Avenue
Bala Cynwyd PA 19004
BIGELOW, MD, Karen D L S OBG
One Montgomery Avenue
Bala Cynwyd PA 19004
BIGGANS, MD, Robert P IM
1832 Spruce Street
Philadelphia PA 19103
BIGLER, MD, Robert D IM
Hahnemann University
Philadelphia PA 19102
BIGLEY, MD, Joseph R PD
2105 East Huntingdon Street
Philadelphia PA 19125
BILKER, MD, Iris J CHP
Cedarbrook Hill
Wyncote PA 19095
BILLIG, MD, Ruth A PD
6448 North 11th Street
Philadelphia PA 19126
BILSKY, MD, Alan Charles IM
16 Parkview Road
Cheltenham PA 19012
BINGHAM, MD, Peter M PD
1018 South 49th Street
Philadelphia PA 19143
BINNS, MD, Joseph F IM
1020 Spruce Street
Philadelphia PA 19107
BIRDSALL, MD, Thomas M U
3910 Powelton Avenue #304
Philadelphia PA 19103
BIRNBAUM, MD, Michael D END
8118 Old York Road
Elkins Park PA 19117
BISHOP, MD, Harry C PDS
34Th St And Civic Center Blvd
Philadelphia PA 19104
BISHOP, MD, Sarah OS
6300 Greene Street E409
Philadelphia PA 19144
BISHOW, MD, I Ralph GP
Limekiln Pike & Glenside Ave
Glenside PA 19038
BITMAN, MD, Harold L P
Briar House
Elkins Park PA 19117
BITMAN, MD, Joseph PD
1939 Cheltenham Avenue
Elkins Park PA 19117
BLACK, MD, Martin GE
1453 Hagys Ford Road
Penn Valley PA 19072
BLACK, MD, Perry NS
Hahnemann University Hospital
Philadelphia PA 19102

BLACKLOW, MD, Robert S IM
1025 Walnut Street
Philadelphia PA 19107
BLAIR, MD, Frank W OPH
348 Green Lane
Philadelphia PA 19128
BLAKE, MD, Hu A GS
1800 Lombard Street #10-00
Philadelphia PA 19146
BLANCH, MD, Joseph J U
10854 Crestmont Avenue
Philadelphia PA 19154
BLAND, MD, C Brinley OBG
717 Bethlehem Pike
Philadelphia PA 19118
BLANK, MD, Samuel AN
191 Presidential Blvd
Bala Cynwyd PA 19004
BLANZACO, MD, Andre C OBG
717 Bethlehem Pike
Philadelphia PA 19118
BLASCO, MD, Luis OBG
Hospital University Of Pa
Philadelphia PA 19104
BLATT, MD, Mark A GP
Two Decker Square #46
Bala Cynwyd PA 19004
BLECHER, MD, Mark H OPH
1703 South Broad Street
Philadelphia PA 19148
BLENDER, DO, Burton FP
335 East Wyoming Avenue
Philadelphia PA 19120
BLESSING, MD, Henry G IM
2185 Winthrop Road
Huntingdon Valley PA 19006
BLEWITT, MD, George A IM
P O Box 698
Oldwick NJ 08858
BLINKOFF, MD, Barry A IM
8040 Roosevelt Blvd
Philadelphia PA 19152
BLOCK, MD, David S IM
530 South Second Street
Philadelphia PA 19147
BLOCK, MD, Robert A OBG
Northeastern Medical Center
Philadelphia PA 19114
BLOOD JR, MD, Raymond G GP
Box 754
Pocono Pines PA 18350
BLOOM, MD, Benjamin H OPH
Germantown Hospital
Philadelphia PA 19144
BLOOM, MD, Joseph PD
6901 Old York Road
Philadelphia PA 19126
BLOOM, MD, Lawrence H OPH
727 Sussex Road
Wynnewood PA 19096
BLOOMGARDEN, MD, CD
Raphael T
8815 Germantown Avenue
Philadelphia PA 19118
BLOUGH, MD, Herbert A OS
4119 Kottler Drive
Lafayette Hill PA 19444
BLUEMLE JR, MD, Lewis W IM
Thomas Jefferson University
Philadelphia PA 19107
BLUM, MD, Larry W N
532 Spruce Street
Philadelphia PA 19106
BLUMBERG, MD, Baruch S OS
7701 Burholme Avenue
Philadelphia PA 19111
BLUMBERG, MD, Myron L R
317 South 22nd Street
Philadelphia PA 19103
BLUMENTHAL, MD, Charles GP
22581 Esplanada Drive
Boca Raton FL 33433
BLUMSTEIN, MD, George I A
255 South 17th Street
Philadelphia PA 19103
BOBRIN, DO, Marshall C US
11863 Brandon Road
Philadelphia PA 19154
BOCK, MD, Naomi N IM
226A North 22nd Street
Philadelphia PA 19103
BOGEN, MD, Craig A N
304 Windermere Avenue
Lansdowne PA 19056
BOGER, MD, William P IM
1675 Glenhardie Road
Wayne PA 19087
BOGGS, MD, Stephanie PD
2216C Naudain Street
Philadelphia PA 19146
BOLNO, DO, Charles M ORS
718 Winding Road
Jenkintown PA 19046
BONAKDAR-POUR, MD, Akbar DR
Temple University Hospital
Philadelphia PA 19140
BONAN, MD, A Ferdinand P
1814 Delancey Street
Philadelphia PA 19103
BONDI, MD, Edward Edge D
1096 Randolph Road
Meadowbrook PA 19046

BOOKHAMMER, MD, Robert S P
702 Rosemont Plaza
Rosemont PA 19010
BOOKHART, MD, Ronald C IM
6711 Old York Road
Philadelphia PA 19126
BOOTH JR, MD, Robert E ORS
800 Spruce Street
Philadelphia PA 19107
BORDEN, MD, Anthony G R
991 Rydal Road
Rydal PA 19046
BORKOWSKI, MD, Bernard B EM
303 Windy Bush Road
New Hope PA 18938
BORKOWSKI, MD, Winslow J N
1324 Red Rambler Road
Rydal PA 19046
BORN, MD, Christopher T ORS
Three Cooper Plaza
Camden NJ 08103
BORNS, MD, Patricia F PDR
3411 Warden Drive
Philadelphia PA 19129
BOROW, MD, Lawrence S OBG
516 Craig Lane
Villanova PA 19085
BOROW, MD, Sydney PD
3400 St Vincent Street
Philadelphia PA 19149
BOROWSKY, MD, Larry M GE
741 North Croskey Street
Philadelphia PA 19130
BORTIN, MD, Leonard IM
191 Presidential Blvd
Bala Cynwyd PA 19004
BOSACCO, MD, Stephen J ORS
230 North Broad Street
Philadelphia PA 19102
BOSCIA, MD, Jerome A ID
P O Box 7929 E-43
Philadelphia PA 19101
BOTT, MD, Andrew C P
2023 Brandywine Street
Philadelphia PA 19130
BOVE, MD, Frank A DIA
1301 Wolf Street
Philadelphia PA 19148
BOVE, MD, Richard L CRS
1301 Wolf Street
Philadelphia PA 19148
BOWEN JR, MD, Frank W PD
Eighth And Spruce Streets
Philadelphia PA 19107
BOWER, MD, Robert GS
230 North Broad Street
Philadelphia PA 19102
BOWERS, MD, Paul A OBG
1015 Chestnut Street
Philadelphia PA 19107
BOWLING, MD, Chetwynd E IM
2923 Cheltenham Avenue
Wyncote PA 19095
BOWMAN, MD, James E PD
109 Mohawk Trail
Medford Lakes NJ 08055
BOWMAN, MD, Sallyann IM
201 East Gorgas Lane
Philadelphia PA 19119
BOYER, MD, Randal A DR
39 East Montgomery Avenue
Ardmore PA 19003
BRACE, MD, Frederick H P
P O Box 271
Ardmore PA 19003
BRADEN, MD, Geoffrey L GE
555 City Line Avenue
Bala Cynwyd PA 19004
BRADLEY JR, MD, Robert H U
7913 Crefeld Street
Philadelphia PA 19118
BRADY, MD, Anna M ORS
3302 West Queen Lane
Philadelphia PA 19129
BRADY, MD, James P P
3200 Henry Avenue
Philadelphia PA 19129
BRADY, MD, Luther W TR
230 North Broad Street
Philadelphia PA 19102
BRAFFMAN, MD, Michael N ID
822 Pine Street Suite 3-A
Philadelphia PA 19107
BRAITMAN, MD, Robert A IM
539 Prescott Road
Merion Station PA 19066
BRAJER, MD, Jason AN
321 Countryview Drive
Bryn Mawr PA 19010
BRALOW, MD, S Philip GE
Pepper Pavilion Suite 100
Philadelphia PA 19146
BRANCA, MD, Paul Anthony NPM
1025 Walnut Street
Philadelphia PA 19107
BRANDMAN, MD, Ita S IM
1208 Childs Avenue
Drexel Hill PA 19026
BRAV, MD, Solomon S OPH
5575 North Park Avenue
Philadelphia PA 19141

BRAVETTE, MD, Barry A IM
1504 Britton Place Condos
Voorhees NJ 08043
BRAY, MD, Susan H NEP
86 Bethlehem Pike
Philadelphia PA 19118
BRAYMAN, MD, Kenneth L GS
Hopkinson House #2412
Philadelphia PA 19106
BRECHER, MD, Eugene IM
8118 Old York Road
Elkins Park PA 19117
BRENMAN, MD, Arnold K OT
7612 Mountain Avenue
Philadelphia PA 19117
BRENNAN, MD, James T TR
1211 East Butler Pike
Ambler PA 19002
BRENNAN, MD, Joseph E US
431 East Levick Street
Philadelphia PA 19111
BRENNER, MD, Barry S FP
2175 Knorr Street
Philadelphia PA 19149
BRENNER, DO, Richard P FP
2175 Knorr Street
Philadelphia PA 19149
BRENNER, MD, Sophie A IM
646 Springfield Road
Springfield PA 19064
BRESLER, MD, R Ralph NTR
1003 Wellington Road
Jenkintown PA 19046
BRESLOW, MD, Irwin H IM
1924 Panama Street
Philadelphia PA 19103
BREST, MD, Albert N CD
Jefferson Medical College
Philadelphia PA 19107
BREZIN, MD, Joseph H NEP
250 North 13th Street
Philadelphia PA 19107
BRIDGMAN, MD, Peter A N
270 Bewley Road
Haddan Township NJ 08033
BRIER, MD, Jonathan A IM
917 Spruce Street
Philadelphia PA 19107
BRIGHTON, MD, Carl T ORS
14 Flintshire Road
Malvern PA 19355
BRIGNOLA, MD, Michael P IM
215-216 Barclay Bldg
Bala Cynwyd PA 19004
BRINDISI, MD, Gaetano CD
Eight Woodcroft Road
Havertown PA 19083
BRIZUELA, MD, Hernan R OBG
524 West Lehigh Avenue
Philadelphia PA 19133
BROAD, MD, Louis T GE
182 Rolling Road
Bala Cynwyd PA 19004
BROBYN, MD, Thomas J PS
813 Bethlehem Pike
Erdenheim PA 19118
BROCK, MD, Charlene M PD
3805 Mcmichael Street
Philadelphia PA 19129
BROCKMAN, MD, Stanley K CD
Hahnemann Univ Hosp Dept Cds
Philadelphia PA 19102
BRODER, MD, George J R
1553 Cherry Lane
Rydal PA 19046
BRODERSON, MD, Hal S AN
Skf P O Box 1539 #L303
King Of Prussia PA 19406
BRODOVSKY, MD, Harvey S IM
111 South 11th Street
Philadelphia PA 19107
BRODSKY, MD, Isadore ON
1528 Flat Rock Road
Narberth PA 19072
BRODY, MD, Jerome I HEM
3300 Henry Avenue
Philadelphia PA 19129
BRODY, MD, Julia B PUD
2300 South Broad Street
Philadelphia PA 19145
BRODY, MD, Morris W PYA
Two West Levering Mill Road
Bala Cynwyd PA 19004
BROENNLE, MD, Albert M AN
34Th Street And Civic Center
Philadelphia PA 19104
BROGAN, MD, Edmund J OTO
1020 Cedar Grove Road
Wynnewood PA 19096
BROGAN, MD, John J OBG
3101 Cottman Avenue
Philadelphia PA 19149
BROGAN, MD, Louis E PD
7100 Marshall Road
Upper Darby PA 19082
BROMBERG, MD, Jonathan ORS
6800 Castor Avenue
Philadelphia PA 19149
BROMMER, MD, Oliver R GP
421 Green Lane
Philadelphia PA 19128

BRONSTEIN, MD, Howard D IM
1659 Paper Mill Road
Meadowbrook PA 19046
BRONSTEIN, MD, Judith B EM
3134 West Coulter Street
Philadelphia PA 19129
BRONSTEIN, MD, Robert M R
109 West Moreland Avenue
Philadelphia PA 19118
BROOKS, MD, Dennis L OPH
Two Penn Blvd
Phildelphia PA 19144
BROOKS, MD, Frank P GE
3400 Spruce Street
Philadelphia PA 19104
BROOKS, MD, Robert GP
7600 Woodbine Avenue
Philadelphia PA 19151
BROSELOW, MD, David D GP
Cedarbrook Hill Iii
Wyncote PA 19095
BROSKEY, DO, Richard D PM
834 Ayrdale Road
Philadelphia PA 19128
BROSNAN, MD, William J AN
1225 Centennial Road
Narberth PA 19072
BROSOH, MD, Faith A US
1002 Steven Place
Wilmington DE 19810
BROUDO, MD, Samuel F ORS
6800 Castor Avenue
Philadelphia PA 19149
BROWN, DO, Avrom S FP
Ne Medical Center Suite 15
Philadelphia PA 19114
BROWN, MD, Clark E PTH
600 East Cathedial Road
Philadelphia PA 19128
BROWN, MD, Gary C OPH
910 East Willon Grove Avenue
Philadelphia PA 19118
BROWN, MD, J Oliver GP
53Rd Street And Cedar Avenue
Philadelphia PA 19143
BROWN, MD, Raymond D OBG
7100 Germantown Avenue
Philadelphia PA 19119
BROWN, MD, Richard L FP
401 Curtis
Philadelphia PA 19107
BROWN JR, MD, Louis A D
3801 Conshohocken Avenue
Philadelphia PA 19131
BROWNE, MD, Laurence T IM
Presidential Commons
Philadelphia PA 19131
BROWNSTEIN, MD, Bruce K OPH
304 Cynwyd Road
Bala Cynwyd PA 19004
BROWNSTEIN, MD, Israel E OBG
1325 West Tabor Road
Philadelphia PA 19141
BROWNSTEIN, MD, Phillip K U
111 South 11th Street
Philadelphia PA 19107
BRUCKER, MD, Alexander J OPH
51 North 39th Street
Philadelphia PA 19104
BRUCKER, MD, Paul C FP
1025 Walnut Street
Philadelphia PA 19107
BRUNNER, MD, Richard A P
89 West Levering Mill Road
Bala Cynwyd PA 19004
BRUNO, DO, Elena P OS
1801 Vine Street
Philadelphia PA 19103
BRUNO, MD, Leonard A NS
1601 Walnut Street
Philadelphia PA 19103
BRUNT JR, MD, Manly Y P
633 Malin Road
Newtown Square PA 19073
BRYANSMITH, MD, Dale HEM
2137 Welsh Road
Philadelphia PA 19115
BRYANT JR, MD, Winston M OPH
5900 Spruce Street
Philadelphia PA 19139
BRYANT-STEPHENS, MD, PD
Tyra C
5619-25 Vine Street
Philadelphia PA 19139
BRYLAWSKI, MD, Michael IM
606 Elkins Avenue
Elkins Park PA 19117
BRZOZOWSKI, MD, Leonard L GS
503 Seville Street
Philadelphia PA 19128
BUCHHEIT, MD, William A NS
3401 North Broad Street
Philadelphia PA 19140
BUCKLEY, MD, Roland M IM
268 Woodland Road
Wayne PA 19087
BUCKMAN, MD, Peter Daniel GS
279 Lake Street
Haddonfield NJ 08033
BUERKLIN, MD, Ellen M END
605 Vassar Road
Strafford PA 19087

BULLOCK, MD, Anne C IM
7141 Lincoln Drive
Philadelphia PA 19119
BULLUCK, MD, David E OM
532 Sentinel Drive
Moorestown NJ 08057
BULOVA, MD, Stephen I HEM
230 North Broad Street
Philadelphia PA 19102
BUNESE, MD, Horst J GP
8126 Ridge Avenue
Philadelphia PA 19128
BUNYA, MD, Vathana PD
1414 June Lane
Penn Valley PA 19072
BUNYA, MD, Vathana O EM
1414 June Lane
Narberth PA 19072
BURG, MD, Fredric D PD
University Of Pa Ed Bldg
Philadelphia PA 19104
BURKE, MD, James M N
Albert Einstein Medical Ctr
Philadelphia PA 19141
BURLAND, MD, J Alexis PYA
15 Colwyn Lane
Bala Cynwyd PA 19004
BURROS, MD, Harry M U
Pepper Pavilion #606
Philadelphia PA 19146
BURROWS, MD, Stanley B PTH
Episcopal Hospital
Philadelphia PA 19125
BURSTEIN, MD, Frank FP
8541 Bustleton Avenue
Philadelphia PA 19152
BUSCHIAZZO, MD, Horacio J IM
4955 Frankford Avenue
Philadelphia PA 19124
BUTLER, MD, Melvin V GP
131 North Yewdall Street
Philadelphia PA 19139
BUTSON, MD, Harry E PD
8236 Germantown Avenue
Philadelphia PA 19118
BUZBY, MD, Franklin S OM
1107 Wakeling Street
Philadelphia PA 19124
BUZBY, MD, Gordon P GS
Hospital University Of Pa
Philadelphia PA 19104
BYRNE, MD, Kevin J DR
347 Trevor Lane
Bala Cynwyd PA 19004
CAHAN, MD, Michael S PD
1939 West Cheltenham Avenue
Philadelphia PA 19117
CAHAN, MD, Robert B P
2340 Sutter Street
San Francisco CA 94115
CAHAN, MD, Steven L OPH
Two Penn Blvd
Philadelphia PA 19144
CAHN, MD, Milton M D
1930 Chestnut Street
Philadelphia PA 19103
CALABRO, MD, Sal P D
2206 South Broad Street
Philadelphia PA 19145
CALANDRA, MD, Gary B IM
1020 Pheasant Meadow Road
Blue Bell PA 19422
CALES, MD, Robert J TS
3144 Passyunk Avenue
Philadelphia PA 19145
CALESNICK, MD, Benjamin PA
646 Springfield Road
Springfield PA 19064
CALHOUN, MD, Joseph H OPH
Ninth & Walnut Streets
Philadelphia PA 19107
CALLAHAN, MD, Ellen M IM
834 Chestnut Street
Philadelphia PA 19107
CALLERY, MD, Gerald E OS
111 Long Lane
Upper Darby PA 19082
CAMNITZ, DO, Leonard GP
100 West Avenue
Jenkintown PA 19046
CAMODY-JOHNSTON, MD, PD
Patricia A
1015 Chestnut Street
Philadelphia PA 19107
CAMPBELL, MD, Robert E DR
Eighth And Spruce Streets
Philadelphia PA 19107
CANDER, MD, Leon PUD
317 Cherry Lane
Wynnewood PA 19096
CANE, MD, Martin IM
3794 Ridgeview Road
Huntingdon Vly PA 19006
CANINO, MD, Ada Iris IM
65203 Delaire Road
Philadelphia PA 19114
CANINO, MD, Christopher W DR
433 Aldan Avenue
Aldan PA 19018
CANNON, MD, Edward J OPH
1500 Locust Street
Philadelphia PA 19102

CANUSO, MD, Nicholas A OBG
1645 South Broad Street
Philadelphia PA 19148
CAPLAN, MD, Bernard R
8128 Fairview Road
Elkins Park PA 19117
CAPLAN, MD, Howard S PS
301 South Eighth Street
Philadelphia PA 19106
CAPLAN, MD, Murray S P
9321 Laramie Road
Philadelphia PA 19115
CAPONE, MD, Gaetano J CD
191 Presidential Boulevard
Bala Cynwyd PA 19004
CAPPOLA JR, MD, Michael T GP
5871 North Sixth Street
Philadelphia PA 19120
CAPPUCCIO, MD, Matthew S OBG
1809 South 12th Street
Philadelphia PA 19148
CAPUTO, MD, Larry A R
Methodist Hospital
Philadelphia PA 19148
CARABASI, MD, R Anthony Iii CDS
1025 Walnut Street
Philadelphia PA 19107
CARABASI, MD, Ralph A IM
1001 Barberry Road
Bryn Mawr PA 19010
CARABELLI, MD, Ronald J CD
332 Fisher Road
Jenkintown PA 19046
CARAPELLOTTI, MD, OBG
Richard A
7996 Oxford Avenue
Philadelphia PA 19111
CARDAMONE, MD, S Joseph P
111 North 49th Street
Philadelphia PA 19139
CAREL, MD, Warren D AN
One Graduate Plaza
Philadelphia PA 19146
CARLSON, MD, Gary J PTH
Frankford Hospital
Philadelphia PA 19114
CARLSON, MD, William D CDS
Box 1539
King Of Prussia PA 19406
CARLSON JR, MD, John A ON
614 Woodleave Road
Bryn Mawr PA 19010
CARLUCCI, MD, Ronald J GS
226 East State Street
Media PA 19063
CARNABUCI, MD, Guy J D
1612 South Broad Street
Philadelphia PA 19145
CARP, MD, Albert A PD
7433 Drexel Road
Philadelphia PA 19151
CARP, MD, Leon M IM
7516 City Avenue
Philadelphia PA 19151
CARPINIELLO, MD, Victor L U
2136 West Passyunk Avenue
Philadelphia PA 19145
CARROLL, MD, Robert T IM
Jefferson Medical Building
Philadelphia PA 19107
CARROLL, MD, Stanton F GS
541 City Line Avenue
Merion PA 19066
CARROZZA, MD, Harry D OPH
Jamestown Medical Building
Philadelphia PA 19128
CARTER, MD, W Bradford GS
925 Latimer Street
Philadelphia PA 19107
CARVER, MD, Joseph R CD
227 North Broad Street
Philadelphia PA 19107
CASE JR, MD, Warren G P
2400 Chestnut Street
Philadelphia PA 19103
CASEY, MD, John D ORS
715 West Chelten Avenue
Philadelphia PA 19126
CASEY, MD, Kevin TS
321 Lankenau Med Bldg
Philadelphia PA 19151
CASEY, MD, Michael P ORS
5820 Centre Avenue
Pittsburgh PA 15206
CASH, MD, Stephen L HS
901 Walnut Street
Philadelphia PA 19107
CASSELLI, MD, Helene J RHU
170 Levering Street
Philadelphia PA 19127
CASSIDY, MD, William J ORS
Nine Hummingbird Road
Wyomissing PA 19610
CASTAGNA, MD, Armand GP
6463 Malvern Avenue
Philadelphia PA 19151
CASTILLO, MD, Jose PS
228 South 22nd Street
Philadelphia PA 19103
CASTOR, MD, Louis H IM
The Philadelphian
Philadelphia PA 19130

CASTROVINCI, MD, Robert V OPH
1709 South Broad Street #201
Philadelphia PA 19148
CASWELL, MD, Horace T GS
713 Bryn Mawr Avenue
Narberth PA 19072
CATTANO, MD, Charles J GE
2801 Pennsylvania Avenue
Philadelphia PA 19130
CATTIE, MD, Vincent J GS
6350 North Seventh Street
Philadelphia PA 19126
CAVAROCCHI, MD, Nicholas C TS
3401 North Broad Street
Philadelphia PA 19140
CAVE, MD, Sergil L GYN
5243 Spruce Street
Philadelphia PA 19139
CEDERSTROM, MD, Janice J P
Locust Point Apartment 505
Philadelphia PA 19103
CEDRONE, MD, Francine Anne HS
17-B Indistrial Blvd
Paoli PA 19301
CELIO, MD, Lee A IM
8407 Bustleton Avenue
Philadelphia PA 19152
CEPEDA, MD, Elvessa P AN
1149 Liberty Bell Drive
Cherry Hill NJ 08003
CERTA, MD, Kenneth M P
1651C Thompson
Philadelphia PA 19107
CHAIT, MD, Arnold R
19Th And Lombard Streets
Philadelphia PA 19146
CHALAL, MD, Gerald S FP
2428 Brown Street
Philadelphia PA 19130
CHALAL, MD, Kenneth FP
111 South Andover Avenue
Margate NJ 08402
CHAMBERS, MD, Bryan P GS
5450 Wissahickon Avenue
Philadelphia PA 19144
CHAMBERS, MD, Christopher V FP
1015 Walnut Street
Philadelphia PA 19107
CHAN, MD, Anne K OPH
Wills Eye Hospital
Philadelphia PA 19107
CHANDRA, MD, Prasanta C OBG
163 Briarwood Road
Mt Laurel NJ 08054
CHANG, MD, Helena R GS
629 South Ninth Street
Philadelphia PA 19147
CHANG, MD, James D IM
Hospital Univ Of Penna
Philadelphia PA 19104
CHANG, MD, Kun T AN
P O Box 1396
Bryn Mawr PA 19010
CHANNICK, MD, Bertram J END
3401 North Broad Street
Philadelphia PA 19140
CHAPLIN, MD, Stanley S OBG
255 South 17th Street
Philadelphia PA 19103
CHAPPELKA, MD, Alfred R OM
Box 215
Cambria CA 93428
CHARKES, MD, N David NM
Temple University Hospital
Philadelphia PA 19140
CHARNY, MD, Charles W OS
2401 Pennsylvania Avenue
Philadelphia PA 19130
CHASE, MD, Harold F AN
1945 Green Lawn Drive
Englewood FL 34223
CHASE, MD, Jeffrey S OBG
295 Wyndmoor Circle
Huntingdon Valley PA 19006
CHASTENEY III, MD, OBG
Edward A
140 Lankenau Medical Bldg
Philadelphia PA 19151
CHAT, MD, Emanuel P
11615 Bustleton Avenue
Philadelphia PA 19116
CHAUDHRY, MD, Aziz GP
2109 West Diamond Street
Philadelphia PA 19121
CHAVIN, MD, Kenneth D GS
24-26 Southbank Street
Philadelphia PA 19106
CHAWLUK, MD, John B N
657 West Kingsley Street
Philadelphia PA 19144
CHEN, MD, Mao H AN
1724 Waterford Way
Maple Glen PA 19002
CHEN, MD, Wei-Fan EM
807 Hickory Lane Woodhaven
Milford DE 19963
CHENEY, MD, Maryalice CRS
1100 Walnut Street
Philadelphia PA 19107
CHERNEGA, MD, Joy IM
2200 Ben Franklin Parkway
Philadelphia PA 19130

CHERNER, MD, Rachmel END
Benjamin Fox Pavilion
Jenkintown PA 19046
CHERNEY, MD, Paul J PTH
1200 York Road
Abington PA 19001
CHERNOFF, MD, Arthur END
6901 Old York Road
Philadelphia PA 19126
CHERNOFF, MD, Benjamin CD
6901 Old York Road
Philadelphia PA 19126
CHESEN, MD, David GP
111 Cedarbrook Hill
Wyncote PA 19095
CHESTNUT, MD, Wendell GP
2652 North 17th Street
Philadelphia PA 19132
CHHIBBER, MD, Geeta OBG
Albert Einstein Med Ctr-N Div
Philadelphia PA 19141
CHI, MD, Nungja OBG
Seven Valley View Road
Philadelphia PA 19118
CHILDS, MD, John N GS
432 West Walnut Lane
Philadelphia PA 19144
CHILDS, MD, Usha M PD
432 West Walnut Lane
Philadelphia PA 19144
CHINITZ, MD, Joel L NEP
250 North 13th Street
Philadelphia PA 19107
CHISUM, MD, Melvin J OM
4120 Apalogen Road
Philadelphia PA 19144
CHMIELEWSKI, MD, Robert E IM
1220 Old Welsh Road
Huntingdon Valley PA 19006
CHO, MD, Sang Y PTH
Jefferson Univ Hosp Pth Dept
Philadelphia PA 19107
CHOMSKY, MD, David E IM
8120 New Second Street
Elkins Park PA 19117
CHREMOS, MD, Athanassios N PA
Merck Sharp & Dohme
West Point PA 19486
CHRISTIDES, MD, Stephan A ORS
C/O Eoa Suite 3B/The Piers
Philadelphia PA 19106
CHRISTOFERSEN, MD, ORS
Mark Rau
34Th And Civic Center Blvd
Philadelphia PA 19104
CHRISTOU, MD, Aristotle A
104 Wexford Way
Basking Ridge NJ 07920
CHU, MD, Ann M R
Temple Univ Hosp-Rad Oncology
Philadelphia PA 19140
CHU, MD, Donald IM
6100 Castor Avenue
Philadelphia PA 19149
CHU, MD, Jennifer PM
4739 Cedar Avenue
Philadelphia PA 19143
CHUN, MD, Sae-Il PM
516 Eaglebrook Drive
Moorestown NJ 08057
CHUNG, MD, Edward K CD
777 Woodleave Road
Bryn Mawr PA 19010
CHUNG, MD, Whan S OBG
Front And Lehigh Avenue
Philadelphia PA 19125
CHUNN, MD, Livingston US
1310 Old Ford Road
Huntingdon Valley PA 19006
CICCOTTI, MD, Michael G ORS
227 Farwood Road
Philadelphia PA 19151
CICHELLI, MD, Andrew V PUD
2300 South Broad Street
Philadelphia PA 19102
CINBERG, MD, Leonard A IM
501 Central Avenue
Cheltenham PA 19012
CIRELLI, MD, Mario G GS
103 South Manor Avenue
Longport NJ 08403
CIRELLI, MD, Rosemary A IM
3325 Conrad Avenue
Philadelphia PA 19129
CIRIGLIANO, MD, Daniel A PM
2406 Manning Street
Philadelphia PA 19103
CLANCY, MD, Michael ORS
220 Commerce Drive
Ft Washington PA 19034
CLARK, MD, Donald L AN
Trenton Road Heart & Lung
Browns Mills NJ 08015
CLARK, MD, Edward L GP
2109 West Diamond Street
Philadelphia PA 19121
CLARK, MD, John K IM
1400 Waverly Road
Gladwyne PA 19035
CLARKE, MD, Ellen M IM
712 Locust Street
Philadelphia PA 19106

CLARKE, MD, John R GS
3300 Henry Avenue
Philadelphia PA 19129
CLARKE, MD, Leon E GS
3300 Henry Avenue
Philadelphia PA 19129
CLEARFIELD, MD, Harris R GE
230 North Broad Street
Philadelphia PA 19102
CLERF, MD, Louis H US
10300 North Fourth Street
St Petersburg FL 33702
CLOSSON, MD, Edward W GS
2060 North Main Street
Lambertville NJ 08530
CODARIO, MD, Ronald A IM
1427 South Broad Street
Philadelphia PA 19147
COFFEY, MD, William F OM
Bryn Mawr & Highland Avenue
Bala Cynwyd PA 19004
COHAN, MD, Gary R IM
2300 Walnut Street
Philadelphia PA 19103
COHEN, MD, Arnold W OBG
Albert Einstein Medical Ctr
Philadelphia PA 19141
COHEN, MD, David A IM
3738 Lankenau Road
Philadelphia PA 19131
COHEN, MD, David J GP
1807 Delancey Place
Philadelphia PA 19103
COHEN, MD, Eric B CHP
7009 Mccallium Street
Philadelphia PA 19119
COHEN, MD, Erwin A VS
232 Barclay Circle
Cheltenham PA 19012
COHEN, MD, H Elliott PUD
7911 Heather Road
Elkins Park PA 19117
COHEN, MD, H Emmanuel CD
51 North 39th Street
Philadelphia PA 19104
COHEN, MD, Harry W P
501 Hamilton Road
Merion PA 19066
COHEN, DO, Herman F PD
2031 Spring Garden Street
Philadelphia PA 19130
COHEN, MD, J Stanley OBG
Elkins Park House #813-B
Elkins Park PA 19117
COHEN, MD, Jacob J GER
5301 Old York Road
Philadelphia PA 19141
COHEN, MD, Kenneth D P
37 East Princton Road
Bala Cynwyd PA 19004
COHEN, MD, Meyer A OTO
605 Bridle Road
Glenside PA 19038
COHEN, MD, Michael M N
Gsb Building Suite 823
Bala Cynwyd PA 19004
COHEN, MD, Norman F IM
5450 Wissahickon Avenue
Philadelphia PA 19144
COHEN, MD, Norman N GE
1501 Lansdowne Avenue
Darby PA 19023
COHEN, MD, Paul A G IM
2013 Spring Garden Street
Philadelphia PA 19130
COHEN, MD, Raphael M NEP
Four Green Hill Lane
Philadelphia PA 19151
COHEN, MD, Robert M NS
Rancocos Valley Hospital
Willingboro NJ 08046
COHEN, MD, Robert V PUD
1889 Acorn Lane
Abington PA 19001
COHEN, MD, Rodney S IM
765-G South Second Street
Philadelphia PA 19147
COHEN, MD, Rona S P
2550 Creek Road
Langhorne PA 19047
COHEN, MD, Sarle H IM
Logan Square Med Associates
Philadelphia PA 19103
COHEN, MD, Sherwood V OPH
2375 Woodward Street
Philadelphia PA 19115
COHEN, MD, Stanley PTH
Hahnemann University Path Dep
Philadelphia PA 19102
COHEN, MD, Stanley N IM
111 South 11th Street
Philadelphia PA 19107
COHEN, MD, Theodore B PYA
421 Hidden River Road
Narberth PA 19072
COHN, MD, Edwin M GE
7900 Old York Road
Philadelphia PA 19117
COHN, MD, Herbert E GS
111 South 11th Street
Philadelphia PA 19107
COHN, MD, Jeffrey B ON
1335 West Tabor Road
Philadelphia PA 19141
COHN, MD, John R AI
111 South 11th Street
Philadelphia PA 19107
COLBERG, MD, James E GS
1025 Walnut Street
Philadelphia PA 19107
COLBURN JR, MD, Harold L D
47 Wagon Bridge Run
Moorestown NJ 08057
COLE, MD, K Niki OBG
309 Township Line Road
Elkins Park PA 19117
COLEMAN, MD, Marcia J OBG
100 North Broad Street
Philadelphia PA 19102
COLETTA, MD, Anthony V GS
525 Prescott Road
Merion Station PA 19066
COLLEY, MD, Alfred L IM
Knights & Red Lion Roads
Philadelphia PA 19114
COLMENAR, MD, Antonio B AN
7905 Anselm Road
Elkins Park PA 19117
COLTMAN, MD, Arthur B IM
1301 Robbins Street
Philadelphia PA 19111
COLTON, MD, Nathan H PYA
306 Baintree Road
Rosemont PA 19010
COLVIN, MD, Meda K IM
5935 Wayne Avenue
Philadelphia PA 19144
COMER, MD, Nathan L P
111 North 49th Street
Philadelphia PA 19139
COMEROTA, MD, Anthony J GS
8210 Aspen Way
Elkins Park PA 19117
CONNELL, MD, Thomas A P
3479 Tilden Street
Philadelphia PA 19129
CONNOR, DO, Janetta V GP
1808 Janney Terrace
Langhorne PA 19047
CONNOR, DO, Joseph P IM
1808 Janney Terrace
Langhorne PA 19047
CONRAD, MD, Rebecca S OBG
822 Pine Street Suite 10
Philadelphia PA 19107
CONROY, DO, James F ON
230 North Broad Street
Philadelphia PA 19102
CONROY, MD, Joseph V GS
10800 Crestmont Avenue
Philadelphia PA 19154
CONTINO, MD, John A EM
1101 Cloverhill Road
Wynnewood PA 19096
COOK, MD, David G N
Eighth And Spruce Streets
Philadelphia PA 19107
COOK, MD, Rosemary A IM
232 Pine Street
Philadelphia PA 19106
COOLER, MD, Stewart PD
1101 Penhurst Lane
Narberth PA 19072
COONEL, MD, Pauline OTO
Springfield Retirement Res
Wyndmoor PA 19118
COOPER, MD, Donald R GS
3300 Henry Avenue
Philadelphia PA 19129
COOPER, MD, Edward I GP
7351 Woodbine Avenue
Philadelphia PA 19151
COOPER, MD, Edward S IM
6710 Lincoln Drive
Philadelphia PA 19119
COOPER, MD, Harry S PTH
511 East Willow Grove Avenue
Wyndmoor PA 19118
COOPER, MD, Jean W GP
6710 Lincoln Drive
Philadelphia PA 19119
COOPER, MD, Mark W DR
Methodist Hospital
Philadelphia PA 19148
COOPER, MD, Martin IM
1927 Nicholas Drive
Huntingdon Valley PA 19006
COOPER, MD, Max M R
1652 Pennypack Road
Huntingdon Valley PA 19006
COPE, MD, Constantin DR
8246 Fairview Road
Elkins Park PA 19117
COPELAN, MD, Herbert W IM
522 Cambridge Road
Bala Cynwyd PA 19004
COPELAND, MD, Adrian D P
834 Chestnut Street
Philadelphia PA 19107
COPELAND, MD, Nathaniel H IM
4622 Kingsessing Avenue
Philadelphia PA 19143
COPPERMAN, MD, Gertrude FP
Two Bala Cynwyd Plaza II51
Bala Cynwyd PA 19004
COPPES, MD, Charles D OBG
Crosslands 27
Kennett Square PA 19348
COREN, MD, Gary S R
339 South Fifth Street
Philadelphia PA 19106
CORFF, MD, Meyer GP
Coventry House
Melrose Park PA 19126
CORMAN, MD, Lev A CD
12Th And Tabor Roads
Philadelphia PA 19141
CORNFIELD, MD, Dennis B ON
509 Bridle Road
Glenside PA 19038
CORRADO, MD, Michael L ID
309-H Seven Corner Road
Perkasie PA 18944
CORSON, MD, Joseph K D
33 East Chestnut Hill Avenue
Philadelphia PA 19118
CORSON, MD, Stephen L OS
715 Righters Mill Road
Narberth PA 19072
CORVASCE, MD, Joseph M GE
1331 East Wyoming Avenue
Philadelphia PA 19124
COSTARINO, MD, Andrew T AN
34Th And Civic Center Blvd
Philadelphia PA 19104
COTLER, MD, Jerome M ORS
1015 Walnut Street Suite 621
Philadelphia PA 19101
COUCH, MD, James B LM
One Holbrook Road
Havertown PA 19083
COUSINS JR, MD, James L PD
7804 Spring Avenue
Elkins Park PA 19117
COUSOUNIS, MD, Gerry T FP
527 Gates Street
Philadelphia PA 19128
COVALESKY, MD, Veronica Ann CD
2038 Mount Vernon Street
Philadelphia PA 19130
COWDERY, MD, Susan L RHU
Albert Einstein Medical Coll
Philadelphia PA 19141
COWEN, DO, Lee Andrew IM
6831 Castor Avenue
Philadelphia PA 19149
COWEN, DO, Stephen P IM
6831 Castor Avenue
Philadelphia PA 19149
COWITZ, MD, Bernard P
111 Presidential Boulevard
Bala Cynwyd PA 19004
COX, MD, James L P
111 North 49th Street
Philadelphia PA 19139
COYNE, MD, Richard J OM
707 Sussex Road
Wynnewood PA 19096
CRAIG, MD, Ann M PD
247 South Farragut Street
Philadelphia PA 19139
CRANE, MD, A Reynolds ON
Pennsylvania Hospital
Philadelphia PA 19107
CREAMER, MD, Thomas Edward OS
12601 Dunks Ferry Road
Philadelphia PA 19154
CREECH, MD, Richard H ND
7500 Central Avenue
Philadelphia PA 19111
CREEVY, MD, William R ORS
1827 Kater Street
Philadelphia PA 19146
CRILLEY, DO, Pamela Ann HEM
4100 Lower Road
Newportville PA 19046
CRISTOL, MD, James L OPH
641 Broad Acres Road
Penn Valley PA 19072
CROLL, MD, Millard N NM
435 Hughes Road
King Of Prussia PA 19102
CRONIN, MD, Dennis W GS
1200 Concord Avenue
Drexel Hill PA 19026
CRONLEY, MD, Shea Ann PD
818 Pine Street
Philadelphia PA 19107
CROOKE, MD, Stanley T IM
Smith Kline & French Lab
King Of Prussia PA 19406
CROSSETT, MD, Lawrence S ORS
3401 North Broad Street
Philadelphia PA 19140
CRUFT, MD, George E GS
1617 J F Kennedy Boulevard
Philadelphia PA 19103
CRUZ-ALVAREZ, MD, Rebeca E IM
2500 South 17th Street
Philadelphia PA 19145
CUCINOTTA, MD, Salvatore OBG
1645 South Broad Street
Philadelphia PA 19148
CULF, MD, Norris K GS
644 Norristown Road
Horsham PA 19044
CULLEN, MD, Milton L GS
443 Greenwood Avenue
Wyncote PA 19095
CUNNANE, MD, Mary F PTH
726 Manatawna Avenue
Philadelphia PA 19128
CURLEY, DO, John F PD
1331 East Wyoming Avenue
Philadelphia 19124
CURRIE, MD, Richard J U
8815 Germantown Avenue
Philadelphia PA 19118
CURTIN, MD, John J IM
1746 South 65th Street
Philadelphia PA 19142
CUSTER, MD, Richard P ON
643 Moreno Road
Narberth PA 19072
CUTLER, MD, Irvin IM
6600 Roosevelt Boulevard
Philadelphia PA 19149
CUTLER, MD, Neil R
801 North 24th Street
Philadelphia PA 19130
CYNN, MD, Won S R
Graduate Hospital
Philadelphia PA 19146
CZARNECKI, MD, Casimir OPH
9412 Academy Road
Philadelphia PA 19114
CZARNECKI, MD, Dorothy G OBG
9412 Academy Road
Philadelphia PA 19114
CZARNECKI, MD, Nancy S FP
2721 East Allegheny Avenue
Philadelphia PA 19134
DADPARVAR, MD, Simin D NM
8909 Carlisle Road
Philadelphia PA 19118
DAHLEM, MD, Stephen T PD
9600 Roosevelt Blvd
Philadelphia PA 19115
DAITER, MD, Donald P
1221 Cottman Avenue
Philadelphia PA 19111
DALE, MD, Anthony D IM
37 Coventry Circle East
Marlton NJ 08053
DALONZO, MD, Walter A GS
1647 South 15th Street
Philadelphia PA 19145
DALY, MD, John M ON
3400 Spruce Street
Philadelphia PA 19104
DAMJANOV, MD, Ivan PTH
Jefferson Medical College
Philadelphia PA 19107
DAMSKER, MD, Jeffrey I TR
230 North Broad Street
Philadelphia PA 19102
DANGIO, MD, Giulio J TR
3400 Civic Center Blvd 9092
Philadelphia PA 19104
DANNENBURG, MD, Arthur M PD
1830 Rittenhouse Square
Philadelphia PA 19103
DANTON, DO, Jack Alan FP
283 Second Street Pike
Southampton PA 18966
DAVE, MD, Deepak V OPH
3449 Bewman Street
Philadelphia PA 19129
DAVIDSON, MD, Jay H GE
1002 Spruce Street
Philadelphia PA 19107
DAVIDSON, MD, Richard S ORS
Childrens Hospital
Philadelphia PA 19104
DAVIDSON, MD, Steven J EM
3300 Henry Avenue Box 192
Philadelphia PA 19129
DAVILA, MD, Juan Elias PM
2539 Jenkintown Road #101
Glenside PA 19038
DAVIS, MD, Bolivia T OS
2828 North Lambert Street
Philadelphia PA 19132
DAVIS, MD, C Nelson P
524 Howe Road
Merion PA 19066
DAVIS, MD, John W PS
135 South 18th Street
Philadelphia PA 19103
DAVIS, MD, Richard A NS
3400 Spruce Street
Philadelphia PA 19104
DAVIS, MD, Thomas G PA
1500 Spring Garden Street
Philadelphia PA 19101
DAVITCH, MD, Leonard S GP
135 South 19th Street #1102
Philadelphia PA 19103
DAVNE, MD, Sanford H ORS
1015 Chestnut Street
Philadelphia PA 19107
DAY, MD, Nancy S AN
67 Woodview Lane
North Wales PA 19454
DE, MD, Nirmal K IM
1923 East Allegheny Avenue
Philadelphia PA 19134
DEAS, MD, Thomas C AN
421 Wister Road
Wynnewood PA 19096
DEBERARDINIS, MD, Camillo T IM
8314 Jenkintown Road
Philadelphia PA 19117
DECARLO, MD, John P GP
7432 Torresdale Avenue
Philadelphia PA 19136
DECARO, MD, Matthew V CD
1317 Wolf Street
Philadelphia PA 19148
DECASPERIS, MD, Anthony J GS
3316 Chatham Place
Media PA 19063
DECASTRO, MD, Miguel A GP
460 West Lehigh Avenue
Philadelphia PA 19133
DECASTRO, MD, Nieves D AN
3300 Henry Avenue
Philadelphia PA 19129
DECHERNEY, MD, William A FP
2603 South Eighth Street
Philadelphia PA 19148
DECKER, MD, John P PTH
Pennsylvania Hospital
Philadelphia PA 19107
DECOSKEY, MD, Darla K CD
24 South Mars Drive
Sewell NJ 08080
DECOU, DO, Marcy J IM
301 West School House Lane
Philadelphia PA 19144
DEHORATIUS, MD, Raphael F CD
2130 St James Place
Philadelphia PA 19103
DEHORATIUS, MD, Raphael J IG
667 Sproul Road
Villanova PA 19085
DEININGER, MD, John T IM
801 Old York Road
Jenkintown PA 19046
DEITCH, MD, Bernard IM
Six South Buck Lane
Haverford PA 19041
DEITCH, MD, Marc W PD
Box 8299
Philadelphia PA 19101
DEITRICK III, MD, George A GS
301 South Eighth Street
Philadelphia PA 19106
DEITZLER, MD, Margaret M AN
2818 Bayview Drive
Alameda CA 94501
DEKRET, MD, Jeffrey J P
Eugenia Hospital
Lafayette Hill PA 19444
DELAPLANE, MD, James M P
Roosevelt Blvd & Adams Avenue
Philadelphia PA 19124
DELAURENTIS, MD, Dominic A GS
Pennsylvania Hospital
Philadelphia PA 19107
DELGADO, MD, Tomas E NS
Neurosurgical Department
Lakeland FL 33802
DELONG JR, MD, William G ORS
300 Broadway
Camden NJ 08103
DELROSSI, MD, Anthony J TS
2519 South Garnet Street
Philadelphia PA 19145
DEMARCO, MD, Carlo M IM
P O Box 12462
Philadelphia PA 19151
DEMARIA JR, MD, Peter A P
2705 Hopkinson House
Philadelphia PA 19106
DEMASI, MD, Leon G IM
24 Whitechapel Drive
Mount Laurel NJ 08054
DEMASI, MD, Pantaleone US
St Agnes Medical Center
Philadelphia PA 19145
DEMICHELE, MD, Joseph GS
1285 Club House Road
Gladwyne PA 19035
DEMOPOULOS, MD, James T PM
Temple University Hospital
Philadelphia PA 19140
DEMOURA, MD, Jamilo B ORS
115 Bainbridge Street
Philadelphia PA 19147
DEMPSEY, MD, Daniel T GS
Department Of Surgery
Philadelphia PA 19104
DEMPSEY, MD, Eugene C IM
1400 South 22d Street
Philadelphia PA 19146
DENIZARD, MD, Carl E PD
7916 Louis Lane
Philadelphia PA 19118
DENNEMEYER, MD, James E FP
224 Merrybrook Drive
Havertown PA 19083
DENNIS, MD, William J PD
3823 J Street
Philadelphia PA 19124

DEPACE, MD, Nicholas L IM
1417 Oregon Avenue
Philadelphia PA 19145
DEPAULA, MD, Carl J ORS
8505 Patton Road
Philadelphia PA 19118
DEPRISCO, DO, John P
12 Cohassett Lane
Cherry Hill NJ 08003
DERENZO, MD, Aurelio G GP
421 East Lancaster Avenue
Saint Davids PA 19087
DERHAM, MD, Robert J OM
6340 Sherwood Road
Philadelphia PA 19151
DERSHAW, MD, Samuel GP
1100 Orleans Road
Cheltenham PA 19012
DESAI, MD, Ajit M ON
8401 Newbold Lane
Philadelphia PA 19118
DESAI, MD, Anil G NM
11Th & Walnut Streets
Philadelphia PA 19107
DESAI, MD, Kiritkumar T OPH
1223 Knox Drive #31
Yardley PA 19067
DESANTIS, MD, Joseph G GS
1111 Spruce Street
Philadelphia PA 19107
DESANTOLA, MD, Joseph R IM
915 Spruce Street
Philadelphia PA 19107
DETUERK, MD, John J GS
1059 Montgomery Avenue
Narberth PA 19072
DETULLIO, MD, Anthony E PH
2936 South 13th Street
Philadelphia PA 19148
DEUBNER, MD, David C OM
1010 Six Penn Center
Philadelphia PA 19103
DEUTSCH, MD, Joel GS
500 Blue Hills Avenue
Hartford CT 06112
DEVAUGHN, MD, Gerald L CD
5615 West Girard Avenue
Philadelphia PA 19131
DEVINE, MD, Peter J OM
One Parkway Tenth Floor
Philadelphia PA 19102
DEVLIN, MD, Joseph T PD
7017 Llanfair Road
Upper Darby PA 19082
DEYOUNG, MD, Edward M R
518 Ott Road
Bala Cynwyd PA 19004
DIBATTISTE, MD, Peter M CD
403 Wynne Avenue
Havertown PA 19083
DIBELLO, MD, Angelo M GP
8201 Craig Street
Philadelphia PA 19136
DICKENS, MD, Helen O OBG
34Th & Spruce Streets
Philadelphia PA 19104
DICKSTEIN, MD, Benjamin PD
John F Kennedy Hospital
Philadelphia PA 19124
DIESENHOUSE, MD, Michael C IM
834 Chestnut Street
Philadelphia PA 19107
DIGIACOMO, MD, Oscar P GP
6810 Ridge Avenue
Philadelphia PA 19128
DIGILIO, MD, Victor A CD
2200 St James Place
Philadelphia PA 19103
DILEONARDO, MD, Mario D
6100 City Avenue
Philadelphia PA 19131
DIMARINO, MD, Anthony J GE
Presbyterian Univ Medical Ctr
Philadelphia PA 19104
DINARDO, MD, Laurence J OTO
4247 Locust Street
Philadelphia PA 19104
DINON, MD, Louis R CD
301 South Eighth Street
Philadelphia PA 19106
DINUBILE, MD, Nicholas A ORS
510 West Darby Road
Havertown PA 19083
DION, MD, Harry S GP
727-A Cedarbrook Hill
Wyncote PA 19095
DIROCCO, MD, Vincent P PH
2125 South 13th Street
Philadelphia PA 19148
DISILVESTRO, MD, Helen E IM
6362 Drexel Road
Philadelphia PA 19151
DISILVESTRO JR, MD, John M A IM
1507 South Broad Street
Philadelphia PA 19147
DISIMONE, MD, Ronald E ORS
216 North Broad Street
Philadelphia PA 19102
DISTEFANO, MD, Grimaldo C AN
22 Grenada Lane
Ocean City NJ 08226

DITTRICH, DO, Richard J OBG
2301 South Broad Street
Philadelphia PA 19148
DITUNNO, MD, John F PM
T Jefferson University Hosp
Philadelphia PA 19107
DIXON, MD, Harold L IM
1626 Harrison Street
Philadelphia PA 19124
DJERASSI, MD, Isaac PD
2034 Delancey Place
Philadelphia PA 19103
DLIN, MD, Barney M P
230 West Allens Lane
Philadelphia PA 19119
DLUTOWSKI, MD, Bernard J GP
9625 Frankford Avenue
Philadelphia PA 19114
DOAN, MD, Huynh Trieu R
617 Maplewood Avenue
Springfield PA 19064
DODGE, MD, Herbert C AN
504 Barbara Circle
Merion Station PA 19066
DOLFMAN, MD, Victor OM
726 Chestnut Street
Philadelphia PA 19106
DOLINSKAS, MD, Carol A DR
7312 Emlen Street
Philadelphia PA 19119
DOLPHIN, MD, John M PTH
P O Box M
King Of Prussia PA 19406
DOMON, MD, Charles M IM
5801 Spruce Street
Philadelphia PA 19139
DONAHOO, MD, James S CDS
217 Lankenau Hospital
Philadelphia PA 19151
DONALDSON, MD, James B IM
Ten Summit Drive
Bryn Mawr PA 19010
DONER, DO, Ivan A GP
10101 Academy Road
Philadelphia PA 19114
DONNER, MD, Marda E PUD
614 East Sedgwick Street
Philadelphia PA 19119
DORAZIO, MD, Edward A R
529 Applewood Drive
Ft Washington PA 19034
DORFMAN, MD, Alan M OPH
216 Summit Avenue
Jenkintown PA 19046
DORMAN, MD, Gordon GP
1003 North Sixth Street
Philadelphia PA 19123
DOROSHOW, DO, Larry P GP
7131 Ridge Avenue
Philadelphia PA 19128
DORTCH, MD, Joseph OBG
South Delsea Drive & Madison
Clayton NJ 08312
DORVAL, MD, Jane T PM
Moss Rehab Hospital
Philadelphia PA 19141
DORWART, MD, Bonnie B RHU
124 Maple Avenue
Bala Cynwyd PA 19004
DOSHI, MD, Kirti K AN
Nine Harrowgate Drive
Cherry Hill NJ 08003
DOUGHERTY, MD, Malvin J OPH
1501 Lansdowne Avenue #208
Darby PA 19023
DOUWES, MD, Karel GS
1324 Barrowdale Road
Rydal PA 19046
DOVNARSKY, MD, James H PUD
2300 South Broad Street
Philadelphia PA 19145
DOW, MD, Charles J IM
2403 Lombard Street
Philadelphia PA 19146
DOWINSKY, MD, Steven K CD
1417 Oregon Avenue
Philadelphia PA 19145
DOWLING, MD, John J ORS
Lankenau Medical Building
Philadelphia PA 19151
DOWNES, MD, John J PD
2014 Lombard Street
Philadelphia PA 19146
DOWNEY, MD, Mark P GS
782 Nw Apple Blossom Loop
Bremerton WA 98310
DOWNING, MD, Stephen W GS
828 North Newkirk Street
Philadelphia PA 19130
DRAGANESCU, MD, John M GE
3600 Schaeff Lane
Philadelphia PA 19145
DRAIN, MD, Randall T PD
338 Wellesley Road
Philadelphia PA 19119
DRAPER, MD, Nelle E GP
308 Haverford Plaza
Swarthmore PA 19081
DRATCH, MD, Michael B IM
Aemc Mt Sinai
Philadelphia PA 19147

DRATMAN, MD, Cathy K OBG
121 Dumas Road
Cherry Hill NJ 08003
DREER, MD, Aaron M GS
8905 Cheltenham Avenue
Philadelphia PA 19118
DREIFUS, MD, Leonard S CD
1415 Hagys Ford Road
Narberth PA 19072
DRINKER, MD, Henry M PD
8236 Germantown Avenue
Philadelphia PA 19118
DRUMMOND, MD, Denis S ORS
Childrens Hospital
Philadelphia PA 19104
DUBIN, MD, William R P
Philadelphia Psychiatric Ctr
Philadelphia PA 19131
DUBLIN, MD, George J OPH
1018 East Cherry Hill Apts
Cherry Hill NJ 08034
DUCA, MD, Peter R CD
One Graduate Plaza
Philadelphia PA 19146
DUCHIN, MD, Harvey E OBG
301 South Eighth Street
Philadelphia PA 19106
DUCKETT JR, MD, John W U
One Childrens Center
Philadelphia PA 19104
DUDEK, MD, William C GP
4225 Manayunk Avenue
Philadelphia PA 19128
DUFFIELD, MD, Thomas E FP
9477B Ashton Road
Philadelphia PA 19114
DUGGER, MD, Dorothy E P
6363 Woodbine Avenue
Philadelphia PA 19151
DUMAS, MD, Peter A P
4020 Mechanicsville Road
Bensalem PA 19020
DUNCAN, MD, Theodore G DIA
829 Spruce Street Suite 302
Philadelphia PA 19106
DUNN, MD, Jeanette C PTH
1340 Pinewood Drive
Pittsburgh PA 15243
DUNN, MD, Jeffrey M TS
320 Melrose Avenue
Merion Station PA 19066
DUNN, MD, Lewis J DIA
1401 Kyneton Road
Villanova PA 19085
DUPLER, MD, Donald A CD
1120 St Andrews Road
Bryn Mawr PA 19010
DUPREE, MD, Beth B GS
402 Brandywine Lane
King Of Prussia PA 19406
DURANT, MD, John R ON
Fox Chase Cancer Center
Philadelphia PA 19111
DURBIN, MD, Dennis R PD
2036 Spring Garden Street
Philadelphia PA 19130
DUROCHER, MD, John R ON
Pennsylvania Hospital
Philadelphia PA 19107
DURST, MD, Linda S P
1616 Rose Glen Road
Havertown PA 19083
DWORKIN, DO, Gerald Eli PM
509 Glen Arbor Drive
Wynnewood PA 19096
DYKYJ, MD, Roman IM
5213 North Broad Street
Philadelphia PA 19141
DYKYJ JR, MD, Roman IM
8151 Revere Street
Philadelphia PA 19152
DYSON, MD, William L P
University Of Pennsylvania
Philadlephia PA 08021
DZWONCZYK JR, MD, John GS
Four Pine View Drive
Media PA 19063
EBERLEIN, MD, Walter R PD
3034 Northeast 49th Street
Ft Lauderdale FL 33308
ECKER, MD, Malcolm L ORS
8815 Germantown Avenue
Philadelphia PA 19118
EDINGTON, MD, John M OM
P O Box 7378
Philadelphia PA 19101
EDMUNDS JR, MD, L Henry CDS
1000 Radvin Institute
Philadelphia PA 19104
EFFINGER-KASSOW, MD, OPH
Ellin B
1930 Chestnut Street
Philadelphia PA 19103
EGLICK, MD, Paul G PD
10151 Bustleton Avenue
Philadelphia PA 19116
EGOVILLE, MD, Charles R PUD
257 Winding Way
Merion PA 19066
EHRLICH, MD, Frank E EM
Hahnemann University
Philadelphia PA 19102

EHRLICH, MD, George E RHU
One Independence Place
Philadelphia PA 19106
EHRLICH, MD, Jeffrey N EM
349 Avon Street
Philadelphia PA 19116
EICHMAN, MD, Mary R P
P O Box 151
Bala Cynwyd PA 19004
EISENFELD, MD, Bernard R R
707 East Corte Oro
Phoenix AZ 85020
EISENSTADT, MD, Norman IM
4000 Gypsy Lane
Philadelphia PA 19144
EISMAN, MD, Sylvan H IM
3400 Spruce Street
Philadelphia PA 19104
EISNER, MD, Henry PYA
413 Bryn Mawr Avenue
Bala Cynwyd PA 19004
ELCOCK, MD, Claudius A IM
400 South 57th Street
Philadelphia PA 19143
ELEFANT, MD, Howard L IM
4900 Penn Street
Philadelphia PA 19124
ELFMAN, MD, Louis K OTO
3725 South Ocean Drive
Hollywood FL 33019
ELFVIN, MD, Myra J P
3408 Vaux Street
Philadelphia PA 19129
ELIADES, MD, William CD
1015 Chestnut Street
Philadelphia PA 19107
ELKOUSS, MD, Guillermo C U
2805 North 47th Street
Philadelphia PA 19131
ELKUS, MD, Robert M GS
2991 Schoolhouse Lane #B22e
Philadelphia PA 19144
ELLEN, MD, Stephen J OBG
305 Valley Plaza
Radnor PA 19087
ELLIS, MD, Carol L IM
14 West Lodges Lane
Bala Cynwyd PA 19004
ELLIS, MD, H Lenwood IM
450 South 57th Street
Philadelphia PA 19143
ELLIS, MD, Richard A OPH
1521 Locust Street
Philadelphia PA 19102
ELLIS, MD, William U
49 Brennan Drive
Bryn Mawr PA 19010
ELLIS JR, MD, Leander T P
100 South Swarthmore Avenue
Swarthmore PA 19081
ELLISON, MD, Julius CD
Northern Internal Med Assoc
Philadelphia PA 19114
ELMALEH, MD, Miriam K FP
8251 Old York Road
Elkins Park PA 19117
EMMETT, MD, Gary A PD
2408 Pine Street
Philadelphia PA 19103
ENGEL, MD, Gilson C GS
334 Lankenau Medical Building
Philadelphia PA 19151
ENGINEER, MD, Erach H AN
34 Levering Circle
Bala Cynwyd PA 19004
ENGLISH, MD, O Spurgeon P
449 Righters Mill Road
Narberth PA 19072
ENGSTROM, MD, Paul F ON
Central & Shelmire Avenues
Philadelphia PA 19111
ENTERLINE, MD, Horatio T PTH
13149 Mcdougal Road
Athens OH 45701
ENTINE, MD, Joseph H GS
9892 Bustleton Avenue
Philadelphia PA 19115
EPSTEIN, MD, Alan L IM
822 Pine Street
Philadelphia PA 19107
EPSTEIN, MD, Herman GP
Crittenden & Willow Grove
Philadelphia PA 19118
EPSTEIN, MD, Isadore S IM
3950 Conshohocken Avenue
Philadelphia PA 19131
EPSTEIN, MD, J David D
378 Northbrae Drive
Canada N5Y2G
EPSTEIN, MD, Paul E PUD
Pepper Pavilion Suite 501
Philadelphia PA 19146
ERDMAN II, MD, William J PM
3803 The Oak Road
Philadelphia PA 19129
EREMUS, MD, Joseph L ORS
101 Bryn Mawr Avenue
Bryn Mawr PA 19010
ERKES, MD, Neal IM
135 Kingston Road
Cheltenham PA 19012

ERNSTOFF, MD, Brian Marshall PM
Moss Rehabilitation Hospital
Philadelphia PA 19141
ERSLEV, MD, Allan J HEM
Thomas Jefferson Medical Coll
Philadelphia PA 19107
ERSNER, MD, Jack S END
411 Meadowbrook Lane
Philadelphia PA 19118
ESCARTE, MD, Deogracias E OM
Ford Aerospace Comm Corp
Lansdale PA 19446
ESCOLL, MD, Philip J P
111 North 49th Street
Philadelphia PA 19139
ESKENAZI, MD, Marko M US
8140 Verree Road
Philadelphia PA 19111
ESKIN, MD, Bernard A END
Madison House Suite 124
Philadelphia PA 19131
ESPOSITO, MD, Frances S NM
136 Marple Road
Haverford PA 19041
ESQUENAZI, MD, Alberto PM
Moss Rehabilitation Hospital
Philadelphia PA 19140
ESTLUND, MD, Gregory J FP
330 Hillside Circle
Baldwin WI 54002
ETTENGER, MD, Morris S OTO
2316 East Allegheny Avenue
Philadelphia PA 19134
ETTINGER, MD, Jeffrey B PD
1413 Autumn Road
Rydal PA 19046
EVANS, MD, Brian G GS
636 Country Club Lane
Havertown PA 19083
EVANS, MD, Joseph B PD
3200 Rawle Street
Philadelphia PA 19149
EWING, MD, James H P
204 Possum Hollow Road
Wallingford PA 19086
EWING, MD, Madeleine Q OPH
2101 Locust Street
Philadelphia PA 19103
FABENS, MD, Elizabeth L IM
546 West Sedgwick Street
Philadelphia PA 19119
FABER, MD, Kalman P
111 South 11th Street #8091
Philadelphia PA 19107
FABI, MD, Mark B P
834 Chestnut Street
Philadelphia PA 19107
FABIANI, MD, Joseph A ORS
525 Jamestown Avenue #105
Philadelphia PA 19128
FAIRMAN, MD, Ronald M CDS
414 Kent Road
Bala Cynwyd PA 19004
FAKHRAEE, MD, Sayyed M PS
711 Walnut Street
Philadelphia PA 19146
FALES, MD, Catherine H P
Hollow Road
Radnor PA 19087
FALLAHNEJAD, MD, CDS
Manoucher
19Th And Lombard Street
Philadelphia PA 19146
FALONE, DO, Thomas FP
1439 East Passyunk Avenue
Philadlephia PA 19147
FALUDI, MD, Georgina DIA
829 Spruce Street Suite 408
Philadelphia PA 19107
FARBER, MD, Barry M P
730 Westview Street
Philadelphia PA 19119
FARBER, MD, Emanuel P GYN
100 West Avenue
Jenkintown PA 19046
FARBER, MD, Harold F D
Benjamin Franklin House #709
Philadelphia PA 19107
FARBER, MD, John L PTH
Jefferson Medical School
Philadelphia PA 19107
FARBER, MD, Martin END
Albert Einstein Med Center
Philadelphia PA 19141
FARNON, MD, Christa U GP
Smith Kline & French Lab
King Of Prussia PA 19406
FARRAR JR, MD, George E IM
Pennswood Village A-106
Newtown PA 18940
FASS, MD, Barry D PM
C/O Medical Fitness Institute
Feasterville PA 19047
FAYE, MD, Robyn B OBG
136 Boncover Road
Cheltenham PA 19012
FAYNBERG, MD, Mark G N
Klein Professional Building
Philadelphia PA 19141
FEDDER, MD, Stephen L NS
Hospital Of Pa-Neurosurgery
Philadelphia PA 19104

FEDER, MD, Michael J EM
1706 Pine Street
Philadelphia PA 19103
FEDERICI, MD, Valerio J GS
1690 Fite Terrace
Langhorne PA 19047
FEDERMAN, MD, Marc R FP
106 Westview Street
Philadelphia PA 19119
FEDORCHAK, MD, Arlene M IM
Benjamin Franklin House
Philadelphia PA 19107
FEIG, MD, Stephen A OS
220 Locust Street
Philadelphia PA 19106
FEINBERG, MD, Michael J DR
602 South Washington Sq #716
Philadelphia PA 19106
FEINBERG, MD, Michael P P
Medical College Of Penna
Philadelphia PA 19129
FEINSMITH, MD, Norman CD
Presbuterian Medical Center
Philadelphia PA 19104
FEINSTEIN, MD, Theodore A OBG
1015 Chestnut Street
Philadelphia PA 19107
FEITL, MD, Marianne E OPH
51 North 39th Street
Philadelphia PA 19104
FELDAN, MD, Paul E IM
229 Harvey Street
Philadelphia PA 19144
FELDMAN, MD, Arthur M ON
51 North 39th Street
Philadelphia PA 19104
FELDMAN, MD, Ella S RHU
554 Hansell Road
Wynnewood PA 19096
FELDMAN, MD, Julian D OBG
829 Spruce Street
Philadelphia PA 19107
FELDMAN, MD, Nathaniel S IM
1835 South Broad Street
Philadelphia PA 19148
FELDSTEIN, MD, Brad PD
8945 Ridge Avenue
Philadelphia PA 19128
FELIX, MD, Dionisio GP
826 Densmore
Philadelphia PA 19116
FENDRICK, MD, A Mark IM
2300 Pine Street #14
Philadelphia PA 19103
FENLIN JR, MD, John M ORS
248 South 21st Street
Philadelphia PA 19103
FENSTER, MD, Martin M IM
8200 Flourtown Avenue
Philadelphia PA 19118
FEO, MD, Louis G OS
814 Pine Street
Philadelphia PA 19107
FERGUSON JR, MD, Guerrant H FP
116 Bala Avenue
Bala Cynwyd PA 19004
FERNANDES D'SOUZA, MD, PD
Margaret C
Our Lady Of Lourdes Med Ctr
Camden NJ 08103
FERRARA, MD, Vincent L NS
931 Huntingdon Pike
Huntingdon Valley PA 19006
FERRARO, MD, Angelo S CD
1304 Spruce Street
Philadelphia PA 19107
FERREIRA, MD, Arturo J IM
4955 Frankford Avenue
Philadelphia PA 19124
FETTER, MD, Ferdinand IM
322 South 21st Street
Philadelphia PA 19103
FEUSSNER, MD, James W CHP
Parkway House Apt 1012-A
Philadelphia PA 19130
FICKE, MD, J Ronald OM
3919 Martin Road
Hungingdon Valley PA 19006
FIEDLER, MD, James J GP
3512 Ainslie Street
Philadelphia PA 19129
FIELD, MD, Howard L P
Curtis Clinic Third Floor
Philadelphia PA 19107
FIGUEROA, MD, William G PUD
#39 Lankenau Medical Building
Philadelphia PA 19151
FILIPPONE, MD, Edward J NEP
2228 South Broad Street
Philadelphia PA 19145
FILMYER JR, MD, Edward A PD
2220 Mount Carmel Avenue
Glenside PA 19038
FINE, MD, Eric W P
1018 Arboretum Road
Wyncote PA 19095
FINEBERG, MD, Charles GS
902 Locust Street
Philadelphia PA 19107
FINEMAN, MD, William PUD
2103 Pine Street
Philadelphia PA 19103
FINESTONE, MD, Albert J IM
3401 North Broad
Philadelphia PA 19140
FINESTONE, MD, Israel IM
7403 Rowland Avenue
Cheltenham PA 19012
FINK, MD, Gordon Bernard CLP
West Park Hospital
Philadelphia PA 19131
FINK, MD, Paul J P
Phila Psychiatric Center
Philadelphia PA 19131
FINKELSTEIN, MD, Amy H IM
2023 Mount Vernon Street
Philadelphia PA 19130
FINKELSTEIN, MD, David CD
419 South 19th Street
Philadelphia PA 19146
FINKELSTEIN, MD, Sydney D PTH
Hahnemann Hosp Dept Of Rad
Philadelphia PA 19102
FINKENSTADT, MD, Eric V PUD
623 Righters Mill Road
Narberth PA 19072
FINN, MD, Joseph L OBG
1242 Red Rambler Road
Jenkintown PA 19048
FIOL-SILVA, MD, Zoraida M OPH
P O Box 126
Leeds Point NJ 08220
FIRST, MD, Howard E OBG
255 South 17th Street
Philadelphia PA 19103
FIRST, MD, Stewart E OBG
240 Sycamore Avenue
Merion Station PA 19066
FISCHER, MD, Carl C PD
3351 Spanish Terrace
Delray Beach FL 33444
FISCHER, MD, David H OPH
135 Lankenau Medical Building
Philadelphia PA 19151
FISCHER, MD, H Keith PYM
Park Heights L96
Philadelphia PA 19144
FISCHER, MD, Sharon P HEM
1401 Lindsay Lane
Meadowbrook PA 19046
FISCHER JR, MD, Carl R IM
224 Hathaway Lane
Ardmore PA 19003
FISHER, DO, Gary A TR
One Norwegian Plaza
Pottsville PA 17901
FISHER, MD, Joanna M OPH
2818 Cottman Avenue
Philadelphia PA 19149
FISHER, MD, Joseph S END
919 Robin Lane
Huntingdon Valley PA 19006
FISHER, MD, Mary S R
3401 North Broad Street
Philadelphia PA 19140
FISHER, MD, Robert S GE
Temple University Hospital
Philadelphia PA 19140
FISHER, MD, Seth M AN
1201 Lakemont Road
Villanova PA 19085
FISHER, DO, William GP
1000 Indian Creek Road
Philadelphia PA 19151
FISHER III, MD, George R END
829 Spruce Street Suite 308
Philadelphia PA 19107
FISHMAN, DO, Morris A A
316 Barwynne Lane
Philadelphia PA 19151
FISHMAN, DO, Robert F GP
1332 Point Breeze Avenue
Philadelphia PA 19146
FLANAGAN, MD, H Franklin OPH
4412 Manayunk Avenue
Philadelphia PA 19128
FLANAGAN, MD, Michael D IM
Pennsylvania Hosp-Dept Med
Philadelphia PA 19107
FLEEGLER, MD, Francene M ON
315 Laurel Lane
Haverford PA 19041
FLEISCHER, MD, Scott A P
146 Vassar Road
Bala Cynwyd PA 19004
FLEISHER, DO, Richard D R
1027 Corn Crib Drive
Huntingdon Valley PA 19006
FLEMING, MD, Burton A P
500 West Moreland Avenue
Philadelphia PA 19118
FLEMING, MD, Kenneth D PD
C/O Ciropti-Sohn Associates
Willow Grove PA 19090
FLETCHER, MD, Louis GP
117 Aspen Place
North Wales PA 19454
FLETMAN, DO, Herbert D
3114 Frankford Avenue
Philadelphia PA 19134
FLINKMAN, MD, Leonard GP
Roxborough Medical Building
Philadelphia PA 19128
FOBBEN, MD, Edward S R
400 Glendale Road I-52
Havertown PA 19083
FOBIA, MD, John B GS
Three Brookstone Drive
Voorhees NJ 08043
FODERARO, MD, John C PM
One Cedarwood Lane
Chadds Ford PA 19317
FONTANILLA, MD, Nenita Go FP
649 Cornwallis Drive
Mt Laurel NJ 08054
FONTANILLA, MD, Rodolfo C FP
649 Cornwallis Drive
Mt Laurel NJ 08054
FOOTE, MD, Joseph W PD
29 Saint Pauls Road
Ardmore PA 19003
FOOTERMAN, MD, David S AN
2401 Pennsylvania Avenue
Philadelaphia PA 19130
FORCE, MD, Thomas B OBG
1304 Fairy Hill Road
Rydal PA 19046
FORD, MD, Patricia A IM
13 Oriole Place
Clementon NJ 08021
FOREMAN, MD, Joseph GS
1416 Dorel Road
Rydal PA 19046
FOREST, MD, Jean L IM
940 King Road
Malvern PA 19355
FORMAN, MD, Harvey R IM
2236 East Allegheny Avenue
Philadelphia PA 19134
FORMAN, MD, Joseph E GP
309 Florence Avenue
Jenkintown PA 19046
FORMAN, MD, Kenneth J IM
Township Line & Old York Road
Jenkintown PA 19046
FORMAN, MD, Samuel FP
605 Rockland Avenue
Yeadon PA 19050
FORMAN, MD, Simon B OBG
Southeast Corner
Philadelphia PA 19126
FORNWALT, MD, Helen L OS
231 Old Gulph Road
Wynnewood PA 19096
FORSTATER, MD, Alan T IM
501 Shortridge Drive
Wynnewood PA 19096
FOSTER, MD, Carl J IM
Hospital Of Med College Of Pa
Philadelphia PA 19130
FOWBLE, MD, Barbara R
Hospital Univ Of Pa Dept Rad
Philadelphia PA 19104
FOX, MD, Michael J PUD
511 Howe Road
Merion Station PA 19066
FOX, MD, Robert D D
Benjamin Fox Pavilion
Jenkintown PA 19046
FOX IV, MD, James W PS
135 South 18th Street
Philadelphia PA 19103
FRAKES, MD, Shirley I IM
17 Haws Lane
Erdenheim PA 19118
FRANK, MD, William O GE
2804 Hillcrest Road
Drexel Hill PA 19046
FRANKEL, MD, Harry A FP
2028 Spring Garden Street
Philadelphia PA 19130
FRANKEL, MD, Leon A ABS
3600 Conshohocken Avenue
Philadelphia PA 19131
FRANKEL, MD, Matthew C NEP
The Wellington Apt 1010
Philadelphia PA 19103
FRANKEL, MD, Victor R ORS
5401 Old York Road
Philadelphia PA 19141
FRANKL, MD, William S CD
Hahnemann University Hospital
Philadelphia PA 19102
FRANKLIN, MD, Bethala B IM
7405 Richards Road
Melrose Park PA 19152
FRAYER, MD, William C OPH
Scheie Eye Institute
Philadelphia PA 19104
FRAZIER, MD, Joel Louis GS
512 South 41st Street
Philadelphia PA 19104
FREDANE, MD, Lewis M N
5401 Old York Road
Philadelphia PA 19141
FREDERIC, MD, Myron W N
Presbyterian Medical Center
Philadelphia PA 19104
FREDERICKS, MD, Lillian E AN
Cedarbrook Hill Apartments
Wyncote PA 19095
FREEDMAN, MD, Abraham G PYA
1015 Chestnut Street #1013
Philadelphia PA 19107
FREEDMAN, MD, Allan P PUD
51 North 39th Street
Philadelphia PA 19104
FREEDMAN, MD, E Fannie GP
937 North 65th Street
Philadelphia PA 19151
FREEDMAN, MD, Jacob J GP
172 North Latches Lane
Bala Cynwyd PA 19004
FREEMAN, MD, Joseph T IM
1530 Locust Street
Philadelphia PA 19102
FREILICH, MD, Howard S GE
566 Oriole Lane
Dresher PA 19025
FREIMAN, MD, David B CD
39Th And Market Streets
Philadelphia PA 19104
FREIWALD, MD, Milton J OPH
2401 Pennsylvania Avenue
Philadelphia PA 19130
FREMER, MD, Abraham IM
Benson Manor Suite 116-B
Jenkintown PA 19046
FREYHOF, MD, Jack N IM
8216 Wooster Park
Cincinnati OH 45227
FRICCHIONE, MD, Patrick J EM
313 Arch Street
Philadelphia PA 19106
FRIEDENBERG, MD, ORS
Zachary B
133 South 36th Street
Philadelphia PA 19104
FRIEDLAND, MD, Leonard R PD
828A North 26th Street
Philadelphia PA 19130
FRIEDLAND, MD, Richard J IM
206 Society Place
Newtown PA 18940
FRIEDMAN, MD, Adele K DR
200 Spruce Street
Philadelphia PA 19106
FRIEDMAN, MD, Alan Lee IM
Two South Sylvania Avenue
Rockledge PA 19111
FRIEDMAN, DO, Martin L R
1257 Bobarn Drive
Penn Valley PA 19072
FRIEDMAN, MD, Milton L GP
7201 Large Street
Philadelphia PA 19149
FRIEDMAN, MD, Monte R DR
226 West Rittenhouse Square
Philadelphia PA 19103
FRIEDMAN, MD, Oren L CD
2001 Knorr Street
Philadelphia PA 19149
FRIEDMAN, MD, Paul S R
8107 Cedar Road
Elkins Park PA 19117
FRIEDMAN, MD, Ronald H IM
7810 Old York Road
Elkins Park PA 19117
FRIEDMAN, MD, Sidney PDC
34Th Street & Civic Ctr Blvd
Philadelphia PA 19104
FRIEDMAN, MD, Susan A PD
Childrens Hospital-Dept Ped
Philadelphia PA 19104
FRIEDMANN, DO, Brad S FP
3131 Frankford Avenue
Philadelphia PA 19134
FRIEDMANN, DO, Daniel V GP
6100-08 Chestnut Street
Philadelphia PA 19139
FRIEDSAM, MD, Patricia L IM
6607 Ridge Avenue
Philadelphia PA 19128
FRIEMAN, MD, Barbara G ORS
1905 East Allegheny Avenue
Philadelphia PA 19134
FRISCH, MD, Mark B OBG
8118 Old York Road
Elkins Park PA 19117
FRISHMUTH, MD, Gertrude J OBG
5460 Hermit Lane
Philadelphia PA 19128
FROBESE, MD, Alfred S GS
1245 Highland Avenue
Abington PA 19001
FRONC JR, MD, Henry C CD
3901 Conshohockon Avenue
Philadelphia PA 19131
FROST, MD, Stephen S GE
39Th & Market Streets
Philadelphia PA 19104
FRUMIN, MD, Abraham M HEM
515 Howe Road
Merion Station PA 19066
FRUMIN-EISENBERG, MD, Vera PD
25 Deaver Road
Wyncote PA 19095
FRYE, DO, Joyce OBG
1015 Chestnut Street
Philadelphia PA 19104
FUERST, MD, Ronnie S EM
3618 Glen Way
Huntingdon Valley PA 19006
FUNCH, MD, Ross S AN
606 Fields Drive
Lafayette Hill PA 19444
FUNK JR, MD, Elmer H PA
510 Millbrook Road
Devon PA 19333
FUREY JR, MD, Charles A PM
3705 South Flagler Drive
West Palm Beach FL 33405
FURGIUELE, MD, Francis P OPH
725 Skippack Pike Blue Bell 3
Blue Bell PA 19422
FURUKAWA, MD, Edward F P
3604 Woodlawn Terrace Plaza
Honolulu HI 96822
FUTCHER, MD, Palmer H IM
273 South Third Street
Philadelphia PA 19106
GABUZDA, MD, Thomas G HEM
164 North Latches Lane
Bala Cynwyd PA 19004
GAIN, MD, Thomas B GS
1113 Beech Road
Rosemont PA 19010
GALANTE, MD, Lisa IM
2006 Sprint Mill Road
Conshohocken PA 19428
GALINSKY, MD, David E IM
D103 Presidential Apartments
Philadelphia PA 19131
GALLER-RIMM, MD, Gabrielle D PD
Thomas Jefferson Univ Hosp
Philadelphia PA 19107
GALLIGAN, MD, William J IM
2909 Garrett Road
Drexel Hill PA 19026
GALTMAN, MD, Lawrence M PD
1620 Spring Avenue
Jenkintown PA 19046
GALVEZ, MD, Marietta L AN
541 Oriole Lane
Villanova PA 19085
GAMBESCIA, MD, Joseph M GE
1811 South Broad Street
Philadelphia PA 19148
GAMBESCIA, MD, Richard A GE
1811 South Broad Street
Philadelphia PA 19148
GAMBETTA, MD, Esmeralda GP
834 Hilldale Road
Glenside PA 19038
GAMBURG, MD, Steven Jeffrey EM
1628 Conquest Way
Fort Washington PA 19034
GANIBAN, MD, Justiniano S IM
7809 Gayl Road
Cheltenham PA 19012
GANSMAN, MD, David H GER
5500 Wayne Avenue
Philadelphia PA 19144
GARBAK, MD, Frank AN
717 Raikes Road
Huntingdon Valley PA 19006
GARCIA, MD, Celso R OBG
109 Merion Road
Merion Station PA 19066
GARCIA, MD, Jose C EM
435 Foulke Lane
Springfield PA 19064
GARCIA, MD, Laureano P IM
328 West Godfrey Avenue
Philadelphia PA 19120
GARDEN, MD, Marc David OPH
2610 East Allegheny Avenue
Philadelphia PA 19134
GARDNER, DO, Bonnie J END
108 Linwood Avenue
Ardmore PA 19003
GARDNER, DO, Marshall K IM
15 Anthony Drive
Richboro PA 18954
GARES, MD, Kathie Ann IM
Six Stirling Court
Wayne PA 19087
GARFINKLE, MD, William B R
8040 Jenkintown Road
Cheltenham PA 19012
GARNET, MD, James D GYN
570 Franklin Way
West Chester PA 19380
GARTLAND, MD, John J ORS
1015 Walnut Street
Philadelphia PA 19107
GARY, MD, Gerald L PD
305 Lorimer Drive
Wyncote PA 19095
GASCON, MD, Perla G AN
916 Susquehanna Road
Ambler PA 19002
GASH, MD, Arnold K CD
602 Shoemaker Avenue
Jenkintown PA 19046
GASH, MD, Richard M GS
1401 Redwood Lane
Wyncote PA 19095
GASKINS, MD, Albert L PD
105 West Schoolhouse Lane
Philadelphia PA 19144
GASPAR, MD, Stephen R P
250 South 13th Street #11a
Philadelphia PA 19107
GASPAR, MD, Victoria S PM
Townhouse #108
Philadelphia PA 19103

GAYDOS, MD, Anna E US
116 West Riverside Drive
Juniper FL 33458
GAZAK, MD, Stephen J EM
314 Unruh Street
Philadelphia PA 19111
GEDDES, MD, Giselle J IM
1623 Rose Glen Road
Havertown PA 19083
GEFTER, MD, Louis P GP
4811 Roosevelt Boulevard
Philadelphia PA 19124
GEIST, MD, Audrey A IM
Merck Sharp & Dohme W35-9
West Point PA 19486
GEIST, MD, Donald C GS
2201 Bryn Mawr Avenue
Philadelphia PA 19131
GELEHRTER, MD, Joseph R
1811 West Olney Avenue
Philadelphia PA 19141
GELFAND, MD, David IM
1722 Pine Street
Philadelphia PA 19103
GELFOND, MD, David B CD
11 Martins Run
Media PA 19063
GELLER, MD, Joseph OS
Seventh Street & Chelten Ave
Philadelphia PA 19126
GELMAN, MD, Bruce P GE
617 Ashmead Road
Cheltenham PA 19012
GELMAN, MD, Ricardo EM
442 West Mount Airy Avenue
Philadelphia PA 19119
GENNARELLI, MD, Thomas A NS
3400 Spruce Street
Philadelphia PA 19104
GENNARO, MD, Anthony R CRS
P O Box 282
Gwynedd Valley PA 19437
GENTER, MD, Bruce E PS
729 Valley Road
Melrose Park PA 19126
GERBER, MD, Harris S IM
1036 Magee Avenue
Philadelphia PA 19111
GERBER, MD, Paul IM
Cedarbrook Hill Apts
Wyncote PA 19095
GERBER, MD, Walter L U
Temple Univ Hospital-Urology
Philadelphia PA 19140
GERDES, MD, Jeffrey S NPM
Pennsylvania Hospital
Philadelphia PA 19107
GERSHENFELD, MD, Marvin A A
1301 West Tabor Road
Philadelphia PA 19141
GERSHKOFF, MD, Arthur M PM
Magee Rehab Hospital
Philadelphia PA 19102
GERSTLEY III, MD, Louis OBG
Cedarbrook Hill C M 23
Wyncote PA 19095
GETTE, MD, Michael T IM
803 North 26th Street
Philadelphia PA 19130
GETZ, MD, William B OPH
251 Brookdale Drive
Huntingdon Valley PA 19006
GEWIRTZMAN, MD, Steven M PD
8236 Germantown Avenue
Philadelphia PA 19118
GHOSH, MD, Bijoy K ORS
153 Woodland Road
Huntingdon Valley PA 19006
GHOSH, MD, Suresh C CDS
1335 West Tabor Road
Philadelphia PA 19141
GIACOBBO, MD, John N PD
2301 South Broad Street
Philadelphia PA 19148
GIAMPETRO, MD, Anthony M PUD
1411 Wolf Street
Philadelphia PA 19145
GIARDINO, MD, Angelo P PD
1304 Robert Way
Voorhees NJ 08043
GIBBONS, MD, Richard E OS
Route One Box 46B
Millfield OH 45761
GIBSON, MD, Barbara B CLP
Northeastern Hospital
Philadelphia PA 19134
GIGLIOTTI, MD, Anthony C N
Eighth Market Street
Philadelphia PA 19107
GILBERT, DO, Max PM
6409 Vin Rosa
Boca Raton FL 33433
GILDAY, MD, Frank J AI
1903 Delaware Avenue
Wilmington DE 19806
GILGORE, MD, Gary S NEP
130 Lankenau Medical Building
Philadelphia PA 19151
GILL, MD, Donald J P
205 North Morgan Avenue
Havertown PA 19083
GILL, MD, Robert J CD
715 Spruce Street
Philadelphia PA 19106
GILLUM, MD, Diane R GS
1025 Walnut Street
Philadelphia PA 19107
GILMAN, MD, Paul B HEM
321 Baintree Road
Rosemont PA 19010
GINIECZKI, MD, Chester J OBG
3446 Shelmire Street
Philadelphia PA 19136
GINLEY JR, MD, Thomas H U
Presidential Apartments
Philadelphia PA 19131
GINSBERG, MD, David K IM
2221 South Broad Street
Philadelphia PA 19148
GINSBURG, MD, Abraham FP
1833 Bertram Road
Huntingdon Valley PA 19006
GINSBURG, MD, Howard H ORS
222 West Thomas
Phoenix AZ 85013
GINSBURG, MD, Isadore W IM
139 Henley Road
Overbrook Hills PA 19151
GINSBURG, DO, Richard E GE
744 Fairbridge Drive
Fairless Hills PA 19030
GIORDANO, MD, Lorraine M IM
178-46 Wexford Terrace
Jamaica Estates NY 11432
GIOVANNELLI, MD, Anne S R
Eight Irving Road
Wallingford PA 19086
GIRARDO, MD, Salvatore P IM
1317 Wolf Street
Philadelphia PA 19148
GIRONE, MD, Joseph F NEP
32 Knightswood Drive
Marlton NJ 08053
GIRSH, MD, Leonard S A
1401 Melrose Avenue
Philadelphia PA 19126
GISLASON, MD, G John U
Abington Hospital
Abington PA 19001
GITTELL, DO, Amy PD
412C Bainbridge Street
Philadelphia PA 19147
GITTLEMAN, MD, Stanton C P
909 Laburnum Lane
Wyncote PA 19095
GIUDICE, MD, Virginio J GPM
701 Kenmore Road
Philadelphia PA 19151
GIUFFRA, MD, Loretta J PM
Hospital Of The Univ Of Pa
Philadelphia PA 19104
GIULIAN, MD, Karl A OBG
Front Street & Lehigh Avenue
Philadelphia PA 19125
GIUNTOLI, MD, Robert L ND
423 West Kings Highway
Haddonfield NJ 08033
GIVEN, MD, Kenneth M IM
P O Box 4000
Princeton NJ 08540
GLASKIN, MD, Allen GP
625 East Ashbourne Road
Cheltenham PA 19012
GLASS, MD, Guy F P
915 Spruce Street
Philadelphia PA 19107
GLASS, MD, Steven J P
1717 Pine Street
Philadelphia PA 19103
GLASSBURN, MD, John R TR
Pennsylvania Hospital
Philadelphia PA 19107
GLASSMAN, DO, Arnold B PM
304 Woodside Circle
Ft Washington PA 19034
GLASSMAN, MD, Joel M IM
The Philadelphian
Philadelphia PA 19103
GLASSMAN, MD, Robert H IM
1720 Lombard Street #305
Philadelphia PA 19146
GLASSMAN, MD, Solomon GE
1320 Race Street
Philadelphia PA 19107
GLAUSER, MD, Elinor M PUD
630 Richards Road
Wayne PA 19087
GLAZER, MD, Robert M ORS
Pepper Pavilion
Philadelphia PA 19146
GLAZMAN, MD, Lyudmila P
712 Charette Road
Philadelphia PA 19115
GLICK, MD, Abraham IM
454 Wolf Street
Philadelphia PA 19148
GLIKMAN, MD, Nadezhda GP
9763 Wistaria Street
Philadelphia PA 19115
GLUCKMAN, MD, Stephen J ID
6511 Wayne Avenue
Philadelphia PA 19119
GLUNK, MD, Richard P PS
Cedarbrook Hill I
Wyncote PA 19095
GO, MD, Welles P GS
204 Lexington Avenue
Havertown PA 19083
GOCIAL, MD, Benjamin REN
330 South Ninth Street
Philadelphia PA 19107
GODINEZ, MD, Rodolfo I AN
Childrens Hospital Of Phil
Philadelphia PA 19104
GODINEZ-CEJUDO, MD, OPH
Jorge A
601 Wilmont Street
Tucson AZ 85711
GODLEY, MD, Joanne GE
4216 Osage Avenue
Philadelphia PA 19104
GODWIN JR, MD, Bernard W A
332 South Fourth Street
Philadelphia PA 19106
GOEL, MD, Inder P TS
Three Old Gate Lane
Moorestown NJ 08057
GOEPP, MD, Carla E IM
1830 Spruce Street
Philadelphia PA 19103
GOLD, MD, Allan OTO
5245 Oxford Avenue
Philadelphia PA 19124
GOLD, MD, Barbara W PD
Map Medical Associates
Philadelphia PA 19102
GOLD, MD, Henry J FP
200 Radburn Road
Philadelphia PA 19115
GOLDBACHER JR, MD, FP
Lawrence R
2361 East Allegheny Avenue
Philadelphia PA 19134
GOLDBERG, MD, Barry B DR
1904 Lantern Lane
Oreland PA 19075
GOLDBERG, MD, Gary PM
Moss Rehabilitation Hospital
Philadelphia PA 19141
GOLDBERG, MD, Harry CD
Aemc Northern Division
Philadelphia PA 19141
GOLDBERG, MD, Larry H IM
2441 Olive Street
Philadelphia PA 19130
GOLDBERG, MD, Michael B AN
80 Post Road
Churchville PA 18966
GOLDBERG, DO, Murray FP
405 Newbold Road
Jenkintown PA 19046
GOLDBERG, MD, Richard E OPH
948 Hunters Turn
Huntingdon Valley PA 19006
GOLDBERG, MD, Rochelle PUD
Medical College Of Pa Hosp
Philadelphia PA 19129
GOLDBERG, MD, Sheldon IM
Thomas Jefferson Univ Hosp
Philadelphia PA 19107
GOLDBERG, MD, Steven E CD
11817 Dumont Street
Philadelphia PA 19116
GOLDBERG, MD, Steven K PUD
Albert Einstein Medical Ctr
Philadelphia PA 19141
GOLDBERG, MD, Steven P IM
7703 New Second Street
Philadelphia PA 19126
GOLDBERGER, MD, Arnold OBG
532 Shoemaker Road
Philadelphia PA 19117
GOLDBURGH, MD, Warren P CD
111 South 11th Street
Philadelphia PA 19107
GOLDFARB, MD, Alvin F END
1015 Chestnut Street
Philadelphia PA 19107
GOLDFINE, MD, Harry A OS
2860 South Ocean Boulevard
Palm Beach FL 33480
GOLDFINE, MD, Joseph D GP
1900 J F Kennedy Boulevard
Philadelphia PA 19103
GOLDMAN, MD, Marvin R
1335 West Tabor Road
Philadelphia PA 19141
GOLDMAN, MD, Scott M IM
Hahnemann Univ Hosp Dept Cds
Philadelphia PA 19102
GOLDMAN, MD, Stephen M PTH
201 East 87th Street
New York NY 10128
GOLDSMITH, MD, Joyce GP
205 Henfield Avenue
Cherry Hill NJ 08003
GOLDSTEIN, MD, Arthur M OPH
1726 South Broad Street
Philadelphia PA 19145
GOLDSTEIN, MD, Bernard AN
709 Oxford Road
Bala Cynwyd PA 19004
GOLDSTEIN, MD, Franz GE
231-232 Lankenau Medical Bldg
Philadelphia PA 19151
GOLDSTEIN, MD, Gary N PS
200 East Montgomery Avenue
Ardmore PA 19003
GOLDSTEIN, MD, Irwin S U
163 Gramercy Road
Bala Cynwyd PA 19004
GOLDSTEIN, MD, Jacob CD
Abington Plaza
Jenkintown PA 19046
GOLDSTEIN, MD, Jerome
10151 Bustleton Avenue
Philadelphia PA 19116
GOLDSTEIN, MD, Larry E U
1519 South Broad Street
Philadelphia PA 19147
GOLDSTEIN, MD, Norman S GP
Fourth Street & Nedro Avenue
Philadelphia PA 19120
GOLDSTEIN, MD, Philip D PD
1511 Glenn Drive
Maple Glen PA 19002
GOLDSTEIN, MD, Robert C GE
Gastroenterologists
Philadelphia PA 19124
GOLDSTEIN, MD, Scott D CRS
1100 Walnut Street
Philadelphia PA 19107
GOLDSTEIN, MD, Stephen J NEP
2120 Country Club Drive
Huntingdon Valley PA 19006
GOLDWEIN, MD, Manfred I HEM
3600 Spruce Street
Philadelphia PA 19104
GOMBERG, MD, Jack A P
1735 Clinton Drive
Ambler PA 19002
GONICK, MD, Paul U
227 North Broad Street
Philadelphia PA 19107
GONNELLA, MD, Joseph S IM
1025 Walnut Street
Philadelphia PA 19107
GONZALEZ, MD, Carlos R
22 Merion Road
Merion Station PA 19066
GONZALEZ, MD, Miguel A IM
11557 North Poema Place #203
Chatsworth CA 91311
GONZALEZ, MD, Roberta B P
1919 Chestnut Street
Philadelphia PA 19103
GONZALEZ-MASO, MD, FP
George E
461 West Roosevelt Boulevard
Philadelphia PA 19120
GOODE JR, MD, John G PAN
421 Garrison Way
Gulph Mills PA 19428
GOODMAN, MD, David M PTH
Episcopal Hospital Path Dept
Philadelphia PA 19125
GOODMAN, DO, Donald A GP
One Marywaters Ford Road
Bala Cynwyd PA 19004
GOODMAN, MD, Robert L R
3400 Spruce Street
Philadelphia PA 19104
GOODNER, MD, David M OBG
111 South 11th Street
Philadelphia PA 19107
GOODRICH, MD, Edward Olin GS
Department Of Phy Med & Rehab
Philadelphia PA 19104
GOPLERUD, MD, Jan Marie NPM
538 Cypress Street
Philadelphia PA 19106
GORACCI SLIMAK, MD, Grace GE
1110 Lombard Street
Philadelphia PA 19147
GORDIN, MD, Stephen J IM
9600 Roosevelt Boulevard
Philadelphia PA 19115
GORDON, MD, Jacob S CRS
Cedarbrook Hill A711
Wyncote PA 19095
GORDON, MD, Robert H IM
6828 Wayne Avenue
Philadelphia PA 19119
GORDON, MD, Susan J GE
1025 Walnut Street
Philadelphia PA 19107
GOREN, MD, Lawrence J TS
104 Andrea Road
Cheltenham PA 19012
GOREN, MD, Robert A DR
722 Sussex Road
Wynnewood PA 19096
GOREN, MD, Ronald C ID
510 Clothier Road
Wynnewood PA 19096
GOREN, MD, Stanley E PD
198 West Cheltenham Avenue
Philadelphia PA 19120
GORSUCH, MD, Paul L NS
424 South State Street
Dover DE 19901
GOSFIELD JR, MD, Edward CD
2113 Spruce Street
Philadelphia PA 19103
GOTTHEIL, MD, Edward P
1015 Chestnut Street
Philadelphia PA 19107
GOTTLIEB, MD, Harry DIA
555 City Line Avenue
Bala Cynwyd PA 19004
GOTTLIEB, DO, Marshall M IM
Two Bala Plaza
Bala Cynwyd PA 19004
GOTTLIEB, MD, Philip M A
4485 Gulf Of Mexico Drive
Longboat Key FL 33548
GOTTLIEB, MD, Ronald S CD
Graduate Hospital
Philadelphia PA 19146
GOTTLIEB, MD, Stanley PA
Ten Withers Lane
Bluebell PA 19422
GOULD, MD, Richard B P
8210 Crittenden Street
Philadelphia PA 19118
GOULEY, MD, Benjamin A CD
Logan Square Med Associates
Philadelphia PA 19103
GOWDEY, MD, M Agnes FP
256 Clifton Avenue M2
Mt Holly NJ 08060
GOWING, MD, Jean US
600 East Cathedral Drive
Philadelphia PA 19128
GOYAL, MD, Suman PD
4114 Lancaster Avenue
Philadelphia PA 19104
GRABAR, MD, Joyce M OPH
1269 Wright Drive
Huntingdon Valley PA 19006
GRACE, MD, Helen K OBG
270 Upper Gulph Road
Radnor PA 19087
GRAD, MD, L Christine IM
1035 Nicholson Road
Wynnewood PA 19096
GRAHAM, MD, Garth K IM
1500 Spring Garden Street
Philadelphia PA 19101
GRAHAM, MD, Mark G IM
585 Beale Road
Blue Bell PA 19422
GRANA, MD, Vicente P TS
1720 Autumn Leaf Lane
Huntingdon Valley PA 19006
GRANICK, MD, Mark S PS
One Graduate Plaza Suite 1100
Philadelphia PA 19146
GRASSI, MD, Michael O P
2038 Locust Street
Philadelphia PA 19103
GRATZ, DO, Irwin AN
411 Woodbine Avenue
Narberth PA 19072
GRAU, MD, Keith E IM
434 Deaver Road
Wyncote PA 19095
GRAVES, MD, Lorena A GP
770 South 15th Street
Philadelphia PA 19146
GRAVES, MD, Vaughan C D
6000 Greene Street
Philadelphia PA 19144
GRAVES JR, MD, Beverly IM
1822 West Girard Avenue
Philadelphia PA 19130
GRAY, MD, Dennis C AN
525 Chews Landing Road
Haddonfield NJ 08033
GRAY, MD, Frieda G OS
67 Llanfair Circle
Ardmore PA 19003
GRAY JR, MD, Frank D IM
67 Llanfair Circle
Ardmore PA 19003
GRECO, MD, Toby A OBG
2506 South 20th Street
Philadelphia PA 19145
GREEN, DO, Alfred I PD
614 West Allegheney Avenue
Philadelphia PA 19133
GREEN, MD, Robert L ORS
Two Mimosa Circle
Lafayette Hill PA 19444
GREEN, MD, William IM
7723 Lycoming Avenue
Philadelphia PA 19126
GREENACRE, MD, Judith K IM
1201 Grenox Road
Wynnewood PA 19096
GREENBAUM, MD, Charles H D
10125 Verree Road
Philadelphia PA 19115
GREENBAUM, MD, DR
Roy Lawrence
43 Polder Drive
Langhorne PA 19047
GREENBERG, MD, Harry H GP
Toledo Windsor Towers
Cherry Hill NJ 08002
GREENBERG, MD, Jack O N
Episcopal Hospital
Philadelphia PA 19125
GREENBERG, MD, Leonard F CD
5401 Old York Road #201
Philadelphia PA 19141

GREENBERG, MD, Richard H GS
319 Swedesford Road
Malvern PA 19355
GREENBERG, MD, Richard M CD
Graduate Hospital
Philadelphia PA 19146
GREENBLATT, MD, Jeff M IM
200 West Chester Pike
Ridley Park PA 19078
GREENE, DO, Hinda M IM
114G Allegheny Avenue
Philadelphia PA 19134
GREENE, MD, Ronald B ORS
6100 City Line Avenue
Philadelphia PA 19131
GREENFIELD, MD, Val S OPH
5001 Frankford Avenue
Philadelphia PA 19124
GREENSPON, MD, Arnold J CD
Jefferson University Hospital
Philadelphia PA 19107
GREENSTEIN, MD, Sidney DR
Benson East
Jenkintown PA 19046
GREENSTEIN, MD, Stuart M GS
63 Corbin Place
Brooklyn NY 11235
GREENWALD, MD, Stanley M GP
3927 Patrician Drive
Philadelphia PA 19154
GREGERSEN, MD, James O R
503 Highland Road
Newtown PA 18940
GRIFFIN, MD, Thomas D
217 East Highland Avenue
Philadelphia PA 19118
GRIFFITH, MD, Charles Q PTH
1789 Washington Lane
Meadowbrook PA 19046
GRIFFITH, MD, John R CD
1015 Chestnut Street
Philadelphia PA 19107
GRISKA, MD, Joel A IM
1021 Bryn Mawr Avenue
Narberth PA 19072
GROGAN, MD, Wendell A N
1514 Wolf Street
Philadelphia PA 19145
GROSH, MD, Julieta D GS
3401 North Broad Street
Philadelphia PA 19140
GROSS, MD, Benjamin A D
304 South 19th Street
Philadelphia PA 19103
GROSS, MD, George W PDR
T Jeff Univ Hosp Rad Dept
Philadelphia PA 19107
GROSS, MD, Paul R D
Philadelphia Dermatology Assc
Philadelphia PA 19107
GROSSMAN, MD, Eric J AN
Oak Hill Estates
Narberth PA 19072
GROSSMAN, MD, Fred P
242 Thunder Circle
Bensalem PA 19020
GROSSMAN, MD, Gilbert CD
Abington Plaza
Jenkintown PA 19046
GROSSMAN, MD, Joseph N GP
Foxcroft Square Apartments
Jenkintown PA 19046
GROSSMAN, MD, Larry B AN
Chestnut Hill Hospital
Philadelphia PA 19118
GROTZINGER, MD, Paul J GS
2121 Valley Road
Huntingdon Valley PA 19006
GROVER, MD, Joseph G OBG
255 Hathaway Lane
Wynnewood PA 19096
GRUENER, MD, Daniel M P
One Independence Place
Philadelphia PA 19106
GRUNT, MD, Richard F GE
2100 Walnut Street
Philadelphia PA 19103
GRUNWALD, MD, Juan E OPH
51 North 39th Street
Philadelphia PA 19104
GUDZIAK, MD, Marko R FP
700 Ardmore Avenue
Ardmore PA 19003
GUESON, MD, Emerita T OBG
3101 Cottman Avenue
Philadelphia PA 19149
GUIDO, MD, James N GS
54 Constitution Boulevard
Whiting NJ 08759
GULANSKI, MD, Barbara I IM
700 Spruce Street
Philadelphia PA 19106
GUMNIT, MD, Robert Y AN
1407 Starling Lane
Cherry Hill NJ 08003
GUPTA, MD, Chitra L PTH
15 Woodgate Lane
Bryn Mawr PA 19010
GUPTA, MD, Ved P RHU
2137 Welsh Road
Philadelphia PA 19115

GUPTA-BALA, MD, Santosh IM
260 Rock Street
Philadelphia PA 19128
GURAK, MD, Randall B P
1645 Oak Avenue
Haddon Hts NJ 08035
GURKAYNAK, MD, Necmi CD
7600 Lexington Avenue
Philadelphia PA 19152
GUTEKUNST, MD, Paul E IM
255 South 17th Street
Philadelphia PA 19103
GUTIERREZ, MD, Emmeline P PM
1290 Valley Road
Meadowbrook PA 19046
GUTOWICZ, MD, Marcia A GS
Medical Arts Building
Elkins Park PA 19117
GUTTMANN, MD, Gad G ORS
7201 Rising Sun Avenue
Philadelphia PA 19111
HAAS, MD, Janet F PM
Moss Rehabilitation Hospital
Philadelphia PA 19141
HAASE, MD, Gunter R N
Pennsylvania Hospital
Philadelphia PA 19107
HAAZ, MD, William S CD
1650 Huntingdon Pike
Meadowbrook PA 19046
HABUDA, MD, Theresa A PD
228 Centre Street
Haddonfield NJ 08033
HADDEN, MD, Samuel B P
Thomas Wynne Apartments
Wynnewood PA 19096
HADLEY, MD, Carolyn B OBG
1251 Dill Road
Havertown PA 19083
HAEBERLE, MD, William A PUD
Frankford Hospital
Philadelphia PA 19114
HAEGELE, MD, Linda A ON
1331 East Wyoming Avenue
Philadelphia PA 19124
HAFT, MD, Harold NS
460 Rock Glen Drive
Wynnewood PA 19096
HAGAN JR, MD, Eugene P OBG
3597 Cranberry Drive
Huntingdon Valley PA 19006
HAGSTROM, MD, Ruth M OM
Smithkline Beckman Corp
Philadelphia PA 19101
HAHM, MD, Jee Ho R
60 East Township Line Road
Elkins Park PA 19117
HAIMOWITZ, MD, Samuel I IM
One Gardenia Road
Levittown PA 19057
HALL, MD, Daniel A PH
8202 Stenton Avenue
Philadelphia PA 19118
HALL, MD, John H GS
604 General Scott Road
Wayne PA 19087
HALLETT, MD, Joseph W OPH
191 Presidential Boulevard
Philadelphia PA 19004
HALPERN, MD, Allan Cary D
40 Old Lancaster Road
Merion PA 19066
HALPERN, MD, Barry R U
1210 Gainsboro Road
Bala Cynwyd PA 19004
HAMANN, MD, Jose G P
1160 Rydal Lane
Southampton PA 18966
HAMILTON, MD, Angie S OS
6900 Wayne Avenue
Philadelphia PA 19119
HAMILTON, MD, Ralph W PS
3400 Spruce Street
Philadelphia PA 19104
HAMILTON, MD, William C ORS
7500 Central Avenue
Philadelphia PA 19111
HAMILTON, MD, William L D
5501 Greene Street
Philadelphia PA 19144
HAMPEL, MD, Avraham OTO
375 Township Line Road
Elkins Park PA 19117
HAMPTON, MD, Janet A FP
441 Lyceum Avenue
Philadelphia PA 19128
HANDLER, MD, Steven D OTO
34Th And Civic Center Blvd
Philadelphia PA 19104
HANJANI, MD, Parviz ON
3401 North Broad Street
Philadelphia PA 19140
HANKS, MD, Gerald E TR
Fox Chase Cancer Center
Philadelphia PA 19111
HANNAN, MD, Deborah J IM
1000 Walnut Street
Philadelphia PA 19107
HANNO, MD, Philip M U
319 Monroe Street
Philadelphia PA 19147

HANNUM, MD, Christopher F IM
39Th And Market Streets
Philadelphia PA 19104
HANSON JR, MD, C William IM
415 Glyn Wynne Road
Haverford PA 19041
HARDING, MD, Susan M IM
Nine Mayo Place
Dresher PA 19025
HARDISON, MD, H Huntley PD
7762 Woodbine Avenue
Philadelphia PA 19151
HARDY-FLUELLEN, MD, AN
Judith M
Five Benham Circle
Cartersville GA 30120
HARGROVE III, MD, Walter C TS
26 Cedarbrook Road
Ardmore PA 19003
HARKINS, MD, Herbert P OTO
Lankenau Medical Building
Philadelphia PA 19151
HARP, MD, James R AN
3401 North Broad Street
Philadelphia PA 19140
HARPER, MD, Nancy L FP
4112 Salford Court
Bensalem PA 19020
HARRIS, MD, David T ON
Lankenau Hospital
Philadelphia PA 19151
HARRIS, MD, James S GS
1000 Cliveden Street
Philadelphia PA 19119
HARRIS, MD, Katherine K P
139 West Tulpehocken Street
Philadelphia PA 19144
HARRIS, MD, Kenneth Hirson DR
1409 Candlebrook Drive
Dresher PA 19025
HARRIS, MD, Lovell IM
614 West Eighth Street
Chester PA 19013
HARRIS, MD, Merleen IM
6200 Wayne Avenue
Philadelphia PA 19144
HARRIS JR, MD, Walter P OPH
216 David Drive
Havertown PA 19083
HARRISON, MD, Diane D OBG
943 Jones Road
Gulph Mills PA 19428
HARTZ, MD, William H DR
296 Melrose Avenue
Merion Station PA 19066
HARVEY, MD, Edith E OPH
Wyndale & Hilltop Road
Jenkintown PA 19046
HARWICK, MD, Robert D HNS
3401 North Broad Street
Philadelphia PA 19140
HASKIN, MD, Marvin E R
400 Bryn Mawr Avenue
Bryn Mawr PA 19010
HAUPT, MD, George J TS
708 Old Lancaster Road
Bryn Mawr PA 19010
HAUSMAN, MD, David H PTH
Pennsylvania Hospital
Philadelphia PA 19107
HAUT, MD, Michael J HEM
Pennsylvania Hosp Preston 713
Philadelphia PA 19107
HAVENS JR, MD, Walter P IM
139 Cheswood Lane
Haverford PA 19041
HAYES, MD, Brian L IM
2114 Packard Avenue
Huntingdon Valley PA 19006
HECKLIN, MD, Oscar B ORS
Klein Prof Office Building
Philadelphia PA 19141
HEDGES JR, MD, Thomas R OPH
Eighth & Spruce Streets
Philadelphia PA 19107
HEINE, MD, William I CD
Elkins Park House
Elkins Park PA 19117
HEINRICH, MD, Dori P
7007 Cresheim Road
Philadelphia PA 19119
HEISER, MD, Mark S AN
Hospital Of Philadelphia
Philadelphia PA 19104
HELFER, MD, Elizabeth L END
338 Lombard Street
Philadelphia PA 19147
HELLER, MD, Alvin G IM
Lankenau Medical Building
Philadelphia PA 19151
HELLER, MD, Melvin S P
Two Schiller Avenue
Narberth PA 19072
HELWIG JR, MD, John CD
Germantown Hosp & Medical Ctr
Philadelphia PA 19144
HENDLER, MD, Barry H OS
1722 Benjamin Drive
Ambler PA 19002
HENNER, MD, Michael S IM
834 Chestnut Street
Philadelphia PA 19107

HENNESSY, DO, Michael P IM
6380 City Avenue
Philadelphia PA 19151
HENZES, MD, Jack GS
924 Locust Street
Philadelphia PA 19107
HERBISON, MD, Gerald J PM
185 Woodstock Street
Villanova PA 19085
HERBST, MD, Bernadette A N
1630 East High Street
Pottstown PA 19464
HERLING, MD, Irving M CD
3400 Spruce Street
Philadelphia PA 19104
HERMAN, MD, Carl D P
Moss Rehab Hospital
Philadelphia PA 19141
HERMAN, MD, Dennis IM
266 Barwynne Lane
Philadelphia PA 19151
HERMAN, MD, Harold OM
803 Preston Road
Philadelphia PA 19118
HERMAN, MD, Jerry H OBG
7310 Castor Avenue
Philadelphia PA 19152
HERMAN, MD, Marianne EM
2401 Pennsylvania Avenue
Philadelphia PA 19130
HERMAN, MD, Ruth F P
2208 Delancey Street
Philadelphia PA 19103
HERMAN, MD, Walter M CD
275 North Latches Lane
Merion PA 19066
HERNANDEZ, MD, Enrique GO
3300 Henry Avenue
Philadelphia PA 19129
HEROLD, MD, Sanford L GE
Germantown Hospital
Philadelphia PA 19144
HERRINE, MD, Gail M OBG
275 North Latchs Lane
Merion PA 19066
HERRING, MD, Allen B OS
2733 Taunton Street
Philadelphia PA 19152
HERRING, MD, Christina S P
325 South Roberts Road
Bryn Mawr PA 19107
HERRING, MD, William R
Nine Beaver Hill Road
Horsham PA 19044
HERSCHMANN, MD, Katharine GP
3700 Country Club Road
Philadelphia PA 19131
HESKEL, MD, Milton M END
60 East Township Line Road
Elkins Park PA 19117
HESS, MD, Steven G CD
8210 Marion Road
Elkins Park PA 19117
HEYL, MD, W Meredith OBG
471 Range Road
Cumberland Center ME 04021
HIRSCH, MD, Irvin H U
1025 Walnut Street
Philadelphia PA 19107
HIRSH, MD, Bernard C DMP
Academy House #15F
Philadelphia PA 19102
HIRSH, MD, Steven L R
C/O 4940 Penn Street
Philadelphia PA 19124
HOANG, MD, Tuan Anh GP
909 South Eighth Street
Philadelphia PA 19147
HOCHBERG, MD, Robert D DR
1835 South Broad Street
Philadelphia PA 19148
HODES, MD, Philip J R
Terrace Towers
Miami Beach FL 33139
HODGENS, MD, Helen L US
86 York Street
Bridgeton NJ 08302
HODGES, MD, John H IM
436 Sabine Avenue
Wynnewood PA 19096
HOELLEIN, MD, Deborah E PD
7056 Germantown Avenue
Philadelphia PA 19119
HOERNER, MD, Ralph W A
1245 Highland Avenue
Abington PA 19001
HOFFMAN, MD, Bruce I IM
164 Summit Lane
Bala Cynwyd PA 19004
HOFFMAN, MD, J David PD
2050 Locust Street
Philadelphia PA 19103
HOFFMAN JR, MD, George L OBG
4900 Pine Street
Philadelphia PA 19143
HOFFMAN JR, MD, Nicholas F US
101 West Maryland Avenue
Beach Haven NJ 08008
HOFFMEIER, MD, Charles L OBG
5245 Oxford Avenue
Philadelphia PA 19124

HOLFELNER, MD, Edward D U
114 The Mews
Haddonfield NJ 08033
HOLGADO, MD, Edgardo B AN
Ten Stephens Green Road
Glen Mills PA 19342
HOLLAND, MD, Baxter C PD
709 East Willow Grove Avenue
Wyndmoor PA 19118
HOLLANDER, MD, Bentley A R
1017 Dell Drive
Cherry Hill NJ 08003
HOLLANDER, MD, George CD
1061 Susquehanna Avenue
Rydal PA 19046
HOLLANDER, MD, Joseph L RHU
3400 Spruce Street
Philadelphia PA 19104
HOLROYDE, MD, Christopher P ON
Lankenau Hospital
Philadelphia PA 19151
HOLTON, MD, James J IM
15 Summit Court
Clementon NJ 08021
HONEBRINK, MD, Ann L OBG
3300 Henry Avenue
Philadelphia PA 19129
HONG, MD, Keumsoon OBG
8815 Germantown Avenue
Philadelphia PA 19118
HONG, MD, Sunwha OBG
4115 Presidential Drive
Lafayette Hill PA 19444
HONIGMAN, MD, Frederic H PTH
211 Winding Way
Merion PA 19066
HOOKER, MD, Maryann D IM
630 Yale Avenue
Morton PA 19070
HORAN, MD, Charles A CD
Granite Farms Estates #C218
Wawa PA 19063
HORAN, MD, Gerald W OPH
1029 Foss Avenue
Drexel Hill PA 19026
HORENSTEIN, DO, Mitchell GP
7131 Ridge Avenue
Philadelphia PA 19128
HORN, MD, Lawrence J PM
Magee Rehabilitation Hospital
Philadelphia PA 19102
HORNER, MD, George J PA
717 Old Eagle School Road
Wayne PA 19087
HOROWITZ, MD, Elisabeth W S IM
3901 Conshohocken Avenue
Philadelphia PA 19131
HOROWITZ, DO, Gary R N
Aemc Northern Division
Philadelphia PA 19141
HOROWITZ, MD, Leonard N CD
Phila Heart Institute P-Upmc
Philadelphia PA 19104
HORROW, MD, Jan Charles AN
Broad And Vine Streets
Philadelphia PA 19102
HORWITZ, MD, Orville IM
Two Private Way
Strafford PA 19087
HOSTEN, MD, Edward B P
5812 Morris Street
Philadelphia PA 19144
HOUSE, MD, Benjamin IM
6701 Castor Avenue
Philadelphia PA 19149
HOWELL, MD, Mary A GS
713 Wittelsbach Avenue
Kettering OH 45429
HOYER, MD, Paul J CLP
2114 Spruce Street
Philadelphia PA 19103
HUANG, MD, Marian M E PD
Episcopal Hospital
Philadelphia PA 19125
HUBBARD, MD, John P US
Dunwoody Village C H 4
Newtown Square PA 19073
HUBER, MD, Kenneth C CD
1747 West Chester Pike
Havertown PA 19083
HUDES, MD, Debra L IM
405 Lodges Lane
Elkins Park PA 19117
HUDIS, MD, Clifford Alan IM
215 West 95th Street 9j
New York NY 10025
HUEN, MD, Lai-Har L IM
715 Mara Drive
Blue Bell PA 19422
HUFFMAN, MD, Pamela A PD
18 Thornwood Drive
Voorhees NJ 08043
HUGHES, MD, Boland U
419 Hillbrook Road
Bryn Mawr PA 19010
HUGHES, MD, Eugene P GS
8815 Germantown Avenue
Philadelphia PA 19118
HUGHES JR, MD, Eugene P GS
8403 Navajo Street
Philadelphia PA 19118

HULNICK, MD, Stuart J PS
St Christopher Child Hospital
Philadelphia PA 19133
HUME, MD, Eric L ORS
Dept Of Orthopedic Surgery
Philadelphia PA 19107
HUMPHRIES, MD, Thomas J GE
6600 Wissahickon Avenue
Philadelphia PA 19119
HUNDLEY, MD, J Warren IM
600 Oxford Road
Bala Cynwyd PA 19004
HUNT, MD, Patrick Joseph AN
437 Maynard Drive
Strafford PA 19087
HUNT JR, MD, William T OPH
513 Parkview Drive
Wynnewood PA 19096
HUNTER, MD, James M HS
901 Walnut Street
Philadelphia PA 19107
HUREWITZ, MD, Sylvan J IM
1723 Ridgeway Road
Havertown PA 19083
HURLEY, MD, John N GS
314 Meadlow Lane
Merion Station PA 19066
HURLOCK, MD, Joan E GP
Roxborough Memorial Hospital
Philadelphia PA 19128
HURWITZ, DO, Charles GE
321 Old Gulph Road
Wynnewood PA 19096
HUTCHINSON, MD, Howard G IM
479 Shurs Lane
Philadelphia PA 19128
HUTH, MD, Edward J OS
4200 Pine Street
Philadelphia PA 19104
HYATT, MD, Robert W GYN
Episcopal Hospital
Philadelphia PA 19125
HYETT, MD, Marvin R OBG
1015 Chestnut Street
Philadelphia PA 19107
HYMAN, MD, Harold L IM
3401 North Broad Street
Philadelphia PA 19140
IADEMARCO, MD, Michael F IM
723 Cinnaminson Street
Philadelphia PA 19128
IANNACCONE, MD, Victor R OBG
917 Flanders Road
Philadelphia PA 19151
IBARS, MD, George C GS
1314 Seventh Street
New Orleans LA 70118
IDDENDEN, MD, David A OBG
Presbyterian Hospital
Philadelphia PA 19104
IDICULLA, MD, Anne A IM
597 Hermit Street
Philadelphia PA 19128
ILSON, MD, Bernard E NEP
51 North 39th Street
Philadelphia PA 19104
IMPERIALE JR, MD, S Michael US
317 North Broad Street
Philadelphia PA 19107
INFANTE, MD, Mary R P
1610 Creston Street
Philadelphia PA 19149
INGAGLIO, MD, Philip E GP
1838 South Broad Street
Philadelphia PA 19145
INGERMAN, MD, Mark J ID
Lankenau Medical Building
Philadelphia PA 19151
INGERSOLL, MD, Charles J FP
153 West Harvey Street
Philadelphia PA 19144
INGUI, MD, John P
2400 Chestnut Street
Philadelphia PA 19103
IRANI, MD, Roshen N ORS
Curtis Clinic Building
Philadelphia PA 19107
IRIZARRY, MD, Carmen P P
431-B Whitman Drive
Haddonfield NJ 08033
ISAACSON, MD, Howard OBG
7348 Drexel Road
Philadelphia PA 19151
ISARD, MD, Harold J DR
York & Tabor Roads
Philadelphia PA 19141
ISDANER, MD, Neil L OBG
357 Wyndmoor Lane
Huntingdon Valley PA 19006
ISENBERG, MD, Gerald A CRS
411 Sprague Road
Penn Valley PA 19072
ISENBERG, MD, Richard A OBG
Presbyterian Univ Of Pa Hosp
Philadelphia PA 19104
ISRAEL, MD, Harold L PUD
111 South 11th Street
Philadelphia PA 19107
ITKIN, MD, Irving H A
2401 Pennsylvania Avenue
Philadelphia PA 19130

IVKER, MD, Milton U
1767 Teafose Lane
Cherry Hill NJ 08003
IZZO, MD, Kenneth L PM
201 Old York Road
Jenkintown PA 19046
JABOURIAN, MD, Zaven H OTO
1025 Walnut Street #418
Philadelphia PA 19107
JACOB, MD, Leonard S IM
709 Sweckland Road
Swedeland PA 19479
JACOBS, MD, Joseph A U
Pepper Pavilion 1002
Philadelphia PA 19146
JACOBS, MD, Laura F PM
100 Trent Road
Overbrook Hills PA 19151
JACOBS, MD, Robert P RHU
Jeanes Hospital
Philadelphia PA 19111
JACOBS, MD, Stanley R PM
11Th & Walnut Streets
Philadelphia PA 19107
JACOBSON, MD, Mercedes P IM
404 South Ninth Street
Philadelphia PA 19147
JACOBSTEIN, MD, Jerome G R
Graduate Hospital
Philadelphia PA 19146
JACOBY, MD, Richard A D
715 Lombard Street
Philadelphia PA 19147
JACUBOWITZ, MD, Sam EM
Hosp Of Medical College Of Pa
Philadelphia PA 19129
JAEGER, MD, Scott H HS
Penn Diagnostic
Philadelphia PA 19102
JAFAR, MD, Mohammad A IM
68 West Cheltenham Avenue
Philadelphia PA 19120
JAFFARI, MD, Mohammed A PM
8809 Verree Road
Philadelphia PA 19115
JAFFE, MD, Beryl P
555 Oaks Lane
Pampano Beach FL 33069
JAFFE, MD, David J PD
5457 Quentin Street
Philadelphia PA 19128
JAFFE, MD, Marvin E PA
2100 Packard Avenue
Huntingdon Valley PA 19006
JAFFE, MD, Stephen C R
958 Hunt Drive
Yardley PA 19067
JALALI, MD, Shailen GS
3000 Valley Forge Circle
King Of Prussia PA 19406
JAMES, MD, Frank S CD
Two Penn Boulevard
Philadelphia PA 19144
JAMES, MD, George W IM
206 South 13th Street #1708
Philadelphia PA 19107
JAN, MD, Rehana A AN
415 Garrison Way
Gulph Mills PA 19428
JAN, MD, Ronald S GS
2222 South Broad Street
Philadelphia PA 19145
JARRELL, MD, Bruce E GS
1025 Walnut Street
Philadelpia PA 19107
JARVIS, MD, F Wayne GP
200 North Wynnewood Avenue
Wynnewood PA 19096
JARYMOVYCH, MD, Jaroslaw I IM
230 Barclay Circle
Cheltenham PA 19012
JAURIGUE, MD, Venerando G GS
1917 Nicholas Drive
Huntingdon Valley PA 19006
JEFFERS, MD, John B OPH
244 Martins Way
Mt Laurel NJ 08054
JEFFREY, MD, Mary E DR
5800 Ridge Avenue
Philadelphia PA 19128
JELEN, MD, Joseph A FP
4403 Comly Street
Philadelphia PA 19135
JENKIN, MD, Brenda K OBG
250 South 13th Street
Philadelphia PA 19107
JENKINS, MD, B Wheeler FP
115 East 14th Street
Beach Haven NJ 08008
JENKS, MD, John S FP
Benjamin Franklin Clinic
Philadelphia PA 19106
JENOFSKY, MD, Jack OBG
215 Fourth Avenue
Haddon Heights NJ 08035
JESSAR, MD, Ralph A RHU
2401 Pennsylvania Avenue
Philadelphia PA 19130
JEWELL, MD, Melanie IM
2623 South 78th Street
Philadelphia PA 19153

JOEBSTL, MD, Barbara C IM
46 Township Line Road
Philadelphia PA 19117
JOHNSON, MD, Bernett L D
8218 Westminster Road
Elkins Park PA 19117
JOHNSON, MD, Charles L IM
225 South Ninth Street
Philadelphia PA 19107
JOHNSON, MD, Cherie J OBG
728 Newport Avenue
Gap PA 17527
JOHNSON, MD, Don E P
347 Spring Mill Road
Villanova PA 19085
JOHNSON, MD, Edwin M CD
645 Belle Terrace Road
Port Jefferson NY 11777
JOHNSON, MD, Janice M PTH
3701 Cohshohocken Avenue
Philadelphia PA 19131
JOHNSON, MD, Michael D GS
5914 Haverford Avenue
Philadelphia PA 19151
JOHNSON, MD, Rebecca W PD
Maxicare/Healthamerica
Philadelphia PA 19115
JOHNSON, MD, Robert G GS
600 Shadow Lane
Las Vegas NV 89106
JOHNSON, MD, Waine C PTH
137 South Easton Road
Glenside PA 19038
JOHNSON, MD, William H OTO
97 Fairview Avenue
Lansdowne PA 19050
JOHNSON JR, MD, Howard J FP
127 Linden Avenue
Rutledge PA 19070
JOHNSON JR, MD, Thomas A GE
1245 Highland Avenue
Abington PA 19001
JOHNSON-HAMERMAN, MD, PD
Lois M
Pennsylvania Hospital
Philadelphia PA 19107
JOHNSTON, MD, Frank B IM
433 Howard Road
Gladwyne PA 19035
JOHNSTON, MD, Jean C IM
433 Howard Road
Gladwyne PA 19035
JONES, MD, Daniel A IM
1401 North 16th Street
Philadelphia PA 19121
JONES, MD, Edward R NEP
Two Penn Boulevard
Philadelphia PA 19144
JONES, MD, Robyn R OBG
5354 Morris Street
Philadelphia PA 19144
JONES, MD, Stephanie A OPH
1000 Walnut Street #1312
Philadelphia PA 19107
JORGENSEN, MD, Brian K IM
740 South Chester Road
Philadelphia PA 19147
JORKASKY, MD, Diane K IM
2415 Wayland Road
Berwyn PA 19312
JOSEPH, MD, Raymond E GE
1015 Chestnut Street
Philadelphia PA 19107
JOSHI, MD, Harendra V GS
60 East Township Line Road
Elkins Park PA 19117
JOSHI, MD, Kundabala S PD
8664 Belfry Drive
Philadelphia PA 19128
JOSON, MD, Raymond M NS
1501 Lansdowne Avenue
Darby PA 19023
JOYCE III, MD, John J ORS
631 Lindley Road
Glenside PA 19038
JU, MD, William D D
1420 Locust Street
Philadelphia PA 19102
JUNEJA, MD, Damyanti IM
P O Box 373
Gladwynne PA 19035
JUNEJA, MD, Ish K N
P O Box 331
Bala Cynwyd PA 19004
KADISH, MD, Rebecca E IM
1208 Waverly Walk
Philadelphia PA 19147
KAHN, MD, Bernard L OS
1320 West Sommerville Avenue
Philadelphia PA 19141
KAHN, MD, Donald L CD
575 Applewood Drive
Ft Washington PA 19034
KAHN, MD, Hyman R IM
Eight Tally Ho Lane
Blue Bell PA 19422
KAHN, MD, Sigmund B ON
324 Surrey Road
Cherry Hill NJ 08034
KAIDBEY, MD, Kays D
2220 1/2 Lombard Street
Philadelphia PA 19146

KAJANI, MD, Mehdi K HEM
8232 Fairview Road
Elkins Park PA 19117
KALAFER, MD, Marvin OBG
Red Lion And Knights Roads
Philadelphia PA 19114
KALANI, MD, Ghassem PM
244 Old Lancaster Road
Merton PA 19066
KALISH, MD, Robert W P
8812 Hawthorn Lane
Wyndmoor PA 19118
KALISH, MD, Sidney J OPH
2301 South 13th Street
Philadelphia PA 19148
KALLISH, MD, Marvin N ORS
7201 Rising Sun Avenue
Philadelphia PA 19111
KAMBIN, MD, Parviz ORS
2027 Pine Street
Philadelphia PA 19103
KAMDAR, MD, Jayant C GP
3598 Brookview Road
Philadelphia PA 19154
KAMEN, DO, Leonard B PM
Moss Rehab Hospital
Philadelphia PA 19141
KAMINENI, MD, Uma GP
338 Swedesboro Road
Gibbstown NJ 08027
KANEFIELD, DO, Marvin P
Roosevelt Blvd & Adams
Philadelphia PA 19124
KANIS, MD, Myron L AN
1134 Welsh Road
Huntingdon Valley P 19006
KANOFF, DO, Saul OS
1040 Johnston Street
Philadelphia PA 19148
KANSAL, MD, Naren NS
133 Wildflower Drive
Plymouth Meeting PA 19462
KANTER, MD, Frank J AM
631 East Allegheny Avenue
Philadelphia PA 19134
KANTOR, MD, Gary R D
17 Fawn Lane
Horsham PA 19044
KANTOR, DO, James G PD
1331 East Wyoming Avenue
Philadelphia PA 19124
KAO, MD, Winifred W GS
7720B Stenton Avenue
Philadelphia PA 19118
KAPLAN, MD, Bernard GP
6100 Charles Street
Philadelphia PA 19135
KAPLAN, DO, Daniel B IM
3944 Conshohocken Avenue
Philadelphia PA 19131
KAPLAN, MD, Louis OS
1204 Greentree Lane
Narberth PA 19072
KAPLAN, MD, Richard H PM
1015 Chestnut Street
Philadelphia PA 19107
KAPLAN, MD, Robert D GE
1326 Monk Road
Gladwyne PA 19035
KAPLAN, DO, Robert J FP
8945 Ridge Avenue
Philadelphia PA 19128
KAPLAN, MD, S Richard ORS
220 West Rittenhouse Square
Philadelphia PA 19103
KAPLOW, MD, Gwen H OBG
1015 Chestnut Street
Philadelphia PA 19107
KAPPA, MD, Rosanne D OBG
Hospital University Of Pa
Philadelphia PA 19104
KARAFIN, MD, Lester U
3300 Henry Avenue
Philadelphia PA 19129
KARAKASHIAN, MD, Nubar A OPH
539 East Allegheny Avenue
Philadelphia PA 19134
KARANDY, DO, Emely PS
1746 Lombard Street
Philadelphia PA 19146
KARASICK, MD, David R
Thomas Jefferson Univ Hosp
Philadelphia PA 19107
KARASICK, MD, Sheldon R R
240 Stacey Road
Penn Valley PA 19072
KARASICK, MD, Stephen DR
1119 Tower Lane
Penn Valley PA 19072
KARETAS, MD, Alexandra I AN
309 Longfield Road
Philadelphia PA 19118
KARISSON, MD, Ulf Lennart ON
230 North Broad Street
Philadelphia PA 19102
KARLIN, DO, Paul S IM
1530 Spring Avenue
Jenkintown PA 19046
KARMAZN, MD, Nelly PTH
7830 Summerdale Avenue
Philadelphia PA 19111

KARMILOWICZ, MD, N Peter TS
291 Penncrest Street
Langhorne PA 19047
KARP, MD, Joseph S OPH
202 North Bowman Avenue
Merion PA 19066
KARP, MD, Louis A OPH
Pennsylvania Hospital
Philadelphia PA 19106
KASDIN, MD, Sharon L GP
1212 Lenox Road
Jenkintown PA 19046
KASE, MD, Wm A P
645 East Allegheny Avenue
Philadelphia PA 19134
KASE JR, MD, James B TS
19 North Court Th-121
Pittsburgh PA 15237
KASEFF, MD, Leon G R
1783 El Camino Real
Burlingame CA 94010
KASHATUS, MD, Wm C PTH
Smithkline Bio-Science Labs
King Of Prussia PA 19406
KASHURBA, MD, Glenn J CHP
924 Seneca Avenue
Cumberland MD 21502
KASPARIAN, MD, Hratch CD
Graduate Hospital
Philadelphia PA 19146
KASTENBERG, MD, David M IM
Presidential Apt #A817
Philadelphia PA 19131
KATALAN, MD, Maurice M FP
2601 South Bouvier Street
Philadelphia PA 19145
KATES, MD, Malcolm IM
2301 South Broad Street
Philadelphia PA 19148
KATOWITZ, MD, James A OPH
One Childrens Center
Philadelphia PA 19104
KATZ, MD, Alan S PUD
314 Cottman Street
Jenkintown PA 19046
KATZ, MD, Jacob OPH
1900 J F K Boulevard
Philadelphia PA 19103
KATZ, MD, Janice D IM
2212 North Stoneridge Lane
Villanova PA 19085
KATZ, MD, Jules R
111-B Chaucer Road
Mt Laurel NJ 08054
KATZ, MD, Julian GE
555 City Line Avenue
Bala Cynwyd PA 19004
KATZ, MD, Leslie J OPH
Wills Eye Hospital
Philadelphia PA 19107
KATZ, MD, M Richard NS
Klein Professional Building
Philadelphia PA 19141
KATZ, MD, Max PYA
255 South 17th Street
Philadelphia PA 19103
KATZ, MD, Richard H IM
2212 North Stone Ridge Lane
Villanova PA 19085
KATZ, MD, Richard I N
5401 Old York Road
Philadelphia PA 19141
KATZ, MD, Sheila M CDS
230 North Broad Street
Philadelphia PA 19102
KATZ, DO, Steven Lee ID
2043 Green Street
Philadelphia PA 19130
KATZ, MD, Theodore T PS
1703 South Broad Street
Philadelphia PA 19148
KATZ, MD, Warren A RHU
5401 Old York Road
Philadelphia PA 19141
KAUFFMAN, MD, Abraham L GP
Cedarbrook Hill Apartments
Wyncote PA 19095
KAUFMAN, MD, Abraham S GP
Cedarbrook Hill
Wyncote PA 19095
KAUFMAN, MD, Jodi D IM
8938 Ridge Avenue
Philadelphia PA 19128
KAY, MD, Harold R TS
Mid-Atlantic Sur Assc Ste 105
Philadelphia PA 19104
KAY, MD, Michael L OPH
130 South Ninth Street
Philadelphia PA 19107
KAYE, MD, Donald IM
3300 Henry Avenue
Philadelphia PA 19129
KAYE, MD, Kendra B P
8200 Henry Avenue
Philadelphia PA 19128
KAZEM, MD, Ismail R
78 Denow Road
Lawrenceville NJ 08648
KAZENOFF, MD, Bob IM
604 Washington Square
Philadelphia PA 19106

KEAN, MD, Herbert PS
1518 Spruce Street
Philadelphia PA 19102
KEANE, MD, William M OTO
Eighth & Spruce Streets
Philadelphia PA 19107
KEATES, MD, Edwin U OPH
500 Old York Road Suite 102
Jenkintown PA 19046
KEEFER, MD, George P FI
610 Montgomery School Lane
Wynnewood PA 19096
KEELEY, DO, Mark R RHU
6101 Rising Sun Avenue
Philadelphia PA 19111
KEELY, MD, Elizabeth S GYN
606 East Gates Street
Philadelphia PA 19128
KEISMAN, MD, Robert A CD
911 North 29th Street
Philadelphia PA 19130
KELBICK, MD, Elaine H AN
507 Cindy Circle
Penllyn PA 19422
KELCH, DO, Benjamin P HEM
218 West Chestnut Hill Avenue
Philadelphia PA 19118
KELLER, MD, Steven M TS
Fox Chase Cancer Center
Philadelphia PA 19111
KELLY, MD, Habib R U
6112 Torresdale Avenue
Philadelphia PA 19135
KELLY, MD, Herbert T IM
6709 Lincoln Drive
Philadelphia PA 19119
KELLY, MD, William E P
2750 Leeds Land
Charlottesville VA 22901
KELSTEN, MD, Martin L PTH
158 Edgehill Road
Bala Cynwyd PA 19004
KELVIN, MD, Carl B US
Cedarbrook Hill
Wyncote PA 19095
KEMPF JR, MD, Francis C CD
1148 Morris Road
Wynnewood PA 19096
KENDALL, MD, A Richard U
3401 North Broad Street
Philadelphia PA 19140
KENDALL, MD, Benjamin OBG
111 South 11th Street
Philadelphia PA 19107
KENNEY, MD, Nancy T IM
2706 Dothan Plaza
Philadelphia PA 19153
KENNING, MD, James A NS
Temple University Hospital
Philadelphia PA 19140
KEOHANE, MD, Richard B DR
20 Fariston Road
Wayne PA 19087
KEON, MD, Thomas P AN
Childrens Hospital Of Phila
Philadelphia PA 19104
KERN, MD, Franklin M OBG
25 Pierce Street
Kingston PA 18704
KERNIS, DO, David FP
1300 Marlborough Street
Philadelphia PA 19125
KESSEL, MD, Daniel S D
8201 Henry Avenue
Philadelphia PA 19128
KESSEL, MD, Julie B P
6024 Wayne Avenue
Philadelphia PA 19144
KESSEL, MD, Lawrence J IM
8201 Henry Avenue
Philadelphia PA 19128
KEYES, MD, Baldwin L N
609 Wynnewood Plaza
Wynnewood PA 19096
KEYKHAH, MD, Mohammad M AN
329 Fairhill Road
Wynnewood PA 19096
KHAN, MD, Abu PD
670 North 52nd Street
Philadelphia PA 19131
KHAN, MD, Qador IM
2239 Deer Path Road
Huntingdon Valley PA 19006
KHANNA, MD, Chanchal PTH
1764 Terrace Drive
Maple Glen PA 19002
KHANNA, MD, Om P U
230 North Broad Street
Philadelphia PA 19102
KHANTHAN, MD, AN
Subramaniam E
1739 Sharpless Road
Rydal PA 19046
KHELLA, MD, Lewis PM
45 Old Gulph Road
Gladwyne PA 19035
KHOURY, MD, Dennis J OPH
8118 Bustleton Avenue
Philadelphia PA 19152
KHOURY, MD, Philip B IM
1182 South 11th Street
Philadelphia PA 19147

KIM, MD, Ikjin IM
234 Barclay Circle
Cheltenham PA 19012
KIM, MD, Jung S PD
7901 Rolling Green Road
Cheltenham PA 19012
KIM, MD, Kwan E NEP
230 North Broad Street
Philadelphia PA 19102
KIM, MD, Philip Y PTH
Albert Einstein Medical Ctr
Philadelphia PA 19141
KIMBEL, MD, Philip PUD
One Graduate Plaza
Philadelphia PA 19146
KIMMEL, MD, Murray H U
1723 Old Welsh Road
Huntingdon Valley PA 19006
KIMMEL, MD, Robert M US
1010 East Luzerne Street
Philadelphia PA 19124
KING, MD, Charles C EM
6100 Henry Avenue
Philadelphia PA 19128
KING, MD, Lois I R
8840 Germantown Avenue
Philadelphia PA 19118
KING, MD, Lorraine C END
12140 Second Avenue
Stone Harbor NJ 08247
KIRBY, MD, Cheryl L IM
2205 Kater Street
Philadelphia PA 19146
KIRSHBAUM, MD, Bernard A D
D-128 Madison House Pres Apts
Philadelphia PA 19131
KIRSHBAUM, MD, Gary R P
1629 Monk Road
Gladwyne PA 19035
KITEI, MD, Milton N GP
2243 South Ninth Street
Philadelphia PA 19148
KLEEMAN, MD, Audrey K IM
9600 Roosevelt Blvd
Philadelphia PA 19115
KLEIN, MD, Dorothy E PD
Seven Seas Marina
Daytona Beach FL 32018
KLEIN, MD, Howard IM
1617 Green Street
Philadelphia PA 19130
KLEIN, MD, Sheldon GP
9301/03 Banes Street
Philadelphia PA 19115
KLEINBART, MD, Morris IM
3600 Conshohocken Avenue
Philadelphia PA 19131
KLEINBERG, DO, Harvey S FP
6522 Lebanon Avenue
Philadelphia PA 19151
KLEINER, MD, Henry T PYA
Presidential Apartments
Philadelphia PA 19131
KLEINER, MD, Laurence I NS
Albert Einstein Medical Ctr
Philadelphia PA 19141
KLETTER, MD, Jan C CRS
908 Clyde Lane
Philadelphia PA 19128
KLIGERMAN, MD, Morton M TR
Radiation Therapy
Philadelphia PA 19104
KLIGMAN, MD, Albert M D
36Th And Hamilton Walk
Philadelphia PA 19104
KLINGENSMITH, MD, Walter C IM
P O Box 456
Solebury PA 18963
KLINGHOFFER, MD, June F IM
3300 Henry Avenue
Philadelphia PA 19129
KLINGHOFFER, MD, Leonard ORS
255 South 17th Street
Philadelphia PA 19103
KLINMAN, MD, Steven W IM
209 Cedar Road
Elkins Park PA 19117
KLINMAN, MD, William CRS
4025 Pulitzer Place
San Diego CA 92122
KNEE, DO, Norman S GP
5103 Whitaker Avenue
Philadelphia PA 19124
KNOWLES, MD, Harry J GS
722 Righters Mill Road
Narberth PA 19072
KO, MD, Min-Hsiung PTH
10890 Bustleton Avenue
Philadelphia PA 19116
KOBB, MD, Mark E PD
English Village Prof Center
North Wales PA 19454
KOCHAN, MD, Jeffrey P N
55 Bryn Mawr Avenue
Lansdowne PA 19050
KODSI, MD, Magdi S PS
1245 Highland Avenue #600
Abington PA 19001
KOENIGSBERG, MD, Bess S IM
222 Birchwood Park Drive
Jericho NY 11753

KOEPSELL, MD, Don G OPH
226 West Rittenhouse Square
Philadelphia PA 19103
KOFSKY, MD, Phillip M GS
309 Birch Drive
Lafayette Hill PA 19444
KOGAN, MD, Allan J FP
Jeanes Phycician Office Bldg
Philadelphia PA 19111
KOHL, MD, E James ORS
931 Haverford Road
Bryn Mawr PA 19010
KOHLER, MD, Henry J OPH
703 South York Road
Hatboro PA 19040
KOHN, MD, Mark I R
213 Edgehill Road
Merion PA 19066
KOIWAI, MD, Eichi K PTH
230 North Broad Street
Philadelphia PA 19102
KOLANDER, MD, Scott A IM
8505 Bridle Road
Philadelphia PA 19111
KOLANSKY, MD, Harold PYA
Elkins Park House
Elkins Park PA 19117
KOLESSAR, MD, David J GS
397 Pringle Street
Pringle PA 18704
KOLFF, MD, Jacob TS
3401 North Broad Street
Philadelphia PA 19140
KOLTES, MD, John A P
530 Spring Lane
Philadelphia PA 19128
KONDRATOWSKI, MD, OTO
Richard Z
124 Swedesford Road
Malvern PA 19355
KOO, MD, Kim Eng NS
4134 North Marshall Street
Philadelphia PA 19140
KOOLPE, MD, Harvey A DR
161 Serrill Road
Elkins Park PA 19117
KOOLPE, MD, Louis IM
8228 Westminster Road
Philadelphia PA 19117
KOPPEL, MD, Max M U
7310 Castor Avenue
Philadelphia PA 19115
KOPROWSKA, MD, Irena PTH
3400 North Broad Street
Philadelphia PA 19140
KOPROWSKI, MD, ON
Christopher D
325 South Valley Road
Paoli PA 19301
KOPROWSKI, MD, Hilary PD
The Wistar Institute
Philadelphia PA 19104
KOREN, MD, Phillip A IM
625 Society Hill
Cherry Hill NJ 08003
KORENTZWITT, MD, Edith IM
6901 Old York Road
Philadelphia PA 19126
KOREY, MD, Joseph J GS
2504 East Allegheny Avenue
Philadelphia PA 19134
KORMAN, MD, Michael J PUD
231 Locust Lane
Cinnaminson NJ 08077
KORNELUK-REILLY, MD, OPH
Theresa
2418 East Allegheny Avenue
Philadelphia PA 19134
KOTAKIS, MD, John IM
23 North Lansdowne Avenue
Lansdowne PA 19050
KOTLER, MD, Barry M OM
6334 Stenton Avenue
Philadelphia PA 19138
KOTLOFF, MD, Leon IM
269 Wiltshire Road
Philadelphia PA 19151
KOUNTZ, MD, David S IM
2201 Bryn Mawr Avenue
Philadelphia PA 19131
KOUTCHER, MD, Martin E IM
2221 South Broad Street
Philadelphia PA 19148
KOVALSKY, MD, Don A ORS
249 Righters Mill Road
Gladwyne PA 19035
KOVEN, MD, Norman L AI
7500 Fourth Street
Melrose Park PA 19126
KOZART, MD, David M OPH
51 North 39th Street
Philadelphia PA 19104
KOZERA, MD, Richard J IM
3400 North Broad Street
Philadelphia PA 19140
KOZUB, MD, Robert E CD
2301 South Broad Street
Philadelphia PA 19148
KRAINSKY, MD, Semyon M IM
2128 Conwell Avenue
Philadelphia PA 19115

KRAKOVITZ, MD, Jay A IM
7500 Central Avenue
Philadelphia PA 19111
KRAMER, MD, David J EM
5435 Claybourne Street #906
Pittsburgh PA 15232
KRAMER, MD, Frederick L DR
Seven Worthington Drive
Media PA 19063
KRAMER, MD, Mark S NEP
Albert Einstein Medical Ctr
Philadelphia PA 19141
KRAMER, MD, Selma CHP
3902 Netherfield Road
Philadelphia PA 19129
KRAMER, MD, Simon TR
P O Box 36
Somers Point NJ 08244
KRANE, MD, Marvin A OBG
327 South 17th Street
Philadelphia PA 19103
KRANTZ, MD, Kathryn E OBG
3029 Queen Lane
Philadelphia PA 19129
KRARAS, MD, Christine M OS
3313 Ainslie Street
Philadelphia PA 19129
KRASNOFF, MD, Sidney O CD
1434 Academy Lane
Elkins Park PA 19117
KRAUS, MD, Theodore J GP
3153 Richmond Street
Philadelphia PA 19134
KRAUSE, MD, Marilyn PD
433 Warick Road
Wynnewood PA 19096
KRAUSE, MD, Robert L CD
7904B Bustleton Avenue
Philadelphia PA 19152
KRAUSS, MD, Jack P
Philadelphia Psychiatric Ctr
Philadelphia PA 19131
KRAUSZ, MD, Martin R GP
7739 Lycoming Avenue
Philadelphia PA 19126
KRAVITZ, MD, Charles H IM
1321 West Tabor Road
Philadelphia PA 19141
KREHL, MD, Willard A IM
220 East Mermaid Lane
Philadelphia PA 19118
KREMENS, MD, Victor R
406 Randall Road
Wyncote PA 19095
KREMER, MD, Frederic B OPH
Pepper Pavilion Suite 607
Philadelphia PA 19146
KREMER, MD, Howard U IM
Kennedy House Apartment
Philadelphia PA 19103
KRENIS, MD, Laurence J AN
1402 Pepper Road
Rydal PA 19046
KRENZEL, MD, Archibald R P
191 Presidential Blvd
Bala Cynwyd PA 19004
KRESSLER, MD, Robert J PD
8580 Verree Road
Philadelphia PA 19111
KREULEN, MD, Thomas H CD
Graduate Hospital
Philadelphia PA 19146
KREVOLIN, DO, Larry E NEP
Clinical Nephrology Assoc
Philadelphia PA 19107
KREVSKY, MD, Benjamin GE
Temple University Hospital
Philadelphia PA 19140
KRICUN, MD, Morrison E R
750 Weadley Road
King Of Prussia PA 19406
KRIEDMAN, MD, Terry F OBG
6370 Germantown Avenue
Philadelphia PA 19144
KRIEGER, MD, Benson FP
2401 Pennsylvania Avenue
Philadelphia PA 19130
KRON, MD, Kenneth M P
Wyncote House Box A
Wyncote PA 19095
KRON, MD, Samuel D GS
135 South 19th Street
Philadelphia PA 19103
KROOP, MD, Howard S GE
Pupmc
Philadelphia PA 19104
KROSER, MD, Albert S FP
2855 Welsh Road
Philadelphia PA 19152
KROSER, MD, Lila S GP
2855 Welsh Road
Philadelphia PA 19152
KROTEC, MD, Joseph W OBG
1550 Spring Mill Road
Gladwyne PA 19035
KRUPIN, MD, Theodore OPH
Scheie Eye Institute
Philadelphia PA 19104
KRZYWICKI, MD, Paul L GER
3914 Grant Avenue
Philadelphia PA 19114

KSIAZEK, MD, Susan M N
1210 Lantern Square
Philadelphia PA 19107
KUBER, MD, Matthew E CD
1534 Huntingdon Pike
Huntingdon Valley PA 19006
KULP, MD, Jeffrey T IM
5427 Wayne Avenue
Philadelphia PA 19144
KUMAR, MD, Veerandra IM
601 West Chelten Avenue
Philadelphia PA 19126
KUNKEL, MD, Nanette C PD
1806 Green Street
Philadelphia PA 19130
KURTZ, MD, Alfred B DR
1050 Indian Creek Road
Philadelphia PA 19151
KURTZ, MD, J Stephen OBG
717 Bethlehem Pike
Philadelphia PA 19118
KUSHEL, MD, Steven M US
1209 Addison Walk
Philadelphia PA 19147
KUSIAK, MD, Joseph F PS
7022 Lafayette Avenue
Ft Washington PA 19034
KUSIAK, MD, Victoria M CD
7022 Lafayette Avenue
Fort Washington PA 19034
KUTALEK, MD, Steven P CD
231 Hankins Road
Hightstown NJ 08520
KUTTY, MD, Ahmed C CD
221 Park Avenue
Swarthmore PA 19081
KWA, MD, Daniel M PTH
Pennsylvania Hospital
Philadelphia PA 19107
KYLE, MD, G Clayton DIA
University Of Pennsylvania
Philadelphia PA 19104
KYRCZ, MD, Robert W FP
3370 Madison Avenue
Bridgeport CT 06606
LABE, MD, Alexander GS
60 East Township Line
Elkins Park PA 19117
LADDEN, MD, Paul A GP
6616 North American Street
Philadelphia PA 19126
LADENHEIM, MD, Steven E OTO
1920 Chestnut Street
Philadelphia PA 19103
LAFONTAINE, MD, Mildred H N
51 North 39th Street
Philadelphia PA 19104
LAFONTANT, MD, Raymond F PM
Moss Rehab Hospital
Philadelphia PA 19141
LAIBSON, MD, Peter R OPH
445 Mulberry Lane
Haverford PA 19041
LAMBERT, MD, Barbara A TR
28 Latham Park
Melrose Park PA 19126
LAMBERT, DO, Joan C GP
812 Kings Croft
Cherry Hill NJ 08034
LAMBERT, MD, Maciej IM
812 Kings Croft
Cherry Hill NJ 08034
LAMBERT, MD, Robert L LM
Phico Group
Mechanicsburg PA 17055
LAMBERTSEN, MD, Christian J
Institute For Envir Medicine
Philadelphia PA 19104
LAME, MD, Edwin L R
Waverly Heights Villa 48
Gladwyne PA 19035
LAMSBACK, MD, Edward G IM
1441 Lewis Road
Rydal PA 19046
LANDSBERG, MD, Marc A OBG
1094 Welsh Road
Philadelphia PA 19115
LANE, MD, Sally D ON
3127 West Penn Street
Philadelphia PA 19129
LANG, DO, Eric L FP
350 Kingsclere Drive
Southampton PA 18966
LANG, MD, Nikki EM
634 Pine Street
Philadelphia PA 19106
LANGE, MD, Julie M EM
437 West School House Lane
Philadelphia PA 19144
LANGER, MD, Terry CD
51 North 39th Street
Philadelphia PA 19104
LANIGAN, MD, Christine J IM
19 Abbott Road
Wellesley Hills MA 02181
LANOCE, MD, Louis F GP
5817 Henry Avenue
Philadelphia PA 19128
LAPAT, MD, Richard C PD
10125 Verree Road
Philadelphia PA 19116

LAPAYOWKER, MD, Marc S R
Rivers Edge 9D #D-9
Philadelphia PA 19103
LARGOZA, MD, Nacianceno T FP
186 Lansdowne Avenue
Lansdowne PA 19050
LARKIN, MD, Joyce M IM
3670 Indian Queen Lane
Philadelphia PA 19129
LAROSSA, MD, Donato D PS
3400 Spruce Street
Philadelphia PA 19104
LARRIEU, MD, Alberto J GS
1335 W Tabor Road Suite 203
Philadelphia PA 19141
LASALVIA, MD, Lucy A GYN
3001 W Queen Ln
Philadelphia PA 19129
LASKIN, MD, Isadore IM
440 Righters Mill Road
Narberth PA 19072
LATOUR, MD, Frantz PTH
51 North 39th Street
Philadelphia PA 19104
LATOUR, MD, Marie G DR
Eighth & Spruce Streets
Philadelphia PA 19107
LAUBY, MD, Vincent W TS
3401 North Broad Street
Philadelphia PA 19140
LAUCIUS, MD, J Frederick IM
1025 Arboretum Road
Wyncote PA 19095
LAUFE, MD, Martin B P
53 Northwest Lakeside Drive
Medford NJ 08055
LAUFER, MD, Elizabeth U OBG
Andorra Shopping Center
Philadelphia PA 19128
LAURY, MD, William L IM
834 East Upsal Street
Philadelphia PA 19119
LAUTZ, MD, Virginia H OTO
251 Pavilion Dunwoody Village
Newtown Square PA 19073
LAVAN, MD, Donald W IM
1420 Locust Street
Philadelphia PA 19102
LAVERAN STIEBER, MD, P
Rudolf F
111 North 49th Street
Philadelphia PA 19139
LAVIN, MD, Morris IM
3701 Conshohocken Avenue
Philadelphia PA 19131
LAWRENCE, MD, James B P
136 South 16th Street
Philadelphia PA 19102
LAZARO MORAN, MD, FP
Miguela D
11991 Audubon Avenue
Philadelphia PA 19116
LAZARUS, MD, Gerald S D
Univ Of Pa 229 Med Ed Bldg
Philadelphia PA 19104
LAZOFF, MD, Marjorie IM
122 Chestnut Street
Philadelphia PA 19106
LEARNER, MD, Norman IM
2401 Pennsylvania Avenue
Philadelphia PA 19130
LEATHERWOOD II, MD, ORS
Donald F
4111 Pine Street
Philadelphia PA 19104
LEAVITT, MD, Richard D IM
464 School House Lane
Devon PA 19333
LEAVITT, DO, Richard Jay IM
210 Ridings Way
Ambler PA 19002
LEBERMAN, MD, Paul R U
17Th & Locust Streets
Philadelphia PA 19103
LEBOVITZ, MD, Paul J IM
2429 Locust Street
Philadelphia PA 19103
LECKS, MD, Leonard E CD
Rittenhouse Claridge
Philadelphia PA 19103
LEDDY, MD, Cheryl CD
8001 Roosevelt Blvd #203
Philadelphia PA 19152
LEE, MD, Bernard L U
Foxcroft Square Apartments
Jenkintown PA 19046
LEE, MD, Bong S ORS
1818 South Rittenhouse Square
Philadelphia PA 19103
LEE, MD, David C S EM
423 Kennebec Road
Cherry Hill NJ 08002
LEE, MD, Henry F PD
8236 Germantown Avenue
Philadelphia PA 19118
LEE, MD, Kwang W AN
16 East Oak Drive
Voorhees NJ 08043
LEE, MD, Rotan GP
804 Haverford Road
Bryn Mawr PA 19010

LEE JR, MD, Charles T IM
8811 Germantown Avenue
Philadelphia PA 19118
LEE JR, MD, James H OBG
1025 Walnut Street
Philadelphia PA 19107
LEEGARD, MD, Robert L AN
2601 Holme Avenue Suite 201
Philadelphia PA 19152
LEFEVER, MD, Gerald S AN
1244 Charleston Road
Cherry Hill NJ 08034
LEFKOE, MD, Roy T ORS
19Th & Lombard Streets
Philadelphia PA 19146
LEFTON, MD, Harvey B GE
555 City Line Avenue
Bala Cynwyd PA 19004
LEHRER, MD, Lewis AN
40 East Riding Drive
Cherry Hill NJ 08003
LEIBMAN, MD, Daniel IM
The Graduate Hospital
Philadelphia PA 19146
LEINWEBER, MD, Bruce K OBG
3237 Bristol Road
Cornwells Heights PA 19020
LEMOLE, MD, Gerald M CDS
Christiana Med Ctr Suite 205
Newark DE 19713
LENAHAN, MD, Terrence P IM
834 Chestnut Street Suite 101
Philadelphia PA 19107
LENCHNER, MD, Gregory S PUD
Wb 113 1001 City Line Avenue
Philadelphia PA 19151
LENTZ, MD, John W PH
3111 West Coulter Street
Philadelphia PA 19129
LEO, MD, Louis R CD
Two Bala Cynwyd
Bala Cynwyd PA 19004
LEONARD JR, MD, Edward C P
Roosevelt Blvd & Adams Avenue
Philadelphia PA 19124
LEOPOLD, MD, Lance H IM
3901 Conshohocken Avenue
Philadelphia PA 19131
LEOPOLD, MD, Robert L P
1241 Bobarn Drive
Penn Valley PA 19072
LEPAR, MD, Edwin R
1040 Kingsley Road
Rydal PA 19046
LERNER, MD, Arthur M IM
7622 Ogontz Avenue
Philadelphia PA 19150
LERNER, MD, Harvey J ON
330 South Ninth Street
Philadelphia PA 19107
LESSIG, MD, Harry J NM
78 Kent Road
Huntingdon Valley PA 19006
LEUCCI, MD, Gino U
2314 East Allegheny
Philadelphia PA 19134
LEVENBERG, MD, David P
Friends Hospital
Philadelphia PA 19124
LEVENSON, MD, Carl PM
Wyncote House
Wyncote PA 19095
LEVICK, MD, Leonard J ND
1901 Jfk Blvd
Philadelphia PA 19103
LEVICK, MD, Stanley N ND
1335 West Tabor Road
Philadelphia PA 19141
LEVIN, MD, Andrew J OPH
1703 South Broad Street
Philadelphia PA 19148
LEVIN, MD, Barry L DR
Graduate Hospital
Philadelphia PA 19146
LEVIN, MD, Kenneth NM
Hahnemann University
Philadelphia PA 19102
LEVIN, MD, Michael D PD
2701 Holme Avenue Suite 205
Philadelphia PA 19152
LEVIN, MD, Norman P PTH
Episcopal Hospital Pth Dept
Philadelphia PA 19125
LEVIN, MD, Robert W RHU
210 Locust Street
Philadelphia PA 19106
LEVIN, MD, Ronald M PTH
21 Cheswold Drive
Southampton PA 18966
LEVINE, MD, Arnold H DR
1307 Rutland Lane
Wynnewood PA 19096
LEVINE, MD, Jeffrey S IM
8201 Henry Avenue
Philadelphia PA 19128
LEVINE, MD, Laurie Jayne D
604 Washington Square South
Philadelphia PA 19106
LEVINE, MD, Samuel R
636 Wyncote House
Wyncote PA 19095

LEVINSKY, MD, Walter J IM
3401 North Broad Street
Philadelphia PA 19140
LEVINSON, MD, Stuart L P
117 North 15th Street
Philadelphia PA 19102
LEVISON, MD, Sandra P NEP
3300 Henry Avenue
Philadelphia PA 19129
LEVIT, MD, Edithe J OS
1910 Spruce Street
Philadelphia PA 19103
LEVIT, MD, Samuel M CD
1910 Spruce Street
Philadelphia PA 19103
LEVITSKY, MD, Carl M IM
727 Lombard Street
Philadelphia PA 19147
LEVITT, MD, D Troy EM
3422 Bowman Street
Philadelphia PA 19129
LEVITT, MD, Jerry D AN
33 East Princeton Road
Bala Cynwyd PA 19004
LEVY, MD, Howard A NM
24 Kings Highway
Haddon Heights NJ 08035
LEVY, MD, Michael H ON
Dept Medicine Room C305
Philadelphia PA 19111
LEVY, MD, Sharon F PUD
404 East Mount Airy Avenue
Philadelphia PA 19119
LEVY, MD, William P
1719 Lombard Street
Philadelphia PA 19146
LEVYN, DO, Jonathan B GP
724 Porter Street
Philadelphia PA 19148
LEWIS, MD, Alan E END
Renal & Endocrine Associates
Mesa AZ 85201
LEWIS, MD, Daniel W AN
255 South 17th Street
Philadelphia PA 19103
LEWIS, MD, Paul L PTH
521 Baird Road
Merion PA 19066
LEWIS, MD, Rachel E D
8810 Old Line Road
Philadelphia PA 19119
LEWIS JR, MD, George C ON
1025 Walnut Street
Philadelphia PA 19107
LEWITT, MD, Michael H EM
Po Box 640
Devon PA 19333
LEY, MD, James S IM
447 East Belgrade Street
Philadelphia PA 19125
LIACHOWITZ, MD, Claire H PM
Sutton Terrace #501
Bala Cynwyd PA 19004
LIAW, MD, Ming T GS
125 West Broad Street
Tamaqua PA 18252
LIAW, MD, Wen Haw EM
Ten Gum Tree Lane
Lafayette Hill PA 19444
LIBASSI, MD, Mark J GS
642 Hermitage Street
Philadelphia PA 19128
LIBORO, MD, Regina K NEP
400 Haddon Avenue
Haddonfield NJ 08033
LICHTENSTEIN, MD, Israel IM
7909 Oxford Avenue
Philadelphia PA 19111
LICHTENSTEIN, MD, OPH
Stephen B
108 Lankenau Medical Building
Philadelphia PA 19151
LICHTMAN, MD, Joseph M US
1819 Fireside Lane
Cherry Hill NJ 08003
LIEBEN, MD, Jan OM
2967 School House Lane
Philadelphia PA 19144
LIEBENBERG, MD, Robert E ORS
Klein Prof Office Building
Philadelphia PA 19141
LIEBER, MD, Claude P GS
1514 Monticello Drive
Gladwyne PA 19035
LIEBERMAN, MD, Daniel P
1420 Locust Street
Philadelphia PA 19102
LIEBERMAN, MD, Donald H IM
4900 Penn Street
Philadelphia PA 19124
LIEBERMAN, MD, George E OTO
Cedarbrook Apartment A-306
Wyncote PA 19095
LIEBERMAN, MD, Samuel GP
11 Martins Run
Media PA 19063
LIEBERMAN, MD, Steven L IM
705 Pine Street
Philadelphia PA 19106
LIEBMAN, MD, Emil P OTO
137 Hewitt Road
Wyncote PA 19095

LIEF, MD, Harold I P
101 South Buck Lane
Haverford PA 19041
LIGHTS, MD, Verneda M IM
502 Kenilworth Bldg
Philadelphia PA 19144
LILIAN, MD, Michael L AN
Frankford Hospital
Philadelphia PA 19114
LIM, MD, Mario R OBG
1766 Frankford Avenue
Philadelphia PA 19125
LIM, MD, Nyok Kheng IM
644 Moreno Rd
Narberth PA 19072
LIMBERAKIS, MD, Anthony J DR
636 Crosswicks Road
Rydal PA 19046
LIMOGES, MD, Richard F P
111 North 49th Street
Philadelphia PA 19139
LIN, MD, Paul M NS
1100 Mill Road
Rydal PA 19046
LINDQUIST, MD, John N IM
422 Sabine Street
Wynnewood PA 19096
LINNEMANN, MD, Roger E R
Radiation Management Consults
Philadelphia PA 19137
LIPKIN, DO, Herbert J OBG
743 Carmet Road
Rydal PA 19046
LIPMAN, MD, Bernard L PDA
Cedarbrook Hill Apartments
Wyncote PA 19095
LIPPA, MD, Erik A OPH
1045 Stevens Drive
Fort Washington PA 19034
LIPPA, MD, Linda S M OPH
1045 Stevens Drive
Fort Washington PA 19034
LIPPIN, MD, Richard A OM
Arco Chemical Company
Newtown Square PA 19073
LIPPMANN, MD, Michael L PUD
York & Tabor Roads
Philadelphia PA 19141
LIPPO, MD, Frank L OBG
2301 South Broad Street
Philadelphia PA 19148
LIPSCHUTZ, MD, Arthur PDA
Chestnut Hill Village
Philadelphia PA 19118
LIPSCHUTZ, MD, Louis B P
78 Woodbine Way
Plymouth Meeting PA 19462
LIPSCHUTZ, MD, Steven M FP
170 West Olney Avenue
Philadelphia PA 19120
LIPSHUTZ, MD, Harold U
1147 Hillsboro Mile
Hillsboro Beach FL 33062
LIPSHUTZ, MD, William H GE
800 Spruce Street
Philadelphia PA 19107
LIPSIUS, MD, Edward I OPH
1919 Chestnut Street #1504
Philadelphia PA 19103
LISAN, MD, Philip CD
Two Bala Cynwyd Plaza
Bala Cynwyd PA 19004
LISAN, MD, Ronald M AN
One Montgomery Avenue
Bala Cynwyd PA 19004
LISI, MD, Louise M PD
308 West Pelham Road
Philadelphia PA 19119
LISKER, MD, Sheldon A ND
Pepper Pavilion Suite 1005
Philadelphia PA 19146
LISS, MD, Donald IM
10119 Clark Place
Philadelphia PA 19116
LISTA, MD, William A CD
4100 Marvine Avenue
Drexel Hill PA 19026
LITKA, MD, Paul A IM
P O Box 1539
King Of Prussia PA 19406
LIU, MD, Jeffrey E IM
950 Walnut Street
Philadelphia PA 19107
LIU, MD, Nancy J GS
3901 Conshohocken Avenue #45
Philadelphia PA 19131
LIU, MD, Randal J IM
950 Walnut Street
Philadelphia PA 19107
LIU, MD, Winston T IM
3533 Ryan Avenue
Philadelphia PA 19136
LIVOLSI, MD, Philip D GP
539 West Erie Avenue
Philadelphia PA 19140
LOCHHEAD, MD, Harrie B PTH
East 106 Springhouse Est
Spring House PA 19477
LOCKMAN, MD, Bruce E PD
117 Chesney Lane
Philadelphia PA 19118

LODISE, MD, Raymond J IM
1500 Locust Street
Philadelphia PA 19102
LOEW, MD, Clifford G CD
8815 Germantown Avenue
Philadelphia PA 19118
LOEWENBERG, MD, OBG
Leopold S
1100 Walnut Street
Philadelphia PA 19107
LOFTUS, MD, Thomas A P
278 Maple Street
Haworth NJ 07641
LOFTUS, MD, Thomas M GP
601 Rhawn Street
Philadelphia PA 19111
LOGAN, MD, Thomas M GP
Catherdral Village
Philadelphia PA 19128
LOGUE, MD, James G GYN
7600 Pine Road
Wyndmoor PA 19118
LOHIER, MD, Raymond GP
1417 Redwood Lane
Wyncote PA 19095
LOMAX JR, MD, Walter P IM
P O Box 24
Hilltown PA 18927
LONDON, MD, Philip ORS
824 Cedarglen Road
Elkins Park PA 19117
LONDON, MD, W Thomas IM
7701 Burholme Ave Fox Chase
Philadelphia PA 19111
LONG SR, MD, William L P
101 South 14th Avenue
Longport NJ 08403
LONSDORF, MD, Richard G P
415 Old Gulph Road
Narberth PA 19072
LOPATIN, MD, Mark A RHU
7553 Brentwood Road
Philadelphia PA 19151
LOPEZ, MD, Aisa G PM
8046 Crittenden Street
Philadelphia PA 19118
LOPONTE, MD, Marie A TR
30 South Valley Road
Paoli PA 19301
LORBER, MD, Stanley H GE
Temple University Medical Ctr
Philadelphia PA 19140
LORD, MD, Brian U
1420 Southwind Way
Dresher PA 19025
LORENZ, MD, Howard IM
14 West Edinburgh Road
Ocean City NJ 08226
LORICO, MD, Abegael N OBG
2137 Welsh Road #1-14
Philadelphia PA 19115
LORRY, MD, Ralph W GP
1247 East Luzerne Street
Philadelphia PA 19124
LOTKE, MD, Paul A ORS
1435 Abbey Lane
Gladwyne PA 19035
LOUCKS, MD, James H IM
301 Hawthorne Avenue
Haddonfield NJ 08033
LOUIS-CHARLES, MD, Roy PD
550 East Washington Lane
Philadelphia PA 19144
LOUKA, MD, Mounir H OBG
429 West Moreland Avenue
Philadelphia PA 19118
LOVE, MD, Carol A FP
216 West Chelten Avenue
Philadelphia PA 19144
LOVE, MD, Michael B DR
205 East Fiedler Road
Ambler PA 19140
LOVELAND, MD, Mary W OBG
348 Green Lane
Philadelphia PA 19128
LOW, MD, Diong O FP
1545 Barn Swallow Drive
Cornwells Heights PA 19020
LOWE, MD, David A AN
1037 Devon Road
Rydal PA 19046
LOWE, MD, Stephen J ORS
7880 Oxford Avenue
Philadelphia PA 19111
LOWRY, MD, Louis D OTO
1025 Walnut Street
Philadelphia PA 19107
LUBIN, MD, Joseph D AN
226 Locust Street
Philadelphia PA 19106
LUBIZKA, MD, Alexandria P
6357 Wayne Avenue
Philadelphia PA 19144
LUCAS, MD, R Dubois GP
237 East Price Street
Philadelphia PA 19144
LUCAS-FEHM, MD, Lynn M R
8309 Crittenden Street
Philadelphia PA 19118
LUCASTI, DO, Christopher J IM
2613 South Canal Street
Philadelphia PA 19148

LUCCA, MD, Michael EM
6100 Henry Avenue
Philadelphia PA 19128
LUCHACO, MD, Anne L PD
275 Bryn Mawr Avenue
Bryn Mawr PA 19010
LUDOLPH, MD, Carol Ann NS
5049 Oxford Avenue
Philadelphia PA 19124
LUISTRO, MD, Patria D FOP
2413 Garrett Road
Drexel Hill PA 19026
LUKETICH, MD, James D GS
4421 Silverwood Street
Philadelphia PA 19127
LUMB, MD, George D PTH
230 North Broad Street
Philadelphia PA 19102
LUNDY, MD, Theodore IM
2565 East Norris Street
Philadelphia PA 19125
LUONGO JR, MD, Romeo A OTO
2054 Locust Street
Philadelphia PA 19103
LUSCOMBE, MD, Herbert A D
111 South 11th Street
Philadelphia PA 19107
LUTMAN, MD, Frank C OPH
1730 East Willow Grove Avenue
Philadelphia PA 19118
LYLE, MD, Donald F PD
5526 Asbury Avenue
Ocean City NJ 08226
LYNCH, MD, James J GP
2318 East Cumberland Street
Philadelphia PA 19125
LYNCH, MD, James P FP
350 South Van Dorn Street
Alexandria VA 22304
LYNCH, MD, Stanley S PD
5619-25 Vine Street
Philadelphia PA 19139
LYONS JR, MD, John W US
4277 Fifth Avenue
Avalon NJ 08202
MACFADYEN, MD, Bruce V OBG
245 Chatham Way Hershey Mill
West Chester PA 19380
MACHT JR, MD, Elmer L OBG
1245 Highland Avenue
Abington PA 19001
MACKELL, MD, James V PD
1253 Burnette Road
Huntingdon Valley PA 19006
MACKELL JR, MD, James V ORS
7922 Bustleton Avenue
Philadelphia PA 19152
MACKIE, MD, Julius A GS
3400 Spruce Street
Philadelphia PA 19104
MACKINNEY, MD, Charles C U
264 Chatham Way
West Chester PA 19380
MACMORAN, MD, Jay W R
435 Righters Mill Road
Narberth PA 19072
MACVAUGH III, MD, Horace CDS
The Graduate Hospital
Philadelphia PA 19146
MADAN-RAO, MD, Vijay R
4100 Laurel Drive
Lafayette Hill PA 19444
MADDEN, MD, John F EM
230 North Broad Street
Philadelphia PA 19102
MADDREY, MD, Willis C
T Jefferson Medical College
Philadelphia PA 19107
MADELL, MD, Seth D PTH
2991 School House Lane
Philadelphia PA 19144
MADIANOS, MD, Michael IM
1081 Fox Chase Road
Jenkintown PA 19046
MADOW, MD, Leo PYA
111 North 49th Street
Philadelphia PA 19139
MAENZA, MD, Ronald M PTH
805 Hollow Road
Radnor PA 19087
MAGARGAL, MD, Helga O OPH
9601 Milnor Street
Philadelphia PA 19114
MAGARGAL, MD, Larry E OPH
9601 Milnor Street
Philadelphia PA 19114
MAGEE, MD, John G PD
220 Hewett Road
Wyncote PA 19095
MAGIDA, MD, Theodore M DR
60 East Township Line Road
Elkins Park PA 19117
MAGILNER, MD, Arthur D OS
1251 Fairacres Road
Jenkintown PA 19046
MAGILNER, MD, Louis R
2770 Riviera Drive
Delray Beach FL 33445
MAGNESS, MD, Rose Lynne OBG
1505 B Grant Avenue
Philadelphia PA 19115

MAGRAN, MD, Leonardo CHP
1001 Valley Road
Melrose Park PA 19126
MAGUIRE, MD, Randall F PTH
408 Cheltena Avenue
Jenkintown PA 19046
MAHA, MD, George E PA
212 Tally Ho Lane
Ambler PA 19002
MAIER, MD, Willis P GS
3401 North Broad Street
Philadelphia PA 19140
MAJOR, MD, David A IM
822 Pine Street
Philadelphia PA 19107
MAKLER, MD, Jacob S OS
225 South 18th Street
Philadelphia PA 19103
MAKLER, MD, P Todd NM
960 Meetinghouse Road
Rydal PA 19046
MAKOUS, MD, Norman IM
829 Spruce Street
Philadelphia PA 19107
MALEK, MD, Mansour FP
4160 North Scottsdale Road
Scottsdale AZ 85253
MALKIN, MD, Alan G EM
1301 Fairy Hill Road
Rydal PA 19046
MALKIN, MD, Richard I PD
9600 Roosevelt Blvd
Philadelphia PA 19115
MALLIS, MD, Neil J IM
10125 Verree Road
Philadelphia PA 19116
MALLOY, MD, Terrence R U
Eighth And Spruce Streets
Philadelphia PA 19107
MALMUD, MD, Leon S NM
3401 North Broad Street
Philadelphia PA 19140
MALONE, MD, Richard P CHP
3200 Henry Avenue
Philadelphia PA 19129
MALSCH, MD, Evamarie AN
Medical College Of Pa
Philadelphia PA 19129
MANCALL, MD, Elliott L N
230 North Broad Street
Philadelphia PA 19102
MANDAL, MD, Sanat K CD
829 Spruce Street
Philadelphia PA 19107
MANDARINO, MD, Michael J ORS
2832 A Belmont Avenue
Philadelphia PA 19131
MANDEL, MD, Martin M N
1650 Huntingdon Pike
Meadowbrook PA 19046
MANDEL, MD, Samuel FP
2201 Napfle Avenue
Philadelphia PA 19152
MANDEL, MD, Steven N
519 Penn Valley Road
Narberth PA 19072
MANDELL, MD, Morton S CD
5401 Old York Road Suite 401
Philadelphia PA 19141
MANGES, MD, W Bosley GS
Route 2 Box R6b
Santee SC 29142
MANI, MD, Shobha T AN
3300 Henry Avenue
Philadelphia PA 19129
MANLEY, MD, Donelson R OPH
226 Windsor Place
Haverford PA 19041
MANLOVE, MD, Francis R P
709 Dixon Lane
Gladwyne PA 19035
MANSFIELD, MD, Carl M TR
111 South 11th Street
Philadelphia PA 19107
MANSTEIN, MD, Carl H HS
Jeanes Physicians Office Bldg
Philadelphia PA 19111
MANSTEIN, MD, George PS
Jeanes Physicians Office Bldg
Philadelphia PA 19111
MANSTEIN, MD, Mark E PS
1400 Rydal Road
Rydal PA 19046
MANUS, MD, Nathan GP
1001 City Avenue
Philadelphia PA 19151
MAPP, MD, Esmond M R
Thomas Jefferson Univ Hosp
Philadelphia PA 19109
MARBACH, MD, A Herbert GYN
Cedarbrook Hill Apartments
Wyncote PA 19095
MARCELO, MD, Flordeliza S AN
872 Warfield Road
Huntingdon Valley PA 19008
MARCHAND, MD, Patrice M OBG
1810 Rittenhouse Square
Philadelphia PA 19103
MARCHETTO, MD, Paul A ORS
29 Wiltshire Road
Philadelphia PA 19151

MARDEN, MD, Philip A OTO
3400 Spruce Street
Philadelphia PA 19104
MARGATE, MD, Pedro R DR
208 Demarest
Moorestown NJ 08057
MARGIOTTI, MD, Gerard A PD
Northeast Medical Center
Philadelphia PA 19114
MARGOLES, MD, Louis IM
7715 Sycamore Avenue
Philadelphia PA 19117
MARGOLIS, MD, Bernard PD
7342 Brookhaven Road
Philadelphia PA 19151
MARGOLIS, MD, Stephen H IM
Cedarbrook Hill #111
Wyncote PA 19095
MARGULIES, DO, Jerry A US
1942 E Walnut Ln
Philadelphia PA 19138
MARGULIES, DO, Sidney US
1942 E Walnut Ln
Philadelphia PA 19138
MARINCHAK, MD, Roger A CD
Medical College Of Penna
Philadelphia PA 19129
MARINO, MD, Ralph J PM
111 South 11th Street
Philadelphia PA 19107
MARINO JR, MD, Anthony P
300 South Camac Street
Philadelphia PA 19107
MARK, MD, George E CD
934 Coates Road
Meadowbrook PA 19046
MARKMANN, MD, William J ORS
7500 Central Avenue
Philadelphia PA 19108
MARKOE, MD, Arnold M TR
479 Merion Road
Merion PA 19066
MARKOFF, MD, Joseph I OPH
1703 South Broad Street
Philadelphia PA 19148
MARKOPOLOS, MD, Melissa A FP
125 Catharine Street
Philadelphia PA 19147
MARKOW, MD, Harry G CHP
87 Woodenbridge Road
Holland PA 18966
MARKOWITZ, MD, Philip I PD
514 Murdoch Road
Philadelphia PA 19119
MARKS, MD, Gerald GS
45 Fairview Road
Narberth PA 19072
MARKS, MD, Meyer A OTO
Hagys Ford Road N 317
Penn Valley PA 19072
MARKS TABBY, MD, Sara PM
121 Argyle Road
Ardmore PA 19003
MARLOWE, MD, Andrew M GS
Medical College Of Pa
Philadelphia PA 19129
MARLOWE, MD, Frank I OTO
1920 Chestnut Street
Philadelphia PA 19103
MARLOWE, MD, Sarah K FP
3900 Ford Road
Philadelphia PA 19131
MARMAR, MD, Earl C ORS
972 Frazier Road
Rydal PA 19046
MARONE, MD, Phillip J ORS
2129 Oregon Avenue
Philadelphia PA 19145
MARSHALL, MD, E Wayne PUD
153 Medford Leas
Medford NJ 08055
MARTIN, MD, John H IM
933 Haverford Road
Bryn Mawr PA 19010
MARTIN, MD, Thomas J PUD
3231 South Euclid Avenue
Berwyn IL 60402
MARTINEZ, MD, Irisaida PD
1427 Catherine Street
Philadelphia PA 19146
MARTINEZ-HERNANDEZ, MD, PTH
Antonio
Thomas Jeff Hosp Dept Of Path
Philadelphia PA 19107
MARTYN, MD, Lois J OPH
2600 North Lawrence Street
Philadelphia PA 19133
MARVA, MD, Donald J IM
309 Pine Street
Philadelphia PA 19106
MASARACHIA, MD, Sam C FP
26 Woodale Avenue
Philadelphia PA 19118
MASLOFF, MD, Melvin L OTO
723 South Latches Lane
Merion PA 19066
MASON, MD, Daniel CD
227 North Race Street
Philadelphia PA 19107
MASS, MD, Burton PUD
314 Cottman Street
Jenkintown PA 19046

MASSANISO, MD, Frank P U
304 Whitemarsh Valley Road
Fort Washington PA 19034
MASTRANGELO, MD, Michael J ON
764 Glen Road
Jenkintown PA 19046
MASTROIANNI, MD, Luigi OBG
3400 Spruce Street
Philadelphia PA 19104
MATEO, MD, Rod B GS
3414 Vaux Street
Philadelphia PA 19129
MATSKO, MD, Janine A OPH
250 Philip Place
Philadelphia PA 19106
MATSUMOTO, MD, Teruo GS
515 Fishers Road
Bryn Mawr PA 19010
MATTEUCCI, MD, Walter V IM
8103 Ardmore Avenue
Philadelphia PA 19118
MATTLEMAN, MD, Steven J IM
101 Vermeer Drive
Langhorne PA 19047
MAUNUS, MD, Howard B IM
1038 Norvelt Drive
Philadelphia PA 19115
MAURIELLO, DO, Charles A ORS
Suite 110
Wilmington DE 19810
MAUTHE, MD, Robert W PM
317 Roesch Avenue
Oreland PA 19075
MAY, MD, Robert E U
8815 Germantown Avenue
Philadelphia PA 19118
MAYER, 968, David P DR
968 Idlewild Road
Gladwyne PA 19035
MAYER, MD, Eugene M IM
1797 Melmar Road
Huntingdon Valley PA 19006
MAYER, MD, Nathaniel H PM
1019 69Th Avenue
Philadelphia PA 19141
MAYOCK, MD, Robert L PUD
244 Gypsy Lane
Wynnewood PA 19096
MAYRO, MD, Julian IM
1134 Devon Road
Jenkintown PA 19046
MAZER, MD, Howard U
512 Garwood Drive
Cherry Hill NJ 08034
MCALLISTER, MD, Helen B P
6100 Westchester Pike Drive
College Park MD 20740
MCAULIFFE, MD, Thomas C GS
745 Tennis Avenue
Ambler PA 19002
MCCAFFERTY, MD, John P GS
1817 Fulmer Street
Philadelphia PA 19115
MCCAIRNS, MD, Robert G GS
622 Bryn Mawr Avenue
Penn Valley PA 19072
MCCARRON, MD, Daniel J OBG
29 Glendale Road
Upper Darby PA 19082
MCCAULEY, MD, Francis P US
3225 Magee Avenue
Philadelphia PA 19149
MCCLOSKEY, MD, David S GS
220 Oak Street
Gilbertsville PA 19525
MCCLOSKEY, MD, Richard V ID
University Of Penna Med Ctr
Philadelphia PA 19104
MCCONNELL, MD, Edward L OBG
2342 South Broad Street
Philadelphia PA 19145
MCCORMICK, DO, Daniel J CD
1925 South Broad Street
Philadelphia PA 19148
MCCORMICK, MD, John L GS
1016 Warrior Road
Drexel Hill PA 19026
MCCORMICK, MD, John R TS
Presbyterian Hospital
Philadelphia PA 19104
MCCRACKEN, MD, Stewart IM
33 East Chestnut Hill Avenue
Philadelphia PA 19118
MCCUNE, MD, Wallace G IM
Two Penn Blvd
Philadelphia PA 19144
MCCURDY, MD, Dino E P IM
The Strath Haven #802
Swarthmore PA 19081
MCCURDY, MD, Layton P
111 North 49th Street
Philadelphia PA 19139
MCDANIEL JR, MD, Everett S GP
212 East Waverly Road
Wyncote PA 19095
MCDERMIT, MD, John R EM
1627 South Broad Street
Philadelphia PA 19148
MCDONALD, MD, Donald J GP
611 Foster Road
Cheltenham PA 19012

MCDONALD JR, DO, James F CD
5401 Old York Road
Philadelphia PA 19141
MCDONNELL, MD, William V PTH
West Jersey Health System
Camden NJ 08104
MCFARLAND, MD, Malcolm D IM
703 Marlbrook Lane
Lansdale PA 19446
MCGEADY, MD, Stephen J PDA
1025 Walnut Street
Philadelphia PA 19107
MCGEHEE, MD, Edward H FP
527 East Gravers Lane
Philadelphia PA 19118
MCGILL, MD, Herman I IM
1000 Chester Pike
Sharon Hill PA 19079
MCGINNIS, MD, David E GS
834 Chestnut Street #1419
Philadelphia PA 19107
MCGRAW, MD, Thomas E OM
207 65Th Avenue
Philadelphia PA 19126
MCGREEVEY, MD, John R R
2025 Williamsburg Road
Huntingdon Valley PA 19006
MCGRUDER, MD, Ewart G GP
237 Wood Street
Bristol PA 19007
MCIVOR, MD, Owen R ORS
843 Elkins Avenue
Elkins Park PA 19117
MCKEE, MD, Roderick S GS
3300 Henry Avenue
Philadelphia PA 19129
MCKELVEY, MD, Mary E IM
225 South 18th Street
Philadelphia PA 19103
MCKEOWN JR, MD, John J GS
935 Cedar Grove Road
Wynnewood PA 19096
MCKRISKY, MD, Paula J OBG
724 Winding Road
Jenkintown PA 19046
MCLAUGHLIN, MD, Edward D GS
3112 Garnet Mine Road
Boothwyn PA 19061
MCLAUGHLIN, MD, George E RHU
Dekalb & Fornace Streets
Norristown PA 19401
MCLAUGHLIN JR, MD, Guy W PD
7226 Castor Avenue
Philadelphia PA 19149
MCNAMARA, MD, J Arch OPH
929 Honeysuckle Lane
Wynnewood PA 19096
MCNEIL-JACOBI, MD, Athole G AN
Medical College Of Penna
Philadelphia PA 19129
MCNICHOLAS, MD, CDS
Kathleen W
4745 Stanton/Ogletown Road
Newark DE 19713
MCPEAK, MD, Vincent J OBG
Holy Redeemer Hospital
Meadowbrook PA 19046
MCSORLEY, MD, Maryann Bidi PD
307 Maryland Avenue
Havertown PA 19083
MEASLEY, MD, Robert E IM
727 Kater Street
Philadelphia PA 19147
MECHANICK, MD, Philip G P
215 Clwyd Road
Bala Cynwyd PA 19004
MEDIANO, MD, Wilfredo M DR
Aemc Southern Division
Philadelphia PA 19147
MEDINGER, MD, Fred G GS
707 Hagys Ford Road
Narberth PA 19072
MEDOFF, MD, Joseph IM
Medical Advisors
Philadelphia PA 19103
MEEHAN, MD, John J CD
The Benson
Jenkintown PA 19046
MEEHAN, MD, Kathleen M PDE
112 Burnt Mill Road
Voorhees NJ 08043
MEHALICK, DO, Pamela G PD
300 North 52nd Street
Philadelphia PA 19139
MEHTA, MD, Smita M PD
950 Pheasant Meadow Road
Blue Bell PA 19422
MEISLER, MD, Jeanne S P
333 Valley Road
Merion PA 19066
MEISTER, MD, Steven G CD
3300 Henry Avenue
Philadelphia PA 19129
MELICK, MD, Judith E OPH
929 Honeysuckle Lane
Wynnewood PA 19096
MELIN, MD, Jeffrey M AI
Episcopal Hospital
Philadelphia PA 19125
MELLEN, MD, Arthur W OBG
301 South Eighth Street #30
Philadelphia PA 19107

MELNICK, MD, Joseph L OBG
1152 North 63rd Street
Philadelphia PA 19151
MELTZER, MD, Alan J GS
7099 Corinthian Avenue
Philadelphia PA 19130
MELTZER, MD, Lawrence E CD
51 North 39th Street
Philadelphia PA 19104
MELTZER, MD, Michele S RHU
709 Corinthian Avenue
Philadelphia PA 19130
MENARD, MD, Mary K OBG
808 North Newkirk Street
Philadelphia PA 19130
MENDELL, MD, Theodore H IM
3600 Conshohocken Avenue
Philadelphia PA 19131
MENDELSON, MD, Myer P
111 North 49th Street
Philadelphia PA 19139
MENDELSSOHN, MD, Edwin GS
Cedarbrook Hill Apartments
Wyncote PA 19095
MENIN, MD, Richard A GE
7906 Serpentine Lane
Elkins Park PA 19117
MENIN, MD, William GE
Cedarbrook Hill Apartments
Wyncote PA 19095
MENNELL, MD, John M PM
2316 Bermuda Village
Advance NC 27006
MENON, MD, Venu G AN
610 Boxwood Court
Troy OH 45373
MENTYKA, MD, Maryjean D PD
100 North Broad Street
Philadelphia PA 19102
MERENICH, MD, William M IM
37-7 Revere Road
Drexel Hill PA 19026
MERKEL, MD, Ira S IM
2607 Welsh Road
Philadelphia PA 19114
MERKIN, MD, Alvin AN
3250 South Ocean Blvd
Palm Beach FL 33480
MERLIN, MD, Albert A GP
342 Winding Way
Merion PA 19066
MERMELSTEIN, MD, Alan M IM
219 Robina Terrace
Philadelphia PA 19116
MEROW, DO, Edwin L OS
7710 Bustleton Avenue
Philadelphia PA 19152
MERSKY, MD, Martin R IM
122 Penn Street
Newtown PA 18940
MERSKY, MD, Steven A U
346 East Lancaster Avenue
Wynnewood PA 19096
MESHKOV, MD, Arnold B GP
225 Newtown Road
Warminster PA 18974
MESSINA, MD, Frank C IM
1134 Rodman Street
Philadelphia PA 19147
MESSORI, MD, Divo A GE
1000 East Abington Avenue
Philadelphia PA 19118
METZGER, MD, Rose A R
24 Partridge Lane
Cherry Hill NJ 08003
MEUSBURGER, MD, Charles E P
950 Walnut Street
Philadelphia PA 19107
MEYER, MD, Richard S ORS
1754 Old Welsh Road
Huntingdon Valley PA 19006
MEYERS, MD, Karl R PTH
321 Cynwyd Road
Bala Cynwyd PA 19004
MEYERS, MD, Robert W P
4524 Forest Park Blvd
St Louis MO 63108
MEZZANOTTE, MD, John J IM
906 Bethlehem Pike
Philadelphia PA 19118
MICAILY, MD, Bizhan TR
8909 Carlisle Road
Philadelphia PA 19118
MICEK, MD, Edward W GS
1403 Harrison Street
Philadelphia PA 19124
MICELI, MD, Silvio U
620 Spruce Lane
Villanova PA 19085
MICHAELSON, MD, Carolyn Z GER
6605 Lincoln Drive
Philadelphia PA 19119
MICHALS, MD, Timothy J P
125 South 9th Street
Philadelphia PA 19107
MICKLER, MD, Thomas A AN
518 Glen Arbor Drive
Wynnewood PA 19096
MIKAELIAN, MD, Diran O OTO
1025 Walnut Street
Philadelphia PA 19107

MIKELBERG, MD, Rose R PD
630 Richard Road
Wayne PA 19087
MIKOWSKI, MD, I Edmund IM
4517 East Thompson Street
Philadelphia PA 19137
MIKUTA, MD, John J ON
3400 Spruce Street
Philadelphia PA 19104
MILICIA, MD, Anthony P OBG
327 South 17th Street
Philadelphia PA 19103
MILLER, MD, Allen C P
168 Summit Lane
Bala Cynwyd PA 19004
MILLER, MD, C Joseph GE
Benjamin Fox Pavilion #414
Jenkintown PA 19046
MILLER, MD, Cynthia L R
620 Washington Square
Philadelphia PA 19106
MILLER, MD, David FP
8550 Northwest 17th Place
Plantation FL 33314
MILLER, MD, David M IM
811 Charette Road
Philadelphia PA 19115
MILLER, MD, Francine J EM
4139 Jackson Drive
Lafayette Hill PA 19444
MILLER, MD, Gladys M IM
1735 Knob Lane Box 485
Valley Forge PA 19481
MILLER, MD, Jeffrey L END
Hahnemann University M S 426
Philadelphia PA 19102
MILLER, DO, Jeri L OBG
1437 Huntingdon Road
Abington PA 19001
MILLER, MD, Jerome A
191 Presidential Boulevard
Bala Cynwyd PA 19004
MILLER, DO, Jerome FP
5103 Whitaker Avenue
Philadelphia PA 19124
MILLER, DO, Joel P IM
5401 Old York Road
Philadelphia PA 19141
MILLER, MD, Lawrence S ORS
357 Malin Road
Newtown Square PA 19073
MILLER, MD, Leonard D GS
Hosp Of The Univ Of Pa
Philadelphia PA 19104
MILLER, MD, Morris P
405 North Ocean Blvd
Pompano Beach FL 33062
MILLER, MD, Wallace T IM
3105 Coulter Street
Philadelphia PA 19129
MILLER PROFETA, MD, OBG
Lauren B
2430 Aspen Street
Philadelphia PA 19130
MILLER-BOUDREAU, MD, FP
Karen L
300 North Essex Avenue
Narberth PA 19072
MILON, MD, Charles F AI
Benjamin Franklin House
Philadelphia PA 19107
MINEHART, MD, John R GS
149 West Walnut Lane
Philadelphia PA 19144
MINERVA, MD, Felicisima B AN
60 East Township Line Road
Elkins Park PA 19117
MINGRONI, DO, Julius A US
1439 E Passyunic Ave
Philadelphia PA 19147
MINTON, MD, Russell F DR
600 Cathedral Avenue
Philadelphia PA 19128
MINTZER, MD, David M IM
818-24 Pine Street
Philadelphia PA 19107
MIRCEA, MD, Cornel IM
Episcopal Hospital
Philadelphia PA 19125
MISHKIN, MD, Mark M R
Thomas Jefferson Univ Hosp
Philadelphia PA 19107
MITCHELL, MD, James R GS
2112 Glenview
Philadelphia PA 19149
MITCHELL, MD, Robert M OBG
316 Lankenau Medical Building
Philadelphia PA 19151
MITRA, MD, Amitabha PS
66 Battery Hill Drive
Voorhees NJ 08043
MITRUKA, MD, Vicky Abbott NPM
Our Lady Of Lourdes
Camden NJ 08108
MITTELDORF, MD, Stephen E IM
1829 Pine Street #1b
Philadelphia PA 19103
MIURA, MD, Karen K P
1810 South Rittenhouse Square
Philadelphia PA 19103

MOFFSES, MD, Garabed H OBG
1340 Hardy Avenue
Orlando FL 32803
MOGHADAM, MD, Abdol Nabi CD
Lankenau Hospital
Philadelphia PA 19151
MOGHADAM, MD, Eileen S PD
809 Edwin Lane
Bryn Mawr PA 19010
MOGIL, MD, Robert A U
60 Llanfair Circle
Ardmore PA 19003
MOHAN, MD, Krishna K PUD
711 Cox Road
Moorestown NJ 08057
MOHIUDDIN, MD, Mohammed TR
229 East Munn Lane
Cherry Hill NJ 08003
MOHIUDDIN, MD, Mohammed A N
1650 Huntingdon Pike #320
Meadowbrook PA 19046
MOHR, MD, Rose M OTO
3400 North Broad Street
Philadelphia PA 19140
MOKRYNSKI, MD, Greg IM
1000 Walnut Street
Philadelphia PA 19107
MOLDOFSKY, MD, Philip J NM
935 Rydal Road
Rydal PA 19046
MOLL, MD, George A AI
911 Pine Grove Road
Hanover PA 17331
MONHEIT, MD, Richard S IM
1000 Sharpless Road
Philadelphia PA 19126
MONSHAW, MD, Robert A NS
7901 Henry Avenue
Philadelphia PA 19128
MONTANA, MD, Barbara E IM
240 South Eighth Street
Philadelphia PA 19107
MONTGOMERY, MD, Hugh IM
Waverly Heights 220-B
Gladwyne PA 19035
MONTGOMERY, MD, Karla J PD
19 South Rolling Road
Springfield PA 19064
MONTGOMERY, MD, Lynn C P
612 West Cliveden Street
Philadelphia PA 19119
MONTGOMERY, MD, OBG
Thaddeus L
Dunwoody Village Apt E304
Newtown Square PA 19073
MONTOZZI, MD, Richard L IM
7700 Stenton Avenue
Philadelphia PA 19118
MOORE, MD, Donnica L OBG
346 Green Lane
Philadelphia PA 19128
MOORE, MD, Jay R OS
602 South Washington Square
Philadelphia PA 19106
MOORE, MD, Mary Elizabeth RHU
A Eistein Medical Center
Philadelphia PA 19141
MOORE, MD, Matthew T N
1813 Delancey Place
Philadelphia PA 19103
MOORE JR, MD, John H PS
135 South 18th Street
Philadelphia PA 19103
MOORE JR, MD, Samuel R OM
1060 Keyon Drive
Ft Washington PA 19034
MORALES, MD, Diego PM
12Th Street & Tabor Road
Philadelphia PA 19141
MORALES, MD, Jose O IM
1429 Hainesport
Mount Laurel NJ 08054
MORALES-PELAEZ, MD, AN
Eileen S
Episcopal Hospital An Dept
Philadelphia PA 19125
MORANI, MD, Alma D PS
3665 Midvale Avenue
Philadelphia PA 19129
MORENO, MD, Misael A FP
P O Box 4117
El Centro CA 92244
MORGAN, MD, William A NM
2991 School House Lane #0-24
Philadelphia PA 19144
MORGANROTH, MD, Joel CD
1040 Stony Lane
Gladwyne PA 19035
MORGENLANDER, MD, Lynn E AN
Unit 2 Rex Ct Rex Avenue
Philadelphia PA 19118
MORITZ, MD, Michael J GS
1025 Walnut Street
Philadelphia PA 19107
MORRISON, MD, Carol A CD
51 North 39th Street
Philadelphia PA 19104
MORRISON, MD, Diane C IM
3900 Walnut Street
Philadelphia PA 19104

MORRISSEY, MD, William L PUD
Knights And Red Lion Roads
Philadelphia PA 19114
MORRONE, DO, Charles C FP
7432 Torresdale Avenue
Philadelphia PA 19136
MORSBACH JR, MD, Louis F IM
3410 Sunnyside Avenue
Philadelphia PA 19129
MOSES, MD, Melvin L GS
116 Fairview Road
Narberth PA 19072
MOSKAL, MD, Joseph P AN
773 Arden Road
Jenkintown PA 19046
MOSS, MD, Edward R GP
6268 Algard Street
Philadelphia PA 19135
MOSS, MD, N Henry GS
Park Avenue And Tabor Road
Philadelphia PA 19141
MOSTER, MD, Marlene R OPH
108 Lankenau Medical Building
Philadelphia PA 19151
MOYER, MD, Ray A ORS
Broad & Tioga Streets
Philadelphia PA 19140
MOYER, MD, Susan M IM
5908 North Franklin Street
Philadelphia PA 19120
MOYLAN, MD, J Denise PUD
2764 Narcissa Road
Plymouth Meeting PA 19462
MULBERGER, MD, Robert D OPH
429 Howard Road
Gladwyne PA 19035
MULHOLLAND, MD, S Grant U
1025 Walnut Street Room 1112
Philadelphia PA 19107
MULLEN, MD, James L GS
3400 Spruce Street
Philadelphia PA 19104
MULLEN, MD, Mark J IM
3601 Conshohocken Avenue
Philadelphia PA 19131
MULLER, MD, Alfons J PM
445 Rices Mill Road
Wyncote PA 19095
MUNZER, MD, Steven J R
1103 Ansley Avenue
Melrose Park PA 19126
MURDOCK, MD, Morton G DR
1901 Walnut Street #6-A
Philadelphia PA 19103
MURPHEY, MD, Sheila A ID
212 East Meade Street
Philadelphia PA 19118
MURPHY, MD, Edward J GYN
Bryn Mawr Medical Bldg
Bryn Mawr PA 19010
MURPHY, MD, Jerry EM
7700 Stenton Avenue
Philadelphia PA 19118
MURPHY, MD, John B PS
888 Glenbrook Avenue
Bryn Mawr PA 19010
MURPHY, MD, John J U
3400 Spruce Street
Philadelphia PA 19104
MURPHY, MD, Thomas W P
4735 James Street
Philadelphia PA 19137
MURPHY, MD, Windell H A OPH
7600 West Avenue
Philadelphia PA 19117
MURR III, MD, George A GS
18 Ansley Drive
Dowingtown PA 19335
MURRAY, MD, Austin P OPH
913 Walnut Street
Philadelphia PA 19107
MURTAGH JR, MD, Frederick NS
3400 Spruce Street
Philadelphia PA 19104
MURTHY, MD, Msj CD
8813 Win Stone Road
Philadelphia PA 19118
MUSSOLINE, MD, Joseph F OPH
1709 South Broad Street
Philadelphia PA 19148
MYERS, MD, Abraham ORS
2401 Pennsylvania Avenue
Philadelphia PA 19130
MYERS, MD, David OTO
The Philadelphian
Philadelphia PA 19130
MYERS, MD, Scott Elliot GE
1725 North 72nd Street
Philadelphia PA 19151
MYERSON, MD, Ralph M IM
310 Maplewood Avenue
Merion Station PA 19066
NADEL, MD, Marcell-Bernh FP
6635 Haverford Avenue
Philadelphia PA 19151
NAGLE JR, MD, Frank O OPH
Two Penn Center Plaza
Philadelphia PA 19102
NAIDE, MD, David CD
2034 Spruce Street
Philadelphia PA 19103

NAIDE, MD, Meyer CD
2034 Spruce Street
Philadelphia PA 19103
NAIDOFF, MD, Michael A OPH
308 Spruce Street
Philadelphia PA 19106
NAIDS, MD, Richard E OPH
1719A Rachael Street
Philadelphia PA 19115
NAIK, MD, Vaishali D AN
1554 Marion Road
Abington PA 19001
NAJI, MD, Ali GS
Four Silverstein Pavilion
Philadelphia PA 19104
NAKHJAVAN, MD, Fred K CD
Albert Einstein Med Center
Philadelphia PA 19141
NALBANTIAN, MD, Michel S DR
1223 Hagys Ford Road
Narberth PA 19072
NAMJOSHI, MD, Shashikala D AN
213 Susan Drive
Elkins Park PA 19117
NAPPI, MD, Dominic F ORS
1849 South 15th Street
Philadelphia PA 19145
NARVAEZ, MD, Richard A IM
516 Berkley Road
Narberth PA 19072
NARYSHKIN, MD, Sonya PTH
Hahnemann University Hospital
Philadelphia PA 19102
NASH, MD, Margaret J PD
711 Grandview Road
York PA 17402
NASO, MD, Francis PM
1025 Walnut Street
Philadelphia PA 19107
NASSIRI-RAHIMI, MD, Cyrus AN
8815 Germantown Avenue
Philadelphia PA 19118
NAST, MD, Philip R GE
933 Haverford Road
Bryn Mawr PA 19010
NASUTI, MD, Floyd T PD
2501 South 21st Street
Philadelphia PA 19145
NATHAN, MD, David A EM
7416 Society Drive
Claymont DE 19703
NATHAN, MD, Lawrence OBG
8201 Henry Avenue
Philadelphia PA 19128
NATHAN, MD, Robert J P
1205 Hagys Ford Road
Narberth PA 19102
NATHANSON, MD, Juliet E GP
2048 Pine Street
Philadelphia PA 19103
NAYLOR JR, MD, Douglas F GS
25 Hastings Avenue
Havertown PA 19083
NAZARI, MD, Ahmad OBG
712 Darby Road
Havertown PA 19083
NEELY, MD, Thomas S OBG
1961 Lardner Street
Philadelphia PA 19149
NEIFELD, MD, Kenneth A IM
Cedarbrook Hills Apartments
Wyncote PA 19095
NEIFELD, MD, Lise L M IM
6901 Old York Road A-316
Philadelphia PA 19126
NEIGH, MD, John L AN
51 North 39th Street
Philadelphia PA 19104
NELSON, MD, Eleanor C AN
315 Mcclenaghan Mill Road
Wynnewood PA 19096
NELSON, MD, Guy M IM
Wildman Arms Apartment 630
Swarthmore PA 19081
NELSON, MD, Leonard B OPH
9Th & Walnut Streets
Philadelphia PA 19107
NELSON, MD, Waldo E PD
200 North Wynnewood Avenue
Wynnewood PA 19096
NEMEZ, MD, Albert GP
7001 Kindred Street
Philadelphia PA 19149
NEMEZ, MD, Jack S IM
8117 Washington Lane
Wyncote PA 19095
NEMIR JR, MD, Paul TS
19Th And Lombard Streets
Philadelphia PA 19146
NEMIROFF, MD, Richard L OBG
301 South Eighth Street
Philadelphia PA 19107
NEMIROVSKY, MD, Boris GS
1814 Placid Street
Philadelphia PA 19152
NESTICO, MD, Pasquale F CD
3115 South 19th Street
Philadelphia PA 19145
NEUBAUER, MD, Richard IM
Ocean Medical Center
Lauderdale-By-Sea FL 33308

NEUSTADTER, DO, Lawrence M R
Washington Square #1303
Philadelphia PA 19106
NEVYAS, MD, Anita S OPH
1901 J F Kennedy Blvd
Philadelphia PA 19103
NEVYAS, MD, Herbert J OPH
1930 Chestnut Street
Philadelphia PA 19103
NEWBERG, MD, Aaron N PD
Northeast Medical Center 14
Philadelphia PA 19114
NEWMAN, MD, Andrew ORS
1331 East Wyoming Avenue
Philadelphia PA 19124
NEWMAN, MD, Benjamin E CD
720 Manatawna Road
Philadelphia PA 19128
NEWMAN, MD, Leroy PD
7525 Castor Avenue
Philadelphia PA 19152
NIBBELINK, MD, Donald W N
Merck Sharp & Dome
West Point PA 19486
NICASTRO, MD, Gennaro C OTO
3018 North 25th Street
Philadelphia PA 19132
NICHOLAS, MD, Leslie D
1521 Locust Street
Philadelphia PA 19102
NICKLIN, MD, David E FP
4717 Chester Avenue
Philadelphia PA 19143
NICOLSON, MD, Susan C AN
Dept Anesthesia & Crit Care
Philadelphia PA 19104
NICY, MD, Nadija L PTH
2115 Willowbrook Drive
Huntingdon Valley PA 19006
NIEDELMAN, MD, Meyer L D
1420 Locust Street C-23
Philadelphia PA 19102
NIELSEN, MD, Erik W OTO
1740 South Street Suite 500
Philadelphia PA 19146
NIESENBAUM, MD, Leonard PUD
1719 Mcnelis Drive
Southampton PA 18966
NIKOO, MD, Hooshang M OBG
7374 Rowland Avenue
Philadelphia PA 19136
NILSEN, MD, Gwendolyn J EM
Hosp Med Coll Pa-Emer Med
Philadelphia PA 19129
NIMOITYN, MD, Benjamin S CD
1325 West Tabor Road
Philadelphia PA 19141
NIMOITYN, MD, Philip CD
111 S 11th St Ste 6193
Philadelphia PA 19107
NISENBAUM, MD, Harvey L DR
618 Greythorne Road
Wynnewood PA 19096
NITSKANSKY, MD, Lea GP
9369 Hoff Street
Philadelphia PA 19115
NOBEL, MD, Cecilia V PYA
255 South 17th Street
Philadelphia PA 19103
NOBEL, MD, Golda R CHP
2006 Delancey Street
Philadelphia PA 19103
NOBEL, MD, Joel J AN
5200 Butler Pike
Plymouth Meeting PA 19462
NOBLE, MD, Paul H TS
111 South 11th Street #6217
Philadelphia PA 19107
NOBLE, MD, Samuel R PM
P O Box 2238
Upper Darby PA 19082
NOBLER, MD, Myron P R
Aemc Radiation Therapy
Philadelphia PA 19141
NOCKS, MD, James J P
1860 Lenape Unionville Road
West Chester PA 19322
NOONE, MD, R Barrett PS
Lankenau Medical Bldg #309
Philadelphia PA 19151
NORIS, MD, Maryanne IM
437 West Schoolhouse Lane
Philadelphia PA 19144
NORRIS, MD, Charles M LAR
3401 North Broad Street
Philadelphia PA 19140
NORRIS, MD, Robert F PTH
430 Colebrook Lane
Bryn Mawr PA 19010
NORRIS III, MD, Charles W IM
408 Rices Mill Road
Wyncote PA 19095
NORTHRUP, MD, Bruce E NS
1025 Walnut Street
Philadelphia PA 19107
NOSHENY, MD, Stanley Z RHU
8021A Castor Avenue
Philadelphia PA 19152
NOUMOFF, MD, Joel S ON
Albert Einstein Medical Ctr
Philadelphia PA 19141

NOVIELLI, MD, Karen D FP
247 Rambling Way
Springfield PA 19064
NOWAK, MD, Catherine J OBG
624 North 22nd Street
Philadelphia PA 19130
NOWOSLAWSKI, MD, Joseph F EM
1211 Lakemont Road
Villanova PA 19085
NUSBAUM, MD, Moreye GS
One Graduate Plaza
Philadelphia PA 19146
OBRIEN, MD, Francis X CD
1310 Mckinley Street
Philadelphia PA 19111
OBRIEN, MD, Mary C EM
1310 Mckinley Street
Philadelphia PA 19111
OBRIEN, MD, William R P
111 North 49th Street
Philadelphia PA 19139
OBRIEN II, MD, John Sebastian P
941 Lombard Street
Philadlephia PA 19147
OBSUSIN, MD, Alisa N IM
5500 Wissahickon Avenue
Philadelphia PA 19144
OCONNELL, MD, Fred H IM
1102 Barnesdale Road
Woodbury NJ 08096
OCONNELL, MD, William F PD
1851 East Allegheny Avenue
Philadelphia PA 19134
OCONNOR, MD, Maureen E AN
1225 Centennial Road
Narberth PA 19072
OCONNOR, MD, Michael J NS
One Graduate Plaza
Philadelphia PA 19146
OCONOR, MD, Lorraine M IM
520 Steven Drive
King Of Prussia PA 19406
OFFNER, MD, Theodore W FP
725 Byberry Road
Philadelphia PA 19116
OH, MD, Jang K DR
Northeastern Hospital
Philadelphia PA 19134
OH, MD, Sung K OBG
1820 South Broad St
Philadelphia PA 19145
OHARA, MD, Albert E PDR
5812 Garden Lakes Drive
Bradenton FL 34203
OJEDA, MD, Virginia L AN
4111 Fountain Green
Lafayette Hill PA 19444
OKAGAWA, MD, Rick CD
7904B Bustleton Avenue
Philadelphia PA 19152
OKEN, MD, Donald P
Dept Of Pyschiatry Pa Hosp
Philadelphia PA 19107
OKIN, MD, E Michael ORS
9140 Academy Road
Philadelphia PA 19114
OLEAGA, MD, Juan A R
16 Woodhurst Drive
West Berlin NJ 08091
OLEARCHYK, MD, Andrew S TS
129 Walt Whitman Blvd
Cherry Hill NJ 08003
OLKEN, MD, Mark D DR
1200 York Road
Abington PA 19001
OLSHAN, MD, Arthur R NEP
250 North 13th Street
Philadelphia PA 19107
OLSHIN, MD, Irving J PD
247 South Seventh Street
Philadelphia PA 19106
OMALLEY, MD, Kevin B IM
3150 Township Line
Drexel Hill PA 19026
ONEILL, MD, Hugh P
441 Lankenau Medical Bldg
Philadelphia PA 19151
ORA, MD, Carmen S DIA
473 West School House Lane
Philadelphia PA 19144
ORDENTLICH, MD, Elena CHP
2424 Michael Road
Huntingdon Valley PA 19006
ORIORDAN, MD, Martin J IM
114 Birch Avenue
Bala Cynwyd PA 19004
ORNE, MD, Martin T P
111 North 49th Street
Philadelphia PA 19139
ORR, MD, Sidney H GS
5735 Ridge Avenue
Philadelphia PA 19128
ORTIZ, MD, Winston R IM
3331 Indian Queen Lane
Philadelphia PA 19129
OSCAR, MD, Alvin D OTO
5735 Ridge Avenue
Philadelphia PA 19128
OSCHELL, MD, William J IM
Friends Hospital
Philadelphia PA 19124

OSLICK, MD, Theodore PUD
7500 Central Avenue
Philadelphia PA 19111
OSMICK, MD, Mary J IM
1805 Brooks Road
West Chester PA 19380
OSORIO, MD, Emmanuel P OBG
5245 Oxford Avenue
Philadelphia PA 19124
OSTERHOLM, MD, Jewell L NS
Jefferson Medical College
Philadelphia PA 19107
OSTERMAN, MD, A Lee HS
3400 Spruce Street
Philadelphia PA 19104
OSTRUM, MD, Bernard J R
2040 Rittenhouse Square
Philadelphia PA 19103
OSTRUM, MD, Donald S DR
Aemc Northern Division
Philadelphia PA 19141
OTOOLE, MD, Thomas F GP
415 Lyceum Avenue
Philadelphia PA 19128
OTTENBERG, MD, Donald J OS
8553 Trumbauer Drive
Wyndmoor PA 19118
OYER, MD, Randall A HEM
Episcopal Hospital
Philadelphia PA 19125
OYER, MD, Rosanne H OBG
51 Newton Street
Philadelphia PA 19118
PACE, MD, Carolyn B IM
8201 Henry Avenue
Philadelphia PA 19128
PACKMAN, MD, Barry E IM
211 Wynne Lane
Penn Valley PA 19072
PADGET, MD, Edward S AN
Four Terry Drive
Newtown PA 18940
PADOLINA, MD, Ruby M AN
230 North Broad Street
Philadelphia PA 19102
PADUA, MD, Narciso T PD
7373 Ridge Avenue
Philadelphia PA 19128
PADULA, MD, Anthony M GS
8216 Seminole Avenue
Philadelphia PA 19118
PAEZ, MD, Eduardo J PTH
637 Luzerene Street
Philadelphia PA 19140
PAHLAJANI, MD, Hiro B NA
47 Lakeview Drive
Cherry Hill NJ 08003
PAIDAS, MD, Michael J OBG
510 South Front Street
Philadelphia PA 19147
PALANT, MD, Marina B IM
107 Quaker Lane
Villanova PA 19085
PALAT, DO, Herman W FP
335 East Wyoming Avenue
Philadelphia PA 19120
PALLADINO, MD, Diane P GS
Knight And Red Lion Roads
Philadelphia PA 19114
PALLEY, DO, Gilbert W EM
1924 Mt Vernon Street
Philadelphia PA 19130
PALMER, MD, Clarkson T PM
P O Box 2932
Manila Philippines
PALMER, MD, Robert H IM
1500 Spring Garden Street
Philadelphia PA 19101
PANDIT, MD, Niraj P IM
124 Teakwood Court
Norristown PA 19401
PANITCH, MD, Deborah GS
1811D Fitzwater Street
Philadelphia PA 19146
PARADOWSKI, MD, Frank W GP
2566 East Allegheny Avenue
Philadelphia PA 19134
PARAMESWARIN, MD, R CD
1616 Terrace Drive
Maple Glen PA 19002
PARISH, MD, Lawrence C D
1819 J F Kennedy Blvd
Philadelphia PA 19103
PARK, MD, Chan H NM
11Th And Walnut Streets
Philadelphia PA 19107
PARK, MD, Chong H GE
1012 Denston Drive
Ambler PA 19002
PARK, MD, Hyung K AN
302 Anthony Drive
Plymouth Meeting PA 19462
PARK, MD, Pauline K GS
1811D Fitzwater Street
Philadelphia PA 19146
PARKER, MD, Janet A TR
3300 Henry Avenue
Philadelphia PA 19129
PARKER II, MD, Harold G CD
515-F South 10th Street
Philadelphia PA 19147

PARKS, MD, Donald B PTH
4645 Morris Street
Philadelphia PA 19144
PARR, MD, Grant V S GS
Presby Univ Of Pa Med Center
Philadelphia PA 19104
PARR, MD, Justin L NA
454 Johnson Pavilion G2
Philadelphia PA 19104
PARRY, MD, Carolyn E DR
Pennsylvania Hospital
Philadelphia PA 19107
PARRY, MD, H Frazer PM
249 Copper Beech Drive
Blue Bell PA 19422
PARSI, MD, Rouzbeh K GS
Pepper Pavilion Suite 1004
Philadelphia PA 19146
PASDAR, MD, Homayoon CDS
2100 Keystone Avenue
Drexel Hill PA 19026
PASHMAN, MD, David R ORS
86 Mcfadden Drive
Huntingdon Valley PA 19006
PASKIN, MD, David L GS
301 South Eighth Street
Philadelphia PA 19106
PASQUARIELLO, MD, Patrick S IM
5555 Wissahickon Avenue
Philadelphia PA 19144
PASTO, MD, Matthew E R
7708 Lycoming Avenue
Melrose Park PA 19126
PATCHEFSKY, MD, Arthur S ATP
216 Carpenter Street
Philadelphia PA 19147
PATEL, MD, Bhuupendra M R
Episcopal Hospital Rad Dept
Philadelphia PA 19125
PATEL, MD, Harshad K DR
Episcopal Hospital Xray
Philadelphia PA 19125
PATEL, MD, Jay C PS
3300 Henry Avenue
Philadelphia PA 19129
PATEL, MD, Manubhai R IM
2700 Holme Avenue
Philadelphia PA 19152
PATNAIK, MD, Ramprasad GS
3329 Jeffrey Drive
Dresher PA 19025
PATRICK, MD, Bryan L EM
703 1/2 North Main Street
Athens PA 18810
PATRICK, MD, Kathleen E OBG
700 Spruce Street
Philadelphia PA 19106
PATTERSON, MD, John R RHU
111 South 11th Street #6010
Philadelphia PA 19107
PATTERSON, MD, Robert J IM
Two Penn Blvd
Philadelphia PA 19144
PAUL, MD, Albert J IM
Briar House Apt C-22
Elkins Park PA 19117
PAUL, MD, Anthony R GE
201 West Chestnut Hill Avenue
Philadelphia PA 19118
PAUL, MD, Gerson S OBG
1323 West Tabor Road
Philadelphia PA 19141
PAUL, MD, Phyllis O IM
1710 Woodland Road
Abington PA 19001
PAVLIDES, MD, Constantinos A GS
William Penn Medical Building
Philadelphia PA 19107
PEALE, MD, Augustin R PTH
2615 Dekalb Pike
Norristown PA 19401
PEARCE, MD, Alexander E GS
1420 Race Street
Philadelphia PA 19102
PEARIGEN, MD, Paul D EM
844-A North 29th Street
Philadelphia PA 19130
PEARLSTINE, MD, Beatrice GE
7900 Old York Road Suite 108b
Elkins Park PA 19117
PEDIGO, MD, James M P
101 Wooded Lane
Villanova PA 19085
PEDROTTY JR, MD, Francis W GS
716 Chelten Avenue
Philadelphia PA 19126
PEER, MD, Meeta D PM
Moss Rehab Hospital
Philadelphia PA 19141
PEFF, MD, Thomas C ORS
8407 Bustleton Avenue
Philadelphia PA 19152
PEGGS, MD, Michael A IM
9560 A James Street
Philadelphia PA 19114
PEITZMAN, MD, Steven J IM
475 West School House Lane
Philadelphia PA 19144
PELENSKY, MD, Jeanne M PM
American Oncologic Hospital
Philadelphia PA 19111

PELLECCHIA, MD, Patrick E GS
1533 Old Welsh Road
Huntingdon Valley PA 19006
PELOSI, MD, Louis M OTO
1530 South Broad Street
Philadelphia PA 19146
PELSZYNSKI, MD, Eugene E FP
5959 Horrocks Street
Philadelphia PA 19149
PENNELL JR, MD, Edgar L GS
335 Wenner Way
Fort Washington PA 19034
PENNEYS, MD, Edith T P
232 Winding Way
Merion PA 19066
PENNOCK, MD, Ronald S CD
230 North Broad Street
Philadelphia PA 19102
PENROD, MD, Dale S PS
301 S 8th St
Philadelphia PA 19106
PEPPER, MD, Mark David IM
1520 Spruce St No 1108
Philadelphia PA 19102
PERKINS, MD, David P IM
834 Chestnut Street #506
Philadelphia PA 19107
PERKINS, MD, Jeffrey C PM
Moss Rehabilitation Hospital
Philadelphia PA 19141
PERLMAN, MD, Abraham P
9906 Bustleton Avenue
Philadelphia PA 19115
PERLMAN, MD, Henry H D
Rittenhouse Claridge
Philadelphia PA 19103
PERLOFF, MD, Leonard J OS
526 Greystone Road
Merion PA 19066
PERLSTEIN, MD, Samuel M D
2121 North Ocean Blvd
Boca Raton FL 33432
PERRINE, MD, Jane E P
Philadelphia State Hospital
Philadelphia PA 19114
PERROTTO, MD, Santle L FP
3839 Chalfont Drive
Philadelphia PA 19154
PETERSON, MD, Donald D PUD
910 Stony Lane
Gladwyne PA 19035
PETERSON, MD, Soaries M IM
P O Box 7876
Philadelphia PA 19107
PETRONE, MD, Louis R FP
505 South Eagle Road
Havertown PA 19083
PETTINELLI, DO, Frank P US
1337 South Nineth Street
Philadelphia PA 19147
PETTIT, MD, Horace A
123 Kennedy Lane
Bryn Mawr PA 19010
PETTIT, MD, Mary D OBG
566 Pointing Rock Road
Borrego Springs CA 92004
PFEFFER, MD, William H END
Lankenau Med Bldg Suite 140
Philadelphia PA 19151
PFEIFFER, MD, Mildred C IM
551 East Evergreen Avenue
Philadelphia PA 19118
PFOHL, MD, David N IM
172 Summit Lane
Bala Cynwyd PA 19004
PFROMMER, MD, James M P
2415 1/2 Aspen Street
Philadelphia PA 19130
PHAM, MD, An H IM
1510 Green Street
Philadelphia PA 19129
PHAN, MD, Ngoc An IM
909 South 11th Street
Philadelphia PA 19147
PHELAN, MD, Thomas I GS
333 Echo Valley Lane
Newton Square PA 19073
PHILIPS, MD, Andrew J OPH
Two Bala Plaza
Bala Cynwyd PA 19004
PHILLIPS, MD, Catherine A IM
1700 Kater Street
Philadelphia PA 19146
PHILLIPS, MD, William A P
60 Meadowbrook Drive
Princeton NJ 08540
PICCONE, DO, Bruce R ON
638 Woodbine Avenue
West Chester PA 19382
PICK, MD, Ernest J DR
North East Medical Center
Philadelphia PA 19114
PICKERING, MD, Harold C AN
Memorial Hospital
Philadelphia PA 19128
PIERCE, MD, Gregory H GS
301 City Line Ave
Bala-Cynwyd PA 19004
PIKE, MD, Anne H OBG
311 Rosemary Lane
Narberth PA 19072

PILEWSKI, MD, Joseph M IM
Hospital Univ Of Pennsylvania
Philadelphia PA 19104
PINSKI, MD, Gabriel P
411 Witley Road
Wynnewood PA 19096
PINTIMALLI, MD, Joseph T FP
3101 Cottman Avenue
Philadelphia PA 19149
PISANO, MD, Daniel J R
1931 Fawn Road
Philadelphia PA 19118
PISTONE, MD, Gregory A D
2300 South Broad Street
Philadelphia PA 19145
PITTENGER, MD, Mary A GP
Presbyterian Home
Philadelphia PA 19143
PIWOZ, MD, Seymour FP
656 Foxcroft Road
Elkins Park PA 19117
PIZZANO, MD, Joseph A OPH
Northern Ophthalmic Assoc Inc
Jenkintown PA 19046
PIZZICA, DO, Albert L NPM
Episcopal Hospital
Philadelphia PA 19125
PIZZUTILLO, MD, Peter D ORS
1015 Walnut Street #S-621
Philadelphia PA 19107
PLATT, MD, Marc J AN
777 West German Town Pike
Plymouth Meeting PA 19462
PLATT, MD, Ruth M US
522 Elizabeth Drive
Lancaster PA 17601
PLOCK, MD, Gregory L N
538 South 48th Street
Philadelphia PA 19143
PLOTKIN, MD, Stanley A ID
Childrens Hospital
Philadelphia PA 19104
PLOTNICK, MD, Marc P IM
1106 Spruce Street
Philadelphia PA 19107
PODELL, DO, Joel C GP
1544 East Cheltenham Avenue
Philadelphia PA 19124
PODELL, MD, Morris J FP
1633 West Girard Avenue
Philadelphia PA 19130
PODOLSKY, MD, Sherman M EM
Aemc - Em Unit
Philadelphia PA 19141
POEHLMANN, MD, Nancy T PD
15 South Sylvania Avenue
Rockledge PA 19111
POINSARD, MD, Paul J P
2123 Delancey Street
Philadelphia PA 19103
POLADIAN, MD, Antranik S PD
2121 Glendale Avenue
Philadelphia PA 19152
POLAKOFF II, MD, Pedro NS
931 Huntingdon Pike
Huntingdon Valley PA 19006
POLAN, MD, Simon P
286 North Highland Avenue
Merion Station PA 19066
POLAN, DO, Stacey I IM
Four Snowden Road
Bala Cynwyd PA 19004
POLCINO, MD, Samuel C GP
1309 Glenview Street
Philadelphia PA 19111
POLIN, MD, Edward B IM
7810 York Road
Elkins Park PA 19117
POLISHOOK, MD, Robert D P
111 North 49th Street
Philadelphia PA 19139
POLK, MD, Lewis D GPM
226 West Rittenhouse Square
Philadelphia PA 19103
POLL, MD, David S CD
Pennsylvania Hosp-Dept Card
Philadelphia PA 19107
POLLACK, MD, Howard M R
531 Ashmead Road
Cheltenham PA 19012
POLLOCK, MD, Jeffrey L D
7801 Busleton Avenue
Philadelphia PA 19152
POMERANTZ, MD, Arthur H GS
308 Lombard Street
Philadelphia PA 19147
POMERANTZ, MD, Joel D IM
2805 North 47th Street
Philadelphia PA 19131
POMPIZZI, MD, Ermin D GP
4119 Presidential Blvd
Lafayette Hill PA 19444
PONTARELLI, MD, Domenic J OBG
6101 Rising Sun Avenue
Philadelphia PA 19111
POPKY, MD, George L DR
8801 Crefeld Street
Philadelphia PA 19118
POPORAD, MD, George A ID
8100 Roosevelt Blvd
Philadelphia PA 19152

PORRECA, MD, George A OBG
18 North Morgan Avenue
Havertown PA 19083
PORTER, MD, Mary M CLP
350 Walnut Avenue
Wayne PA 19087
PORTNER, MD, Jay H GS
60 East Township Line
Philadelphia PA 19117
PORTNER, MD, Jeff H FP
Chestnut Hill Hospital
Philadelphia PA 19118
PORTNOY, MD, Larry Neal FP
10202 Rubin Lane
Philadelphia PA 19116
POSATKO, MD, Robert J OBG
5735 Ridge Avenue
Philadelphia PA 19128
POTSIC, MD, William P OTO
One Childrens Center
Philadelphia PA 19104
POTTASH, MD, Ruben R P
1205 Wyngate Road
Wynnewood PA 19096
POULSHOCK, DO, Milton James FP
216 Barclay Circle
Cheltenham PA 19012
PRADHAN, MD, Ramesh S DR
1310 University Avenue
Yardley PA 19067
PRALL, MD, Robert C P
5750 Balcones Drive
Austin TX 78731
PREHATNY, MD, John R GS
402 Penn Road
Wynnewood PA 19096
PRESSMAN, MD, Maurie D P
261 St James Place
Philadelphia PA 19106
PRESSMAN, MD, Robert S IM
2401 Pennsylvania Avenue
Philadelphia PA 19130
PREUCEL, MD, Robert W OBG
University Hospital
Philadelphia PA 19104
PRICE, MD, Joseph W FP
514 East Sedgwick Street
Philadelphia PA 19119
PRICE, MD, Raphael I PS
7219 Rising Sun Avenue
Philadelphia PA 19111
PRICE JR, MD, Henry L AN
510 Lynmere Road
Bryn Mawr PA 19010
PRICE JR, MD, Joseph J US
244 Flintlock Road
Drexel Hill PA 19026
PROCACCI, MD, Pasquale M CD
1925 South Broad Street
Philadelphia PA 19148
PROMISLOFF, DO, Robert A PUD
823 Lombard Street
Philadelphia PA 19147
PUGH, MD, James E CD
614 Church Lane
Yeadon PA 19050
PUGLISI, MD, Anthony S ORS
7201 Rising Sun Avenue
Philadelphia PA 19111
PUGLISI, MD, Vincent GP
1813 South 13th Street
Philadelphia PA 19148
PUTNAM, MD, Richard C ON
2201 Lankenau Med Sci Bldg
Philadelphia PA 19151
QUALLS, MD, Donald M ORS
216 Lankenau Medical Bldg
Philadelphia PA 19151
QUINN, MD, Graham E OPH
8035 Seminole Avenue
Philadelphia PA 19118
QUINN, MD, Vincent J IM
2032 Race Street
Philadelphia PA 19103
RABER, MD, Irving M OPH
Lankenau Medical Bldg
Philadelphia PA 19151
RABINOWITZ, MD, Howard K PD
1015 Walnut Street
Philadelphia PA 19107
RABINOWITZ, MD, Linda Gail D
2001 Hamilton Street #10-H
Philadelphia PA 19130
RABSON, MD, Moses ORS
1133 Ashbourne Road
Cheltenham PA 19012
RACKOW, MD, Lawrence L A
Beaver Hill Apartments #B-26
Jenkintown PA 19046
RADBILL, MD, Sidney G OPH
1919 Chestnut Street
Philadelphia PA 19103
RADECKI, MD, Paul D DR
Temple University Hospital
Philadelphia PA 19140
RADKE, MD, Timothy A DR
406 Longfellow Avenue
Wyncote PA 19095
RAFFENSPERGER, MD, GYN
Bruce W
717 Bethlehem Pike
Philadelphia PA 19118

RAGGI, MD, Fiora P
102 West Manheim Street
Philadelphia PA 19144
RAGONESI, MD, Susan B PD
767 South Front Street
Philadelphia PA 19147
RAHMAN, MD, Owen R AN
1033 Rockcreek Drive
Wyncote PA 19095
RAINES, MD, Herbert S GP
6897 North 19th Street
Philadelphia PA 19126
RAINES, MD, Jonathan M P
218 Spruce Street
Philadelphia PA 19106
RAJA, MD, Rasib M NEP
York & Tabor Roads
Philadelphia PA 19141
RALPH, MD, Nathan PUD
7400 Annapollis Lane
Parklan FL 33067
RALSTON, MD, Edgar L ORS
Academy House Apartment 16K
Philadelphia PA 19102
RAMAN, MD, Jayalaxmi PD
900 Ronnie Circle
Philadelphia PA 19128
RANA, MD, Nilesh C IM
16Th Street & Girard Avenue
Philadelphia PA 19130
RANDALL, MD, Peter PS
3400 Spruce Street
Philadelphia PA 19104
RANDAZZO, MD, Paul A PTH
2400 Chestnut Street
Philadelphia PA 19103
RANIERI, MD, Tito A GS
2320 South Broad Street
Philadelphia PA 19145
RANNELS, MD, Darwin W OBG
311 South 13th Street
Philadelphia PA 19107
RAPHAELY, MD, Russell C AN
Childrens Hospital
Philadelphia PA 19104
RASANSKY, MD, Harry N FP
333 East City Avenue
Bala Cynwyd PA 19004
RASCOE JR, MD, Robert R OBG
3400 Spruce Street
Philadelphia PA 19104
RASHKIS, MD, Harold A P
Ten Conshohocken State Road
Gladwyne PA 19035
RAUER, MD, Lester PTH
410 32Nd Street
Brigantine NJ 08203
RAUNIO, MD, Anne M OBG
100 North Broad Street
Philadelphia PA 19103
RAVETZ, DO, Robert S P
661 Craft Drive
Southampton PA 18966
RAY, MD, Tarun K END
4203 Roosevelt Blvd
Philadelphia PA 19124
RAYNER, MD, Mark E GS
2407 East Allegheny Avenue
Philadelphia PA 19134
REAL, MD, Adelina AN
1401 Kyneton Road
Villanova PA 19085
RECH, MD, Susan A OBG
5714 Wissachickon Avenue
Philadelphia PA 19144
RECIK, MD, Halit AN
267 Perry Street
Philadelphia PA 19117
REDDY, MD, Subash C AN
197 Buckshire Drive
Holland PA 18966
REECE, MD, William W GP
Giuffre Medical Center
Philadelphia PA 19122
REEKIE, MD, Timothy G FP
9425 Stenton Avenue
Erdenheim PA 19118
REEMAN, MD, Ilene M OBG
3807 Grant Street
Fairlawn NJ 07410
REESE, MD, Walter D OBG
2200 Washington Lane
Huntingdon Valley PA 19006
REHEIS, MD, John P U
525 Jamestown Avenue
Philadelphia PA 19128
REICHLE, MD, Frederick A GS
51 North 39th Street
Philadelphia PA 19104
REINECKE, MD, Robert D OPH
318 South Second Street
Philadelphia PA 19106
REINPRECHT, MD, James T IM
6190 Rising Sun Avenue
Philadelphia PA 19111
REITER, MD, David OTO
P O Box 770
Narberth PA 19072
REMALEY, MD, Alan T PTH
150 West Evergreen Avenue
Philadelphia PA 19118

RENTLER, MD, Russell J IM
126 West Godfrey Avenue
Philadelphia PA 19120
RESNICK, MD, Albert B P
7764 Mellon Road
Wyncote PA 19095
RESNICK, MD, Edward J ORS
Temple University Hospital
Philadelphia PA 19140
RESNICK, MD, George J CD
2236 South 20th Street
Philadelphia PA 19145
RESNIK, MD, Alan M CRS
111 South 11th Street
Philadelphia PA 19107
RESURRECCION, MD, Rosario AN
1347 Holcomb
Huntingdon Valley PA 19006
REYNOLDS, MD, Ferman R EM
530 South Second Street
Philadelphia PA 19147
REZNAK, MD, Stephen E N
1243 Wyngate Road
Wynnewood PA 19096
RHEE, MD, Soungok PTH
1315 North 75th Street
Philadelphia PA 19151
RHOADS, MD, Donald V IM
8619 Germantown Avenue
Philadelphia PA 19118
RHOADS, MD, Jonathan E GS
131 West Walnut Lane
Philadelphia PA 19144
RICCHETTI, MD, Robert J PD
1215 Mill Creek Road
Upr Sthampton PA 18966
RICHARDSON, MD, David W N
622 East Mt Airy Avenue
Philadelphia PA 19119
RICHARDSON, MD, George A OTO
1532 Overington Street
Philadelphia PA 19124
RICHARDSON, MD, Paul A DR
2007 Delancey Place
Philadelphia PA 19103
RICHMAN, MD, Kenneth A AN
One Graduate Plaza
Philadelphia PA 19146
RICHMOND, MD, Allen C OPH
Knights And Red Lion Roads
Philadelphia PA 19114
RICKELS, MD, Karl PA
3600 Spruce Street #203
Philadelphia PA 19104
RIDOUT III, MD, Daniel L GE
58 Oakmont Drive
New Castle DE 19720
RIFKIN, MD, Matthew D DR
245 Gypsy Lane
Wynnewood PA 19096
RIGG, MD, L Isobel P
1015 Chestnut Street
Philadelphia PA 19107
RIMM, MD, Michael L IM
329 Pine Street
Philadelphia PA 19106
RITCHIE, MD, David J R
Mercy Catholic Medical Center
Darby PA 19023
RITCHIE, MD, Marianne T GE
231 Lankenau Medical Bldg
Philadelphia PA 19151
RITCHIE, MD, William G DR
501 Righters Mill Road
Penn Valley PA 19072
RITCHIE III, MD, John C P
315 North Lansdowne Avenue
Lansdowne PA 19050
RITCHIE JR, MD, Wallace P GS
Temple Univ Hosp-Dept Surgery
Philadelphia PA 19140
RITTER, MD, Charles W AN
1212 Wakeling Street
Philadelphia PA 19124
RITTER, MD, Deborah E AN
102 Pine Valley Drive
Medford NJ 08055
RIZZO, MD, Karen A OS
8875 Ridge Avenue #43
Philadelphia PA 19128
ROBBINS, MD, Mark S HEM
1335 June Lane
Narberth PA 19072
ROBBINS, MD, Robert TR
Temple University Hospital
Philadelphia PA 19140
ROBBINS, MD, William S PYA
222 Spring House Lane
Merion PA 19066
ROBERTS, MD, Andrew B CDS
3300 Henry Avenue
Philadelphia PA 19129
ROBERTS, MD, Brooke GS
3400 Spruce Street
Philadelphia PA 19104
ROBERTS, MD, Joan M OBG
8840 Germantown Avenue
Chestnut Hill PA 19118
ROBERTS, MD, John M GS
234 West Allens Lane
Philadelphia PA 19119

ROBERTSON, MD, John W GS
1335 Tabor Road
Philadelphia PA 19141
ROBERTSON, MD, William W ORS
34Th & Civic Center Blvd
Philadelphia PA 19104
ROBIN, DO, F Philip LM
243 South Tenth Street
Philadelphia PA 19107
ROBINSON, MD, Alyn OS
5914-A Wayne Avenue
Philadelphia PA 19144
ROBINSON, MD, OBG
Claire Ebanks
151 W School House Lane
Philadelphia PA 19144
ROBINSON, MD, Frederick A IM
160 Foxcatcher Lane
Media PA 19063
ROBINSON, MD, Leslie S IM
8101 St Martins Lane
Philadelphia PA 19118
ROBINSON, MD, Nathaniel M GER
5229 Spruce Street
Philadelphia PA 19139
ROBINSON JR, MD, James J GS
5735 Rising Sun Avenue
Philadelphia PA 19120
ROCCO, MD, Martin J AN
507 East Manoa Road
Havertown PA 19083
ROCCO, MD, Nicholas J IM
2202 South Broad Street
Philadelphia PA 19145
ROCIUNAS, MD, Ligija M IM
2233 Wallace
Philadelphia PA 19130
RODGERS, MD, David M CD
1660 Caslon Circle
Blue Bell PA 19422
RODGERS, MD, Florence E IM
1347 Anthony Wayne Drive
Wayne PA 19087
RODGERS, MD, Joseph F IM
Jefferson Medical College
Philadelphia PA 19107
RODMAN, MD, Theodore IM
3401 North Broad Street
Philadelphia PA 19140
RODRIGUEZ-OQUENDO, MD, IM
Annabelle
25 Apple Way
Marlton NJ 08053
ROEDDER, MD, Susan L IM
2818 West Girard Avenue
Philadelphia PA 19130
ROELOFFS, MD, Susan A PD
218 Addison Avenue
Haddon Twp NJ 08108
ROGERS, MD, James F U
5300 Cedar Avenue
Philadelphia PA 19143
ROGERS, MD, R Claude PM
161 Highland Circle
Bala Cynwyd PA 19004
ROGOVITZ, MD, David M DR
729 Mallard Street
Millville NJ 08332
ROITMAN, MD, Harry B GYN
1521 Locust St Ste 900
Philadelphia PA 19102
ROITMAN, MD, Susan OBG
219 Price Avenue #1
Narberth PA 19072
ROMAN, MD, Laurian IM
228 Old Lancaster Road
Merion PA 19066
ROMANCZUK, MD, Bruce J OTO
1726 South Broad Street
Philadelphia PA 19145
ROMANOW, MD, Peter W ORS
P O Box 55
Fairless Hills PA 19030
ROMBEAU, MD, John L CRS
3400 Spruce Street
Philadelphia PA 19104
ROMY, MD, Maurice I NS
2401 Walnut Street
Philadelphia PA 19103
RONIS, MD, Max L OTO
4145 Timber Lane
Philadelphia PA 19144
ROSATO, MD, Ernest F GS
University Of Pennsylvania
Philadelphia PA 19104
ROSATO, MD, Francis E GS
1025 Walnut Street
Philadelphia PA 19107
ROSCOE, MD, Constantine PD
7226 Castor Avenue
Philadelphia PA 19149
ROSE, MD, Elizabeth K PD
Kendal #1
Kennett Square PA 19348
ROSE, MD, Henry S DR
306 Robinhood Drive
Yardley PA 19067
ROSE, MD, Isadore IM
1500 Locust Street
Philadelphia PA 19102

ROSE, MD, Leslie I END
230 North Broad Street
Philadelphia PA 19102
ROSE, MD, Lewis J HEM
578 South Bouman Avenue
Merion Station PA 19066
ROSEMAN, MD, Sharon R GE
1532 Naudain Street
Philadelphia PA 19146
ROSEMOND, MD, George P GS
825 Olde Hickory Road
Lancaster PA 17601
ROSEN, MD, David IM
8001 Roosevelt Blvd
Philadelphia PA 19152
ROSEN, MD, Harvey M PS
301 South Eighth Street
Philadelphia PA 19106
ROSEN, MD, Joseph H R
470 Ballytore Road
Wynnewood PA 19096
ROSEN, MD, Marc R OTO
50 Woodside Road
Ardmore PA 19003
ROSEN, MD, Marvin I OBG
Cedarbrook Hill Apartments
Wyncote PA 19095
ROSEN, MD, Rhoda OBG
1011 Valley Road
Philadelphia PA 19126
ROSENBAUM, MD, Carl A IM
11603 Bustleton Avenue
Philadelphia PA 19116
ROSENBAUM, DO, Jerry S US
844 Ritner Street
Philadelphia PA 19148
ROSENBAUM JR, MD, Leon IM
Cedarbrook Hill Apartments
Wyncote PA 19095
ROSENBERG, MD, Daniel B PM
York And Tabor Roads
Philadelphia PA 19141
ROSENBERG, MD, Henry AN
322 Sycamore Avenue
Merion PA 19066
ROSENBERG, MD, Irving CRS
6800 C Castor Avenue
Philadelphia PA 19149
ROSENBERG, MD, Kenneth C CD
111 South 11th Street
Philadelphia PA 19107
ROSENBERG, MD, Manuel IM
7500 Central Avenue
Philadelphia PA 19111
ROSENBERG, MD, Morton PD
8823 Patton Road
Philadelphia PA 19118
ROSENBERG, MD, Paul E D
1015 Corn Crib Drive
Huntingdon Valley PA 19006
ROSENBERG, MD, Philip IM
1919 Chestnut Street
Philadelphia PA 19103
ROSENBERG, MD, Randy M N
718 Carmet Road
Rydal PA 19046
ROSENBERG, MD, Robin E CRS
Surg Ser Norwalk Plaza
Philadelphia PA 19115
ROSENBLUM, MD, Benjamin A PD
330 Meadowbrook Drive
Huntingdon Valley PA 19006
ROSENBLUM, MD, Mindy F PD
101 Maple Avenue
Bala Cynwyd PA 19004
ROSENBLUM, MD, Norman G OBG
3400 Spruce Street Hosp Of Pa
Philadelphia PA 19104
ROSENOW JR MD, Edward C IM
1901 Walnut Street
Philadelphia PA 19103
ROSENTHAL, MD, David E IM
York & Meeting House Roads
Elkins Park PA 19117
ROSENWASSER, MD, NS
Robert Hillel
3401 North Broad Street
Philadelphia PA 19140
ROSENZWEIG, MD, Max US
800 South 57th Street
Philadelphia PA 19143
ROSETT, MD, Jeffrey S FP
1750 Stocton Road
Meadowbrook PA 19046
ROSNER, MD, Isador K IM
257 Wiltshire Road
Philadelphia PA 19151
ROSS, MD, Denise H GER
1939 Fawn Drive
Laverock PA 19118
ROSS, MD, John J OBG
1626 Sherwood Road
Rydal PA 19046
ROSS, MD, R Douglas OBS
1015 Chestnut Street
Philadelphia PA 19107
ROSS, MD, Robert K PD
1939 Fawn Drive
Liverock PA 19118
ROSS III, MD, Arthur J PDS
34Th St And Civic Center Blvd
Philadelphia PA 19104

ROSSMAN, MD, Ronald E ON
1919 Chestnut St
Philadelphia PA 19103
ROSTAIN, MD, Anthony L P
4428 Pine Street
Philadelphia PA 19610
ROTH, MD, James L GE
Presbyterian U Of P Med Ctr
Philadelphia PA 19104
ROTH, MD, Jonathan V AN
Albert Einstein Med Ctr-Anest
Philadelphia PA 19141
ROTH, MD, Katalin E IM
700 Spruce Street
Philadelphia PA 19106
ROTH, MD, Toni C IM
117 North 15th Street
Philadelphia PA 19102
ROTHKOPF, MD, Brad M CD
6231 Old York Road
Philadelphia PA 19141
ROTHKOPF, MD, Henry IM
6231 Old York Road
Philadelphia PA 19141
ROTHMAN, MD, Maurice M IM
1901 J F Kennedy Blvd #2504
Philadelphia PA 19103
ROTHMAN, MD, Michael I R
180 Green Lane
Philadelphia PA 19127
ROTHMAN, MD, Richard H ORS
Eighth & Spruce Streets
Philadelphia PA 19107
ROTKO, MD, Bernard B US
60 East Township Line Road
Philadelphia PA 19117
ROTTENBERG, DO, Louis GP
1631 Fawn Lane
Huntingdon Valley PA 19006
ROUSE, MD, Paul V U
96 Bucks Meadow Lane
Newtown PA 18940
ROVNER, MD, Harold CRS
1930 Chestnut Street
Philadelphia PA 19103
ROVNO, MD, Herbert FP
1510 Oak Creek Drive #303
Palo Alto CA 94304
ROWE, MD, Lee D OTO
Eighth And Spruce Streets
Philadelphia PA 19107
ROWLING, MD, Susan E OS
223 St Marks Square
Philadelphia PA 19104
ROWMAN, MD, Leo GP
5325 Old York Road
Philadelphia PA 19141
ROXBY, MD, Bruce S IM
8418 Chippewa Road
Philadelphia PA 19128
ROY, MD, Robert H R
51 North 39th Street
Philadelphia PA 19104
RUBIN, MD, Alan OBG
1905 Spruce Street
Philadelphia PA 19103
RUBIN, DO, Carl S DR
1407 Flat Rock Road
Penn Valley PA 19072
RUBIN, MD, Emanuel PTH
230 North Broad Street
Philadelphia PA 19102
RUBIN, MD, I Edward OPH
255 South 17th Street
Philadelphia PA 19103
RUBIN, MD, Jonathan D DR
2012 Spring Garden Street
Philadelphia PA 19130
RUBIN, MD, Joyce R ID
50 Hazel Lane
Bala Cynwyd PA 19004
RUBIN, MD, Marc R IM
1477 Buck Creek Drive
Yardley PA 19067
RUBIN, MD, Raphael IM
Thomas Jefferson University
Philadelphia PA 19107
RUBIN, MD, S Bruce OBG
2311 Cottman Avenue
Philadelphia PA 19149
RUDERMAN, MD, Eric M IM
4118B Baltimore Avenue
Philadelphia PA 19104
RUDLEY, MD, Lloyd D P
5450 Wissahickon Avenue #308
Philadelphia PA 19144
RUDNICK, MD, Herman D P
6806 Castor Avenue
Philadelphia PA 19149
RUDNICK, MD, Michael R NEP
276 Diana Court
Gulph Mills PA 19428
RUDOLPH, MD, Joseph PYA
270 Wiltshire
Philadelphia PA 19151
RUGART, MD, Karl F OBG
811 Spruce Street
Philadelphia PA 19107
RUGEL, MD, Stanley J PD
700 West Roosevelt Blvd
Philadelphia PA 19140

RUGGIERO, MD, Robert P GS
Episcopal Hospital
Philadelphia PA 19125
RUNK, MD, Lorenzo G H
1514 Wolf Street
Philadelphia PA 19145
RUTBERG, MD, Franklin L OTO
20 Conshohocken Road
Bala Cynwyd PA 19004
RUTENBERG, MD, Harold L CD
210 Locust Street
Philadelphia PA 19106
RUTH, MD, Corey K ORS
520 South 19th Street
Philadelphia PA 19146
RUTKOWSKI, MD, Mark G AN
4524 East Thompson Street
Philadelphia PA 19137
RUTTENBERG, MD, Bertram A CHP
315 Berkeley Road
Merion PA 19066
RUTTENBERG, DO, Norman F R
339 South Fifth Street
Philadelphia PA 19106
RYAN, MD, Charles S OM
Sun Co Inc 100 Matsonford
Radnor PA 19087
SABANAYAGAM, MD, GS
Ponnampalam
15Th Street & Upland Avenue
Chester PA 19013
SABUGO, MD, Evelyn F PD
9972 Woodfern Road
Philadelphia PA 19115
SACCHETTI, MD, Alfred D EM
One Evergreen Drive
Voorhees NJ 08043
SACHDEVA, MD, Ajit K GS
3300 Henry Avenue
Philadelphia PA 19129
SACHS, MD, Jonathan R GE
2427 Wynnefield Drive
Havertown PA 19083
SACHS, MD, Marvin L IM
3400 Spruce Street
Philadelphia PA 19104
SACKETT, MD, Charles F CD
Episcopal Hospital
Philadelphia PA 19125
SACKS, MD, Charles L GS
2275 Ibis Isle
Palm Beach FL 33480
SADEL, MD, Scott M GS
8200 Henry Avenue
Philadelphia PA 19128
SADORRA, MD, Nenita Caoagas P
250 Beverly Boulevard #D204
Upper Darby PA 19082
SADWIN, MD, Arnold H
313 South 17th Street
Philadelphia PA 19103
SAGALOW, MD, Barry R DR
7605 Laurel Court
Manmouth Junction NJ 08852
SAGER, MD, Ethel P
18 Sutphin Pines
Yardley PA 19067
SAHL, MD, Henry G CD
266 Tomkenn Road
Philadelphia PA 19151
SALA, MD, Luis E GS
1801 Pine Street
Philadelphia PA 19103
SALAK, MD, Wasyl W GS
Two Penn Blvd Suite 117
Philadelphia PA 19144
SALANON, MD, Paul GP
6326 Rising Sun Avenue
Philadelphia PA 19111
SALEH, MD, Ahmab N PTH
R D 3 Box 360 Glass City
Philipsburg PA 16866
SALES, MD, Irving J GP
Latches Lane Apartments
Merion Station PA 19066
SALES, MD, Phoenix M OBG
2480 Presidential Way
West Palm Beach FL 33401
SALKIND, MD, Gene Z NS
1601 Walnut Street
Philadelphia PA 19103
SALNER, MD, Nathan P R
13 Snowden Road
Bala Cynwyd PA 19004
SALTZMAN, MD, Marcus B OS
59 Millstone Lane
Willingboro NJ 08046
SALVO, MD, Paul J GP
1830 South Broad Street
Philadelphia PA 19145
SALYARD, MD, Lann B P
106 Seville Street
Philadelphia PA 19127
SAMITZ, MD, M Harriss D
1715 Pine Street
Philadelphia PA 19103
SAMPATH, MD, Krishna PD
673 Meadowbrook Avenue
Ambler PA 19002
SAMPATHACHAR, MD, AN
Kakkadasam R
6366 Sherwood Road
Philadelphia PA 19151

SAMPSON, MD, David A R
726 Braeburn Lane
Narberth PA 19072
SAMUELS, MD, Fania IM
2050 Cherry Street
Philadelphia PA 19103
SAMUELS, MD, Louis E GS
2050 Cherry Street
Philadelphia PA 19103
SAMUELSON, MD, Bradley E IM
5427 Quentin Street
Philadelphia PA 19128
SANCHEZ, MD, Blanca S PM
868 Delmont Drive
Wynnewood PA 19096
SANDEL, MD, Mary E PM
370 East Gowen Avenue
Philadelphia PA 19119
SANDERS JR, MD, Lawrence L IM
806 South 48th Street
Philadelphia PA 19143
SANDO, MD, Ralph S OPH
100 Church Road Medical Bldg
Ardmore PA 19003
SANKEY, MD, Suzanne L IM
3579 Indian Queen Lane
Philadelphia PA 19129
SANKRITHI, MD, Usha M PD
2991 School House Lane
Philadelphia PA 19144
SANPEDRO, MD, Floro D IM
8028 Lindbergh Blvd
Philadelphia PA 19153
SANTANGELO, MD, Marsha F GS
336 Knoll Road
Norristown PA 19401
SANTILLI, MD, Thomas F CD
3200 Cottman Avenue
Philadelphia PA 19149
SANTORO, MD, Jerome ID
Lankenau Medical Building
Philadelphia PA 19151
SANTOYO-STEIN, MD, Maria C AN
1000 Urlin Avenue #1610
Columbus OH 43212
SARAGOVI, MD, Armand A R
60 East Township Line Road
Elkins Park PA 19117
SARIN, MD, Lov K OPH
108 Lankenau Medical Bldg
Philadelphia PA 19151
SARRELL, MD, Ervin M PD
10230 Dedaker Street
Philadelphia PA 19116
SARSHIK, MD, Milton PD
527 Foxcroft Square Apartment
Jenkintown PA 19046
SARSHIK, MD, Stuart A U
8815 Germantown Avenue
Philadelphia PA 19118
SASSANI, MD, Russell F GS
20 Teaberry Court
Marlton NJ 08053
SATALOFF, MD, Dahlia M GS
34 Lodges Lane
Bala Cynwyd PA 19004
SATALOFF, MD, Joseph OTO
1721 Pine Street
Philadelphia PA 19103
SATALOFF, MD, Robert T OT
1721 Pine Street
Philadelphia PA 19103
SAUCO, MD, M Concepcion OBG
Andorra Shopping Center
Philadelphia PA 19128
SAUL, MD, Albert CD
714 Arnold Street
Philadelphia PA 19111
SAUL, MD, Leon J P
275 Highland Avenue
Media PA 19063
SAUL, MD, Richard B P
250 South Seventh Street
Philadelphia PA 19106
SAULL, MD, Sondra C OTO
4925 Laurens Street
Philadelphia PA 19144
SAVACOOL, MD, Jacob W IM
519 Fort Washington Avenue
Fort Washington PA 19034
SAVAGE, MD, Michael P CD
717 Spruce Street
Philadelphia PA 19107
SAVARESE, MD, Ronald P GS
Eighth & Spruce Streets
Philadelphia PA 19107
SAYEN, MD, John J CD
3600 Spruce Street
Philadelphia PA 19104
SCANLON, MD, Mary H R
Aemc Northern Division
Philadelphia PA 19141
SCHAEFER, MD, Paul M P
2601 Pennsylvania Avenue
Philadelphia PA 19130
SCHAFER, MD, Charles H US
227 North Broad Street
Philadelphia PA 19107
SCHAFFER, MD, Burton R
Parktowne Apartment W-1405
Philadelphia PA 19130

SCHAFFER, MD, David B OPH
34Th & Civic Center Blvd
Philadelphia PA 19104
SCHAFFER, MD, David W AN
2601 Holme Avenue Suite 201
Philadelphia PA 19152
SCHAFFER, MD, Joseph I OBG
1000 Walnut Street
Philadelphia PA 19107
SCHAINKER, MD, Bruce A PTH
Frankford Hospital
Philadelphia PA 19114
SCHARFF, MD, Nicholas IM
Pennsylvania Hospital
Philadelphia PA 19107
SCHATANOFF, MD, Joseph DIA
829 Spruce Street
Philadelphia PA 19107
SCHATZ, MD, Norman J N
Wills Eye Hospital
Philadelphia PA 19107
SCHEFF, MD, Alice M DR
305 Meadowbrook Drive
Huntingdon Valley P 19006
SCHEFKIND, MD, Mark J OPH
9108 Ayrdale Crescent
Philadelphia PA 19128
SCHEIE, MD, Harold G OPH
51 North 39th Street
Philadelphia PA 19104
SCHEINFELDT, DO, Barton D GE
800 Cottman Avenue Suite 2
Cheltenham PA 19111
SCHERR, MD, Stuart A OTO
8020 Castor Avenue
Philadelphia PA 19152
SCHEUERMAN, DO, Thomas J PUD
609 Kings Croft
Cherry Hill NJ 08034
SCHEUERMANN, MD, Richard E FP
115 Jarrett Avenue
Rockledge PA 19111
SCHIELE JR, MD, Herbert S P
R D 2 Box 176
South Royalton VT 05068
SCHILLER, MD, Debbie E IM
532 South Taney Street
Philadelphia PA 19146
SCHILLER, MD, Herbert M GP
311 Haws Lane
Philadelphia PA 19118
SCHIMMEL, MD, Martin END
555 City Line Avenue
Bala Cynwyd PA 19004
SCHIMMEL, MD, Nelson H IM
196 Rensselaer Road
Essex Falls NJ 07021
SCHIMMER, MD, Barry M RHU
822 Pine Street
Philadelphia PA 19107
SCHINDLER, MD, Alan M PD
3219 West Penn Street
Philadelphia PA 19129
SCHLAFF, MD, Lillian T PH
414 Newbold Road
Jenkintown PA 19046
SCHLAFF, MD, Sheldon IM
507 Oak Terr
Merion Station PA 19066
SCHLEICHER, MD, Stephen M D
The Dermatology Center
Philadelphia PA 19128
SCHLEIFER, MD, Charles R NEP
Lankenau Hospital
Philadelphia PA 19151
SCHLEMAN, MD, Margo PD
709 Swedeland Road
Upper Merion PA 19479
SCHLESINGER, MD, Robert B CD
One Graduate Plaza
Philadelphia PA 19146
SCHLESSEL, MD, Richard B CHP
7701 Dorcas Street
Philadelphia PA 19111
SCHLEZINGER, MD, Nathan S N
130 South Ninth Street
Philadelphia PA 19046
SCHLOSSBERG, MD, David ID
1600 Hagys Ford Road
Narberth PA 19072
SCHMUKLER, DO, Anita G P
Wb 1012 Greenhill
Philadelphia PA 19151
SCHNALL, MD, Barry PM
Six Franklin Plaza
Philadelphia PA 19102
SCHNALL, SMD, Charles IM
7516 City Line Avenue
Philadelphia PA 19151
SCHNALL, MD, David J PD
3896 Pine Street
Huntingdon Valley PA 19006
SCHNALL, MD, Nathan OBG
7310 Castor Avenue
Philadelphia PA 19152
SCHNAUFER, MD, Louise PDS
34Th & Civic Center Blvd
Philadelphia PA 19104
SCHNECK, MD, Michael J N
220 Locust Street
Philadelphia PA 19106

SCHNEEBERG, MD, Arthur L U
Medical Arts Bldg Room 315
Elkins Park PA 19117
SCHNEEBERG, MD, J Myron U
Medical Arts Bldg Room 315
Elkins Park PA 19117
SCHNEEBERG, MD, Norman G END
191 Presidential Blvd
Bala Cynwyd PA 19004
SCHNEIDER, MD, Bernard OPH
1726 South Broad Street
Philadelphia PA 19145
SCHNEIDER, MD, Jan OBG
3300 Henry Avenue
Philadelphia PA 19129
SCHNEIDER, MD, Jill OPH
1726 South Broad Street
Philadelphia PA 19145
SCHNEIDER, MD, Lawrence H HS
901 Walnut Street
Philadelphia PA 19107
SCHNEIMAN, MD, Maurice H P
The Benson East Apt 1010
Jenkintown PA 19046
SCHOFFSTALL, MD, John M EM
5-A Erringer Place Apartments
Philadelphia PA 19144
SCHREINER, MD, Mark S PD
Childrens Hospital Of Phila
Philadelphia PA 19104
SCHUBERT, MD, Hermann D OPH
108 Lankenau Medicla Building
Philadelphia PA 19151
SCHULMAN, MD, Edward S PUD
Hahnemann University Hospital
Philadelphia PA 19102
SCHULTZ, MD, Julius GP
7804 Gayl Street
Cheltenham PA 19012
SCHUSTER, MD, Albert H U
255 South 17th Street
Philadelphia PA 19103
SCHUSTER, MD, Stephen J HEM
1208 Mason Avenue
Drexel Hill PA 19026
SCHUTTE, MD, Sharon L EM
326 South 19th Street
Philadelphia PA 19103
SCHWAB, MD, Morton E P
1237 Grenox Road
Wynnewood PA 19096
SCHWAB, MD, Robert H CD
2401 Pennsulvania Avenue
Philadelphia PA 19130
SCHWALB, MD, Allen J AN
Graduate Hospital An Dept
Philadelphia PA 19146
SCHWARTZ, MD, Alan J AN
7805 Brookfield Road
Cheltenham PA 19012
SCHWARTZ, MD, Allan B NEP
230 North Broad Street
Philadelphia PA 19102
SCHWARTZ, MD, Barry J P
214 Barclay Building
Bala Cynwyd PA 19004
SCHWARTZ, MD, Donald R
1201 Lombard Street
Philadelphia PA 19147
SCHWARTZ, MD, Emanuel E DR
230 North Broad Street
Philadelphia PA 19102
SCHWARTZ, MD, Gordon F ON
1015 Chestnut Street
Philadelphia PA 19107
SCHWARTZ, MD, Irving R HEM
1335 West Tabor Road
Philadelphia PA 19141
SCHWARTZ, MD, Laurence M P
1245 Highland Road
Abington PA 19001
SCHWARTZ, MD, Louis GP
921 South Third Street
Philadelphia PA 19147
SCHWARTZ, MD, Marc L CD
9227 Burbank Road
Philadelphia PA 19115
SCHWARTZ, MD, Raymond CD
615 Oak Shade Avenue
Elkins Park PA 19117
SCHWARTZ, MD, Reuben B D
317 West Godfrey Avenue
Philadelphia PA 19120
SCHWARTZ, MD, Robert P OBG
426 Ashourne Road
Philadelphia PA 19117
SCHWARTZ, MD, Stephen L P
307 Lamplighter Lane
Huntiondon Valley PA 19006
SCHWARZ, MD, Gabriel A N
416 Everglades Drive
Venice FL 33595
SCHWARZSCHILD, MD, Walter IM
Sixth & Walnut Streets
Philadelphia PA 19172
SCHWEITZER, MD, Jane G OPH
Scheie Eye Institute
Philadelphia PA 19104
SCIPIONE, MD, C Richard OTO
19Th & Lombard Street
Philadelphia PA 19146

SCOGNA, MD, Joseph E NS
Benson Manor Suite 123
Jenkintown PA 19046
SCOLES, MD, Karen S IM
244-A1 East Montgomery Avenue
Ardmore PA 19003
SCOTT, MD, Angela P AN
Medical College Of Pa
Philadelphia PA 19129
SCOTT, MD, Earl S US
982 Freazier Road
Rydal PA 19046
SCOTT, MD, Henry GP
1727 West Erie Avenue
Philadelphia PA 19140
SCOTTI, MD, Daniel M DR
2301 South Broad Street
Philadelphia PA 19148
SEBOK, MD, Marianne IM
1936 Cottman Avenue
Philadelphia PA 19111
SEDACCA, MD, Paul J IM
2300 South Broad Street
Philadelphia PA 19145
SEGAL, MD, Bernard L CDS
1320 Race Street
Philadelphia PA 19107
SEGAL, MD, Louis FP
3031 North West Sedgwick St
Washington DC 20008
SEGAL, DO, Michael H GP
2682 Welsh Road
Philadelphia PA 19152
SEIFERT, MD, George L OBG
311 Michael Road
Yardley PA 19067
SEINIGE, MD, Ursula L GS
19Th And Lombard Streets
Philadelphia PA 19146
SEITCHIK, MD, Murray W PS
Old York & Church Roads
Elkins Park PA 19117
SELHAT, MD, George F IM
705 Carmet Road
Jenkintown PA 19046
SELICKMAN, MD, Mitchell A GER
Wyncote House Apartment 205
Wynocte PA 19095
SELLERS, MD, Alfred M CD
718 Arlington Road
Narberth PA 19072
SELTZER, MD, Joseph L AN
1025 Walnut Street
Philadelphia PA 19107
SELTZER, MD, Maurice GP
2020 East Rhawn Street
Philadelphia PA 19152
SEMBROT, MD, William B IM
6725 Ridge Avenue
Philadelphia PA 19128
SERBER, MD, William TR
230 North Broad Street
Philadelphia PA 19102
SERRANO, MD, Alberto Carlos P
Phila Child Guidance Clinic
Philadelphia PA 19104
SETH, MD, Rajendra N CD
820 Hilton Lane
Philadelphia PA 19117
SEVIN, MD, Elizabeth G EM
335 Aubrey Road
Wynnewood PA 19096
SEXAUER, MD, William P IM
48 Grant Avenue
Mount Ephraim NJ 08059
SEY, MD, Mark J PD
6608 Castor Avenue
Philadelphia PA 19149
SEYMOUR, MD, Parker M EM
1035 Lombard Street
Philadelphia PA 19147
SGRO, MD, Antonio FP
301 Chatham Road
Turnersville NJ 08012
SHABER, MD, Gary S OS
326 Saybrook Road
Villanova PA 19085
SHACKLETT, MD, Dorothy E IM
830 Hain Drive
Lafayette Hill PA 19444
SHAFIA, MD, Hass IM
3401 School House Lane
Philadelphia PA 19144
SHAH, MD, Jitendra N PD
7519 Torresdale Avenue
Philadelphia PA 19136
SHAH, MD, Mahendra C IM
2425 Kensington Medical Ctr
Philadelphia PA 19125
SHANAHAN, MD, J Rush RHU
41 Lankenau Medical Building
Philadelphia PA 19151
SHANKAR, MD, V S NS
Sacred Heart Med Bldg #203
Chester PA 19013
SHAPIRO, MD, Bernard NM
Aemc Nuclear Medicine Dept
Philadelphia PA 19141
SHAPIRO, DO, Bertram P FP
1800 Northeast 114th Street
North Miami FL 33181

SHAPIRO, MD, Jacob CD
1512 Sheffield Lane
Philadelphia PA 19151
SHAPIRO, MD, Leonard H OBG
117 South 17th Street
Philadelphia PA 19103
SHAPIRO, MD, Richard P OS
3939 Conshohocken Avenue
Philadelphia PA 19131
SHAPIRO, MD, Samuel S FP
340 Narragansett Lane
Jamesburg NJ 08831
SHAPIRO, MD, Stuart H PH
536 Lombard Street
Philadelphia PA 19147
SHARIFF, MD, Haji M CDS
Klein Professional Bldg
Philadelphia PA 19141
SHARIFI-AZAD, MD, Said AN
52 Downing Street
Cherry Hill NJ 08003
SHARPLES, MD, Wynne FP
1200 South Ocean Blvd
Palm Beach FL 33480
SHARPS, MD, Frank GP
300 East Lancaster Avenue
Wynnewood PA 19096
SHARRAR, MD, Robert G PH
2124 Mt Vernon Street
Philadelphia PA 19130
SHASHIKUMAR, MD, V L PDS
727 Welsh Road
Huntingdon Valley PA 19006
SHAW, MD, Robert RHU
251 West Dekalb Pike
King Of Prussia PA 19406
SHAWALUK, MD, Paul D OPH
6751 Akron Street
Philadelphia PA 19149
SHAY, MD, Robert J NEP
1545 W Passyunk Avenue
Flourtown PA 19145
SHEA, MD, Francis J DR
3401 North Broad Street
Philadelphia PA 19140
SHECTER, DO, Fredric M CHP
245 Old Lancaster Road
Bala Cynwyd PA 19004
SHEETS, MD, Everett O FP
3158 Cottman Street
Philadelphia PA 19149
SHEIKH, MD, Najmi Ishaque PM
252 Wiltshire Road
Philadelphia PA 19151
SHELTON, MD, Barbara N
Sixth And Locust Walk
Philadelphia PA 19106
SHELTON, MD, Carl R OS
6445 Greene Street
Philadelphia PA 19119
SHENKIN, MD, Henry A NS
265 St Josephs Way
Philadelphia PA 19106
SHER, MD, Liane PM
201 Old York Road
Jenkintown PA 19046
SHERMAN, MD, Anthony IM
925 Pine Street #2
Philadelphia PA 19107
SHERMAN, MD, M Jackson OTO
320 North Gladstone Avenue
Margate NJ 08402
SHERMAN, MD, Robert H U
1139 East Luzerne Street
Philadelphia PA 19124
SHERRY, MD, Sol IM
408 Sprague Road
Narberth PA 19072
SHERWIN, MD, Roberta IM
10803 Timberglen
Houston TX 77024
SHIBUTANI, MD, Yasushi F U
786 North 25th Street
Philadelphia PA 19130
SHIELDS, MD, Jerry A OPH
Ninth & Walnut Streets
Philadelphia PA 19107
SHIELDS JR, MD, Richard A OS
371 Green Lane
Philadelphia PA 19128
SHIREY, MD, Elaine D AN
510 Williams Road
Wynnewood PA 19096
SHMOKLER, MD, Leon GP
819 Winter Road
Rydal PA 19046
SHOCKMAN, MD, Joel US
967 Allengrove Street
Philadelphia PA 19124
SHORE, DO, Eric E IM
7516 City Avenue
Philadelphia PA 19151
SHORE, MD, Neal A P
1300 Morris Road
Wynnewood PA 19096
SHORE, MD, Seymour M IM
Benjamin Fox Pavilion
Jenkintown PA 19046
SHOUP, MD, George D U
Wynnewood Plaza #410
Wynnewood PA 19096

SHOURAIE, MD, Zarrin PD
9323 Laramie Road
Philadelphia PA 19115
SHRAGER, MD, Morton W CD
Presby Univ Of Pa Med Ctr
Philadelphia PA 19104
SHUBIN, MD, Harry PUD
1829 Pine Street
Philadelphia PA 19103
SHULL, MD, William H GS
411 South 42nd Street #202
Philadelphia PA 19104
SHULMAN, MD, John F IM
2228 South Broad Street
Philadelphia PA 19145
SHUMAN, MD, Charles R DIA
3401 North Broad Street
Philadelphia PA 19140
SHUMAN, MD, Marla L IM
3862 Conshohocken Avenue
Philadelphia PA 19131
SHUPAK, MD, Robt C AN
8507 Trumbauer Drive
Wyndmoor PA 19118
SHUSTER, MD, Eugene OBG
324 Waring Street
Elkins Park PA 19117
SHY, MD, Rosemary R PD
321 Grayling Avenue
Narberth PA 19072
SHYAMALAN, MD, OBG
Jayalakshmi
132 Old Gulph Road
Wynnewood PA 19096
SHYAMALAN, MD, Nelliate C IM
132 Old Gulph Road
Wynnewood PA 19096
SIDDIQI, MD, Tariq NS
1000 White Horse Road
Voorhees NJ 08043
SIDOR, MD, Michael L GS
1127 Spruce Street
Philadelphia PA 19107
SIEGEL, MD, Bernard OBG
Rydal Square Suite 201
Jenkintown PA 19046
SIEGEL, MD, Paul D IM
555 City Line Avenue
Bala Cynwyd PA 19004
SIEGEL, MD, Seymour DIA
1431 Academy Lane
Elkins Park PA 19117
SIEGFRIED, MD, Jay W PM
296 Stonegate Drive
Devon PA 19333
SIEGLER, MD, Peter E A
3837 Red Lion Road
Philadelphia PA 19114
SIGEL, MD, Bernard GS
3300 Henry Avenue
Philadelphia PA 19129
SIGLER, MD, Miles H NEP
416 Haywood Road
Merion Station PA 19066
SILBER, MD, Steven A IM
1900 Market Street
Philadelphia PA 19101
SILBERMAN, MD, Harvey D OTO
156 Serrill Road
Elkins Park PA 19117
SILBERMAN, MD, Ira R
309 Florence Avenue N614
Jenkintown PA 19046
SILBERSTEIN, MD, Marsha M AN
417 Spruce Street
Philadelphia PA 19106
SILBERSTEIN, MD, Stephen D N
417 Spruce Street
Philadelphia PA 19106
SILER, MD, Janet N AN
2909 Hunterdan Drive
Cinnaminson NJ 08077
SILIQUINI, MD, John J OPH
2818 Cottman Avenue
Philadelphia PA 19149
SILK, MD, Raymond E GS
255 South 17th Street
Philadelphia PA 19103
SILLA, MD, Enrique B AN
262 Springton Road
Upper Darby PA 19082
SILVER, MD, Bernice S GP
127 Ironwood Road
Levittown PA 19057
SILVER, MD, Frank OS
1401 East Lake Mead Blvd
North Las Vagas NV 89030
SILVER, MD, Harris S GS
114 Birch Avenue
Bala Cynwyd PA 19004
SILVER, DO, Marc R R
Frankford Hospital
Philadelphia PA 19114
SILVERMAN, MD, William S GE
Suite 130 Madison Bldg
Philadelphia PA 19131
SILVERSTEIN, MD, Leonard I U
227 North Broad Street
Philadelphia PA 19107
SILVERSTEIN, MD, Scott M IM
111 Alburger Avenue
Philadelphia PA 19115

SILVESTRI, MD, Archimede J GS
7500 Central Avenue
Philadelphia PA 19111
SIMAN, MD, Bernard AN
507 Homestead Avenue
Haddonfield NJ 08033
SIMENHOFF, MD, Michael L NEP
15 Ogden Avenue
Swarthmore PA 19081
SIMENSON, MD, Robert A P
358 Wyldhaven Road
Rosemont PA 19010
SIMERMAN, MD, Lee P R
226 West Rittenhouse Square
Philadelphia PA 19103
SIMON, MD, Marc A OBG
9200 Bustleton Avenue
Philadelphia PA 19115
SIMON, MD, William H ORS
225 South 17th Street
Philadelphia PA 19103
SIMONIAN, MD, Simon J GS
230 North Broad Street
Philadelphia PA 19102
SIMONS, MD, Howard M D
314 Marvin Road
Elkins Park PA 19117
SIMPSON, MD, Joseph W OM
11 Bugle Lane
Blue Bell PA 19422
SINGER, MD, Daniel Ira ORS
901 Walnut Street
Philadelphia PA 19107
SINGER, MD, Edward S CD
1927 Stone Ridge Lane
Villanova PA 19085
SINGER, 619, Irvin IM
6190 Rising Sun Avenue
Philadelphia PA 19111
SINGER-GRANICK, MD, END
Carol J
946 Remington Road
Wynnewood PA 19096
SINGH, MD, Gurcharan PM
1974 Heritage Road
Huntingdon Valley PA 19006
SINGH, MD, Navjeet N
1974 Heritage Road
Huntington Valley PA 19006
SITKOFF, DO, Andrew D IM
919 Glenbrook Ave
Bryn Mawr PA 19010
SIVITZ, MD, Marta E N
1726 South Broad Street
Philadelphia PA 19145
SKARUPA, MD, Steven J IM
492 Maplewood Avenue
Springfield PA 19064
SKERRETT, MD, Philip V PTH
V A Hospital
Philadelphia PA 19104
SKLAROFF, MD, David M TR
639 Stetson Road
Phila PA 19117
SKLAROFF, MD, Robert B ON
1335 West Tabor Road
Philadelphia PA 17141
SKOLNICK, MD, Eric T PD
Naval Hospital Dept Of Ped
Philadelphia PA 19145
SKOLNIK, MD, Neil S FP
1114 Spruce Street
Philadelphia PA 19107
SKROMAK, MD, Stanley J IM
5108 Torresdale Avenue
Philadelphia PA 19124
SKVERSKY, MD, Norman J PUD
1935 Gulf Of Mexico Drive
Longboat Key FL 33548
SLAP, MD, Joseph W P
533 Heath Road
Merion PA 19066
SLATER, MD, Lindsey M IM
950 Walnut Street #214
Philadelphia PA 19107
SLAVIN, MD, James W PS
201 Old Yord Road
Jenkinstown PA 19046
SLIMAK, MD, Randall E IM
1110 Lombard Street #9
Philadelphia PA 19147
SLIZOFSKI, MD, Walter J NM
Hahnemann Univ Hosp M/S309
Philadelphia PA 19102
SLOANE, MD, Norman G IM
255 South 17th Street
Philadelphia PA 19103
SLOANE, MD, Paul P
Three Grapevine Road
Gloucester MA 01930
SLOTNICK, MD, Victor B PA
312 Melrose Avenue
Merion PA 19066
SMITH, MD, A Mitchell CD
A Einstein Med Ctr Daroff Div
Philadelphia PA 19147
SMITH, MD, Alvin H OPH
33 Stoneybrook Drive
Levittown PA 19055
SMITH, MD, Arthur E IM
419 South 19th Street
Philadelphia PA 19146

SMITH, MD, Arthur K FP
535 Pine Street
Philadelphia PA 19106
SMITH, MD, Buster D P
5007 Erringer Place
Philadelphia PA 19144
SMITH, MD, David L CD
5555 Wissahickon Avenue
Philadelphia PA 19144
SMITH, MD, Kaighn OBG
816 Castlelinn Lane
Bryn Mawr PA 19010
SMITH, MD, Monica E IM
770 Providence Road
Aldan PA 19018
SMITH, MD, Ralph W OBG
544 C-1 Beacons Court
Bensalem PA 19020
SMITH, MD, Ronald D NEP
1527 North Trooper Road
Worcester PA 19490
SMITH JR, MD, Edgar C GP
109 Glenn Road
Ardmore PA 19003
SMUKLER, MD, Nathan M IM
7810 Linden Road
Philadelphia PA 19118
SMULLENS, MD, Stanton N TS
111 South 11th Street
Philadelphia PA 19107
SNOW, MD, Laurence H P
846 Waverly Road
Bryn Mawr PA 19010
SNOW JR, MD, James B OTO
3400 Spruce Street
Philadelphia PA 19104
SNYDER, MD, Kerman IM
11 Martins Run G207
Media PA 19063
SNYDER, MD, Stuart CD
230 North Broad Street
Philadelphia PA 19102
SNYDER III, MD, Howard Mcc U
Childrens Hospital
Philadelphia PA 19104
SNYDMAN, MD, Leonard GP
SODEMAN, MD, William A IM
The Pinnacle
Tampa FL 33611
SOFFE, MD, Alvin M CD
Pepper Pavilion Suite 1003
Philadelphia PA 19146
SOFFER, MD, Marvin FP
9726 Hoff Street
Philadelphia PA 19115
SOIFERMAN, DO, Milton D US
724 Porter Street
Philadelphia PA 19148
SOKALCHUK, MD, Andrew IM
Holy Redeemer Hospital
Meadowbrook PA 19046
SOKIL, MD, Alexis Bohdan IM
3430 Bowman Street
Philadelphia PA 19129
SOLI, MD, Soleiman M OBG
12200 Academy Road
Philadelphia PA 19154
SOLIS, MD, J Andrew IM
Mallard Creek Village
Richboro PA 18954
SOLISH, MD, Lawrence U
2359 East Allegheny Avenue
Philadelphia PA 19134
SOLIT, MD, Robert W TS
111 South 11th Street
Philadelphia PA 19107
SOLL, MD, David B OPH
5001 Frankford Avenue
Philadelphia PA 19124
SOLNICK, MD, Paul B PUD
2300 South Broad Street
Philadelphia PA 19145
SOLOMON, DO, Dennis R EM
Laburnum Lane
Wyncote PA 19095
SOLOMON, MD, Jason H PS
6403 Coyle Avenue
Carmichael CA 95608
SOLOMON, MD, Mark P PS
Suite 1100
Philadelphia PA 19102
SOLOW, MD, Edward A CD
7904-B Bustleton Avenue
Philadelphia PA 19152
SOMERS, MD, Herbert J OBG
7848 Old York Road
Elkins Park PA 19117
SOMERS, MD, Laurence A PDS
Ten Andorra Hill
Lafayette Hill PA 19444
SOMERS, MD, Robert G GS
3229 Burn Brae Drive
Dresher PA 19025
SOMMER, MD, Steven E IM
Hahnemann University Hospital
Philadelphia PA 19102
SONDER, MD, Max J GP
1811 South Broad Street
Philadelphia PA 19148
SONDHEIMER, MD, Steven J OBG
501 North Wynnewood Avenue
Narberth PA 19072

SONG, MD, Michaela C AN
1829 Cobden Road
Laverock PA 19118
SONG, MD, Yung-Doo IM
1829 Cobden Road
Laverock PA 19118
SONNE, MD, John C PYA
Washington Court West Ste 201
Moorestown NJ 08057
SONNEBORN, MD, Duane G GP
1425 Beech Avenue
Philadelphia PA 19126
SONSINI, MD, Gregg A PD
1000 Walnut Street
Philadelphia PA 19107
SOPHER, MD, Roger L PTH
Mercy Catholic Medical Center
Darby PA 19023
SORICELLI, MD, Rhonda L NEP
102 Mulberry Lane
Media PA 19063
SOSS, DO, Murray C GP
7600 Woodbine Avenue
Philadelphia PA 19151
SPADY, MD, Michael L PM
1119 Merrick Drive
Lexington KY 40502
SPAETH, MD, George L OPH
Ninth & Walnut Streets
Philadelphia PA 19107
SPAGNA, MD, Paschal M CDS
507 Oreland Mill Road
Oreland PA 19075
SPAGNOLETTI, MD, Louis IM
Hahnemann University
Philadelphia PA 19102
SPAGNOLI, MD, Bernita M IM
335 South 12th Street
Philadelphia PA 19107
SPECTER, MD, Janet S IM
200 Sproul Road
Broomall PA 19008
SPECTOR, MD, Martin OTO
2136 Locust Street
Philadelphia PA 19103
SPELLER, MD, J Finton U
245 North Broad Street
Philadelphia PA 19107
SPIEGEL, MD, Joseph R OTO
1721 Pine Street
Philadelphia PA 19103
SPIELMAN, MD, Scott R CD
8316 Navajo Street
Philadelphia PA 19118
SPINGARN, DO, David H P
2822 B Midvale Avenue
Philadelphia PA 19129
SPIRIG, MD, Andrea M GS
744 South 15th Street
Philadelphia PA 19146
SPITZ, MD, Eugene B NS
32 South Morton Avenue
Morton PA 19070
SPITZ, MD, Lawrence K IM
One Franklin Plaza
Philadelphia PA 19102
SPITZER, MD, Andrew I GS
825 North 29th Street #3-I
Philadelphia PA 19130
SPITZER, MD, Stanley CD
227 North Broad Street
Philadelphia PA 19107
SPRANDIO, MD, John D HEM
522 West Godfrey Avenue
Philadelphia PA 19126
SQUIRES, MD, Kathleen E IM
303 East 71st Street
New York NY 10021
SRIDHARA, MD, C R PM
Aemc Northern Division
Philadelphia PA 19141
SRIVASTAVA, MD, Sushama IM
2601 Pennsylvania Avenue
Philadelphia PA 19130
SROUJI, MD, Maurice N PDS
303 Penbree Circle
Bala Cynwyd PA 19004
STAAS JR, MD, William E PM
323 Mimosa Drive
Cherry Hill NJ 08034
STACK, MD, William T GP
900 East Westmoreland
Philadelphia PA 19134
STAHL, MD, Russell F GS
7339 Valley Avenue
Philadelphia PA 19128
STANEK, MD, Marjorie A CD
441 Hickory Road
Huntingdon Valley PA 19006
STANEK, MD, Robert OTO
Red Lion & Knights Roads
Philadelphia PA 19114
STANK, MD, Thomas M OPH
701-B Country Lane
Morton PA 19070
STANTON JR, MD, John J GP
308 West Godfrey Avenue
Philadelphia PA 19120
STARK, MD, Bruce I OPH
606 East Marshall Road
West Chester PA 19380

STAROS, MD, Eric B CLP
Germantown Hospital
Philadelphia PA 19144
STAROSCIK, MD, Rudolf N PD
135 Fisher Road
Jenkintown PA 19046
STARRELS, MD, Sidney H P
Seven South Wyoming Avenue
Ventnor NJ 08406
STARSNIC, MD, Mary A AN
Thos Jefferson Univ Hosp
Philadelphia PA 19107
STARUNKO, MD, Basilio AN
1727 Sherwood Circle
Villanova PA 19085
STAUB, MD, Alice W IM
7301 Shelbourne Street
Philadelphia PA 19111
STEEGER, MD, Joseph R PUD
151 Bishop Avenue
Secane PA 19018
STEEL, MD, Howard H ORS
Shriners Hospital
Philadelphia PA 19152
STEERMAN, MD, Paul H GS
425 Wingate Road
Huntingdon Valley PA 19006
STEFANELLI, MD, James L U
6508 Walnut Avenue
Pennsauken NJ 08109
STEFANYSZYN, MD, Mary A OPH
1816 Hopkinson House
Philadelphia PA 19106
STEIKER, MD, Daniel D PD
1939 Cheltenham Avenue
Philadelphia PA 19117
STEIN, MD, Franklin M FP
9300 Frankford Avenue
Philadelphia PA 19114
STEIN, MD, George N R
544 Howe Road
Merion Station PA 19066
STEIN, MD, Herbert ORS
9140 Academy Road
Philadelphia PA 19114
STEIN, MD, Hymen D OS
1680 Huntingdon Pike #206
Huntingdon Valley PA 19006
STEIN, MD, Irvin ORS
2066 North Ocean Boulevard
Boca Raton FL 33431
STEIN, MD, Natalio AN
246 Locust Street
Philadelphia PA 19106
STEIN, MD, Raymond O ORS
275 South 19th Street
Philadelphia PA 19103
STEIN, MD, Seymour OBG
Two Penn Blvd
Philadelphia PA 19102
STEINBERG, MD, Arthur IM
1913 Walnut Street Suite 101
Philadelphia PA 19103
STEINBERG, MD, Joel S IM
6905 Castor Avenue
Philadelphia PA 19149
STEINBERG, MD, Marvin E ORS
University Of Pa Hospital
Philadelphia PA 19104
STEINBERG, MD, Nathan GP
745 South Third Street
Philadelphia PA 19147
STEINBERG, MD, Stanley B R
406 Academy Circle
Merion Station PA 19066
STEINGARD, MD, Joseph J US
2601 South 12th Street
Philadelphia PA 19148
STEINMETZ III, MD, Charles G OPH
1500 Locust Street
Philadelphia PA 19102
STEMMLER, MD, Edward J PUD
University Of Pa Sch Of Med
Philadelphia PA 19104
STEPANOW, MD, Samuel J IM
430 West Browning Road
Bellmawr NJ 08031
STEPHENSON, MD, James B GS
645 Church Lane
Yeadon PA 19050
STEPHENSON, MD, Ruth US
Medford Leas
Medford NJ 08055
STEPPACHER, MD, Lester G GS
220 Locust Street
Philadelphia PA 19106
STERN, MD, Lillian H DR
1134 Woodbine Avenue
Narberth PA 19072
STERNBERG, MD, Craig D PM
406 Westerly Drive
Marlton NJ 08053
STEVEN, MD, James M PD
34Th And Civic Center Blvd
Philadelphia PA 19104
STEWART, MD, Michael J IM
1401 Lincoln Avenue
Prospect Park PA 19076
STEWART, MD, William P GP
1129 Dyre Street
Philadelphia PA 19124

STICKLER, MD, Mitchell C IM
4224 Osage Avenue
Philadelphia PA 19104
STIFFEL, MD, Arthur HS
1111 Bergan Road
Oreland PA 19075
STIFFEL, MD, Jerry GS
Germantown Hospital
Philadelphia PA 19144
STINEMAN, MD, Margaret G PM
300 West Lafayette Avenue
Baltimore MD 21217
STINNETT, MD, James L P
3400 Spruce Street
Philadelphia PA 19104
STOCK, MD, Donald H FP
811 Meetinghouse Drive
Jenkintown PA 19046
STODDARD, MD, Bradley K OS
518 Catharine
Philadelphia PA 19147
STOFMAN, MD, Henry C GS
149 West White Horse Pike
Berlin NJ 08009
STOKES, MD, Ranjan R
1122 Penshurst Lane
Narberth PA 19072
STOLOFF, MD, Irwin L IM
130 South Ninth Street
Philadelphia PA 19107
STONE, MD, Hrant H AN
645 Wigard Avenue
Philadelphia PA 19128
STOREY, MD, Patrick B IM
University Of Pa Sch Of Med
Philadelphia PA 19104
STOTE, MD, Robert M NEP
51 North 39th Street
Philadelphia PA 19104
STRATFORD, MD, Sandra D IM
8015 Gilbert Street
Philadelphia PA 19150
STRATTON, MD, Henry A US
6441 Emlen Street
Philadelphia PA 19121
STRAYER, MD, David R ON
Hahnemann Univ Dept Of Hem
Philadelphia PA 19102
STRENGE, MD, Henry J AN
Route 5 Box 732-D
Dover DE 19901
STRITTMATTER, MD, Isidor T GP
999 North Sixth Street
Philadelphia PA 19123
STRONG, DO, Franklin D IM
5555 Wissahickon Avenue
Philadelphia PA 19144
STRONG, MD, George H U
447 Bridgeboro Road
Moorestown NJ 08057
STRONG III, MD, Michael D TS
Seven Pepperbush Lane
Moorestown NJ 08057
STUBBLEFIELD, MD, James I EM
1322 135Th Street Ct South
Tacoma WA 98444
STUBBS, MD, G Winston OPH
8121 1/2 Stenton Avenue
Philadelphia PA 19150
STUDDIFORD, MD, James S IM
512 Auburne Avenue
Wyndmoor PA 19118
STUEBER, MD, Kristin PS
Temple University Hospital
Philadelphia PA 19140
STUPNIKER, MD, Sonia AI
Coventry House #303
Melrose Park PA 19126
STUTMAN, MD, Fred A FP
3501 Newberry Road
Philadelphia PA 19154
SUERO, MD, Rene O VS
234 East Montgomery Avenue
Ardmore PA 19003
SUGARMAN, MD, Samuel IM
1836 South Second Street
Philadelphia PA 19148
SUGIURA, MD, Henry T PTH
Presbyterian Hospital
Philadelphia PA 19104
SUGIURA, MD, Sumiko M D
R D 2
Phoenixville PA 19460
SUKONIK, MD, Joel R FP
160 East Allegheny Avenue
Philadelphia PA 19134
SULLIVAN, DO, Daniel B AN
2815 Huntingdon Pike
Bryn Athyn PA 19009
SULLIVAN, MD, Gregory B P
950 Walnut Street
Philadelphia PA 19107
SULLIVAN, MD, William H GP
17 North 57th Street
Philadelphia PA 19139
SULTZ, DO, Marvin E GP
3131 Frankford Avenue
Philadelphia PA 19134
SUMMERS, MD, Richard F P
1737 Lombard Street
Philadelphia PA 19146

SUN, MD, Evelyn L AN
7863 Broadway Chapel Square
Merrillville IN 46410
SUN, MD, William Z OPH
2031 Locust Street
Philadelphia PA 19103
SUNDERMAN, MD, F William PTH
1833 Delancey Place
Philadelphia PA 19103
SUPER, MD, Leonid E FP
Parrish Medical Center Inc
Philadelphia PA 19130
SUSSMAN, MD, Marcel S OBG
Beaumont At Bryn Mawr
Bryn Mawr PA 19010
SUTNICK, MD, Alton I OS
3300 Henry Avenue
Philadelphia PA 19129
SVIGALS, MD, Paul J R
Two Independence Place
Philadelphia PA 19106
SWAMI, MD, Kumar N
899 Anchor Street
Philadelphia PA 19124
SWARTZ, MD, Joel D R
1615 Riverview Road
Gladwyne PA 19035
SWEENEY JR, MD, Francis J ID
Mercy Catholic Medical Center
Darby PA 19023
SYLVESTER, MD, Hans M OTO
6600 Rising Sun Avenue
Philadelphia PA 19111
SYMES, MD, Dilwyn E P
7324 Woodcrest Avenue
Philadelphia PA 19151
SYMS, MD, Charles A IM
1246 East Cheltenham Avenue
Philadelphia PA 19124
SZAL, MD, Joseph J OBG
3457 Englewood Street
Philadelphia PA 19149
SZAYNA, MD, Stanley US
2101 Shelmire Avenue
Philadelphia PA 19152
TABBY, DO, David S N
121 Argyle Road
Ardmore PA 19003
TACHDJIAN, MD, Vahaken IM
1147 Morris Road
Wynnewood PA 19096
TAEFFNER, MD, John H N
Bryn Mawr Terrace
Bryn Mawr PA 19010
TAKEDA, MD, Misao PTH
344 Valley Road
Merion PA 19066
TALANGBAYAN, MD, Francis V IM
2244 North Front Street
Philadelphia PA 19133
TALBOT, MD, Shelagh K OBG
5735 Ridge Avenue
Philadelphia PA 19128
TALBOT, MD, Sheryl F AI
822 Pine Street Suite 2a
Philadelphia PA 19107
TAN, MD, Josephine C AN
9246 Jamison Avenue
Philadelphia PA 19115
TAN, MD, Myrna M AN
522 Monroe Road
Merion PA 19066
TANCOR, MD, Benito OBG
7996 Oxford Avenue
Philadelphia PA 19111
TANG, MD, Myhanh L IM
1028 Pine Street
Philadelphia PA 19107
TANKER, DO, Mark S IM
800 Cottman Avenue
Philadelphia PA 19111
TASMAN, MD, William S OS
910 East Willowgrove Avenue
Wyndmoor PA 19118
TAYLOR, MD, Jacqueline R
803 Delene Road
Jenkintown PA 19046
TAYLOR, MD, James E P
111 North 49th Street
Philadelphia PA 19139
TAYLOR, MD, Marcia R D
1930 Chestnut Street
Philadelphia PA 19103
TAYLOR, MD, Philip C IM
10 Forest Road
Wayne PA 19087
TAYLOR JR, MD, Elmer J IM
105 Walnut Street
Philadelphia PA 19107
TELEGADIS, MD, John IM
7805 Spring Avenue
Elkins Park PA 19117
TEMELES, MD, Lawrence OS
Route 175
Blue Hill Falls ME 04615
TEMPLETON, MD, Bryce P
1015 Walnut Street
Philadelphia PA 19107
TEMPLETON, MD, Josephine J AN
Childrens Hospital Of Phila
Philadelphia PA 19104

TEMPLETON III, MD, John Y TS
311 Airdale Road
Rosemont PA 19010
TEMPLETON JR, MD, John M PDS
34Th Street & Civic Ctr Blvd
Philadelphia PA 19104
TEPLICK, MD, Joseph G DR
130 Spruce Street 18b
Philadelphia PA 19106
TEPPER, MD, Maurice C IM
125 Montgomery Avenue
Bala Cynwyd PA 19004
TEPPER, MD, Richard L ID
7909 Oxford Avenue
Philadelphia PA 19111
TESSLER, MD, A Robert FP
220 Melrose Circle
Merion PA 19066
TESTER, MD, William J ON
1335 West Tabor Road
Philadelphia PA 19141
THAKUR, MD, Arun S GP
1510A Gregg Street
Philadelphia PA 19123
THETGYI, MD, Katherine PM
4010 Joshua Road
Lafayette Hill PA 19444
THOMAS, MD, Carmen C D
600 East Cathedral Road
Philadelphia PA 19128
THOMAS, MD, Eugene L OM
144 Moredon Road
Philadelphia PA 19115
THOMAS, MD, Harry L GS
5555 Wissahickon Avenue
Philadelphia PA 19144
THOMAS, MD, Lynda T OBG
459 West School House Lane
Philadelphia PA 19144
THOMPSON, MD, Patreece M P
7720 A Stenton Avenue
Philadelphia PA 19118
THOMPSON, MD, William O FP
950 Walnut Street #701
Philadelphia PA 19107
THONET, MD, Marcel A GS
2316 East Allegheny Avenue
Philadelphia PA 19134
THORINGTON, MD, J Monroe OS
Fidelity Bank
Philadelphia PA 19109
THORNDYKE, MD, Luanne E IM
4631 Baltimore Avenue
Philadelphia PA 19143
THORP, MD, T Ramsey OPH
912 East Willow Grove Avenue
Wyndmoor PA 19118
THORWARTH, MD, William T R
8835 Germantown Avenue
Philadelphia PA 19118
TIGER, MD, Melvyn E IM
8118 Old York Road
Elkins Park PA 19117
TILDON-BURTON, MD, OBG
Janice E
York And Tabor Roads
Philadelphia PA 19141
TILLGER, MD, John J FP
8015 Burholme Avenue
Philadelphia PA 19111
TIRACCHIA, MD, Joseph GP
9610 Frankford Avenue
Philadelphia PA 19114
TITUS, MD, Laborde FP
8019 Rugby Street
Philadelphia PA 19150
TODOROVSKA, MD, Zagorka FP
600 Bowers Lane
Wallingford PA 19086
TOLAND, MD, Joseph C OPH
5927 North Fifth Street
Philadelphia PA 19120
TOLAND, MD, Joseph J ORS
Northeast Medical Center
Philadelphia PA 19114
TOLAT, MD, Pratima R OPH
1832 Melmar Road
Huntingdon Valley PA 19006
TOLEDO, MD, Francisco L IM
3301 Concord Drive
Cinnaminson NJ 08077
TOLL, MD, Norma Spear P
2054 Waller Drive
Huntingdon Valley PA 19006
TOLLETT, MD, Charles A AN
707 Northeast 37th Street
Oklahoma City OK 73105
TOM, MD, Lawrence Wc OTO
34Th St And Civic Center Blvd
Philadelphia PA 19104
TOMASELLO, MD, Donald N CDS
321 Lankenau Medical Bldg
Philadelphia PA 19151
TOMASSETTI, MD, Bernard A IM
729 North 66th Street
Philadelphia PA 19151
TONDREAU, MD, Roderick L R
523 Old Gulph Road
Bryn Mawr PA 19010
TONKONOW, MD, William IM
7002 North 12th Street
Philadelphia PA 19126

TONSEY, MD, Habib OM
2450 Hunting Park Avenue
Philadelphia PA 19132
TORBAN, MD, Clara B PM
11035 Greiner Road
Philadelphia PA 19116
TORRES, MD, Victor L U
5737 Ridge Avenue
Philadelphia PA 19128
TOTO, MD, Andrew S IM
5449 Houghton Place
Philadelphia PA 19128
TOURTELLOTTE, MD, RHU
Charles D
Temple University Hospital
Philadelphia PA 19140
TRAN, MD, Ngmia N PD
1724 Aidenn Lair Road
Dresher PA 19025
TRAUM, MD, Ronald E END
829 Spruce Street
Philadelphia PA 19107
TREVI-EXECUTIVE, DIR, John
2100 Spring Garden Street
Philadelphia PA 19130
TRIBIT JR, MD, Charles B FP
5327 Large Street
Philadelphia PA 19124
TRIESTER, MD, Arthur N CD
111 South 11th Street
Philadelphia PA 19107
TRIFUNOVIC, MD, Robert D OBG
8207 Brookside Road
Elkins Park PA 19117
TRINH, MD, Phuong N NS
4931 Old York Road #1
Philadelphia PA 19141
TROLLINGER, MD, Robert J OS
R D 7 Box 26
Medford NJ 08055
TRONCELLITI, MD, Mario V AN
2142 County Line Road
Ardmore PA 19003
TROUT, MD, Robert G CDS
2100 Keystone Avenue
Drexel Hill PA 19026
TROYAN, MD, Beatrice P OBG
Bell Of Pennsylvania
Philadelphia PA 19102
TRUITT JR, MD, R Marshall IM
201 West Evergreen Avenue
Philadelphia PA 19118
TRUONG, MD, Nicholas H IM
133 East Lehigh Avenue
Philadelphia PA 19125
TSE, MD, Rose L IM
191 Presidential Condo
Bala Cynwyd PA 19004
TUFT, MD, Louis A
1530 Locust Street
Philadelphia PA 19102
TULSKY, MD, Emanuel G R
8331 High School Road
Philadelphia PA 19117
TUMEN, MD, Henry J GE
1830 Rittenhouse Square
Philadelphia PA 19103
TURAKHIA, MD, Bharati V R
1716 Street Road
Bensalem PA 19020
TURMAN, MD, Christopher OBG
1245 Highland Avenue
Abington PA 19001
TURNER, MD, Martha P
111 North 49th Street
Philadelphia PA 19139
TURTZ, MD, Karlene K OS
1995 Greentree Road
Cherry Hill NJ 08003
TWARDY, MD, Bernadette E PM
6492 Drexel Road
Philadelphia PA 19151
TYSON, MD, R Robert GS
R D 1 Box 179b
Rome PA 18837
TYSON, MD, Sydney L IM
530 South Second Street #624
Philadelphia PA 19147
TZARNAS, MD, Chris D PS
541 Howe Road
Merion PA 19066
UCMAKLI, MD, Alptekin R
20 Hilltop Circle
Rancho Palo Verde CA 90274
UDELL, MD, Louis RHU
4540 Cottman Avenue
Philadelphia PA 19135
UDIS, MD, David S R
807 Seffert Street
Philadelphia PA 19128
UKNIS, MD, Audrey B IM
9343-B Banes Street
Philadelphia PA 19115
ULUS, MD, Ahmet P
13011 Stevens Road
Philadelphia PA 19116
UMEH, MD, Onuorah I GP
Box 5025
Philadelphia PA 19111
UNTEREKER, MD, William J CD
Pennsylvania Hospital-Cd Dept
Philadelphia PA 19107

URBACH, MD, John R IM
1401 Fifth Avenue West #312
Seattle WA 98119
URBAN, MD, Marguerite A IM
5515 Wissahickon Avenue
Philadelphia PA 19144
URBAN, MD, Mark A ORS
916 South Farragut Terrace
Philadelphia PA 19143
URICCHIO, MD, Joseph F CD
Two Bala Cynwyd Plaza #25
Bala Cynwyd PA 19004
VACCARO, MD, V Michael P
The Wyncote House
Wyncote PA 19095
VACHARAT, MD, Nibondh OPH
Episcopal Hospital
Philadelphia PA 19125
VACHRANUKUNKIET, MD, PM
Theerasakid
1401 Southwind Way
Dresher PA 19025
VAIDYA, MD, Shailendra IM
1633 Girard Avenue
Philadelphia PA 19130
VALENTINE, MD, Jerome D IM
7145 Wisteria Way
Tamarac FL 33321
VALKO, MD, George P FP
43-304 Delaire Landing Road
Philadelphia PA 19114
VALLOW, MD, Morton J OBG
2304-F Allegheny Avenue
Philadelphia PA 19134
VAN ARSDALEN, MD, Keith N U
3400 Spruce Street
Philadelphia PA 19104
VAN DE BEEK, MD, M Louis OBG
116 Kenilworth Road
Villanova PA 19085
VAN DEWATER, MD, CDS
Joseph M
Episcopal Hospital
Philadelphia PA 19125
VANGORE, MD, Surya K GP
1457 Autunn Road
Rydal PA 19046
VARADA, MD, Annapoorna AN
Episcopal Hospital
Philadelphia PA 19125
VARDARO, MD, Lina G OBG
7500 Central Avenue
Philadelphia PA 19126
VARKER, MD, Carolyn B PD
8107 Ridge Avenue
Philadelphia PA 19128
VARKER, MD, Mary D PD
604 Sussex Road
Wynnewood PA 19096
VASSALLO, MD, Richard W CD
8001 Roosevelt Blvd #203
Philadelphia PA 19152
VASSALLO JR, MD, Ralph R IM
4031 Baltimore Avenue
Philadelphia PA 19104
VASSALOTTI, MD, Stephen B OBG
2706 Rhawn Street
Philadelphia PA 19152
VAUGHN JR, MD, Arthur R OPH
5329 Rising Sun Avenue
Philadelphia PA 19120
VERA, MD, Luis F GP
12601 Chilton Road
Philadelphia PA 19154
VERDI, MD, Carol A GS
905 Dickinson Street
Philadelphia PA 19147
VERGARE, MD, Michael J P
8860 Germantown Avenue
Philadelphia PA 19118
VERNICK, MD, Jerome J GS
111 South 11th Street
Philadelphia PA 19107
VICTOR, MD, Mark F CD
1114 Springmont Circle
Bryn Mawr PA 19010
VIDELL, DO, Jerry S CD
P O Box 162
Towanda, PA 18048
VIEK, MD, Christa V R PD
540 Cantershire Place
Bremerton WA 98310
VIKOREN, MD, Persila H IM
Bannge Hall Apartment 220
Philadelphia PA 19107
VIOLA, MD, John E IM
1000 Walnut Street
Philadelphia PA 19107
VISCUSI, MD, Eugene R AN
4541 East Yates Road
Bensalem PA 19020
VITKIN, MD, Elvina PM
Moss Rehabilitation Hospital
Philadelphia PA 19141
VOCI, MD, Gerardo CD
1405 Washington Lane
Rydal PA 19046
VOGIN, MD, Eugene E GP
2682 Welsh Road
Philadelphia PA 19152

VOLK, MD, Francis N GS
9900 Bustleton Avenue
Philadelphia PA 19115
VORASINGHA, MD, Thongchai IM
627 Ritner Street
Philadelphia PA 19148
VROOMAN, MD, Samuel C IM
782 North Croskey Street
Philadelhia PA 19130
WADDINGTON, MD, Arthur W OBG
654 Moreno Rd Pn Vly
Narberth PA 19072
WAGENHEIM, MD, Harry H PYA
27 Raynham Road
Merion Station PA 19066
WAGENHEIM, MD, Helen S PYA
27 Raynham Road
Merion Station PA 19066
WAGMAN, MD, Albert D N
1245 Highland Avenue
Abington PA 19001
WAGNER, MD, David K EM
3300 Henry Avenue
Philadelphia PA 19129
WAGNER, MD, Joseph A
201 Highland Lane
Bryn Mawr PA 19010
WAGNER, MD, Seymour P
250 South 18th Street
Philadelphia PA 19103
WAGNER JR, MD, Frederick B GS
800 Chauncey Road
Narberth PA 19072
WAHL, MD, Jeffrey M IM
137 Evergreen Court
Blue Bell PA 19422
WAINER, MD, Amos S GYN
2031 Locust Street
Philadelphia PA 19103
WALD, MD, Lawrence M R
1517 Wyneemoor Way
Fort Washington PA 19152
WALDMAN, MD, Joseph OPH
404 Meadowbrook Lane
Philadelphia PA 19118
WALDMAN, MD, Terry L IM
1128 Sandringham Road
Bala Cynwyd PA 19004
WALINSKY, MD, Paul CD
1025 Walnut Street
Philadelphia PA 19107
WALJI, MD, Salim TS
600 West Harvey Street
Philadelphia PA 19144
WALKENSTEIN, MD, PUD
Michael D
Pulmonary Division
Philadelphia PA 19141
WALKER, MD, Ann G IM
1025 Walnut Street
Philadelphia PA 19107
WALKER, MD, Barry R IM
Wyeth Lab Inc
Philadelphia PA 19101
WALKER, MD, Herbert I P
The Benson East Room B202
Jenkintown PA 19046
WALKER, MD, Kimberly C P
2805 West Queen Lane
Philadelphia PA 19129
WALKER, MD, M Lorenzo GP
5740 West Girard Avenue
Philadelphia PA 19131
WALKER, MD, Margaret E IM
186 Lakeside Road
Ardmore PA 19003
WALKER, MD, Stephen R U
740 Elgin Road
Newtown Square PA 19073
WALKER JR, MD, Leroy L CD
2308 East Allegheny Avenue
Philadelphia PA 19134
WALLACE, MD, Ira B OPH
1901 Jfk Blvd #2620
Philadelphia PA 19103
WALLACE, MD, Richard P IM
302 South 19th Street
Philadelphia PA 19103
WALLEN, MD, Albert D GP
4960 North Ninth Street
Philadelphia PA 19141
WALLIN, MD, Bruce A RHU
1500 Spring Garden Street
Philadelphia PA 19101
WALLNER, DO, Leonard GP
2401 Pennsylvania Avenue
Philadelphia PA 19130
WALLNER, DO, Paul E R
Cooper Hospital Univ Med Ctr
Camden NJ 08103
WALOFF, MD, Ronald I GE
736 Westview Street
Philadelphia PA 19119
WALSH, MD, John J IM
57 Peregrine Drive
Voorhees NJ 08043
WALTER, MD, Daniel B AN
2601 Holme Avenue
Philadelphia PA 19152
WANINGER, MD, Kevin N EM
274 Roxborough Avenue
Philadelphia PA 19128

WAPLES, MD, Charles H IM
241 South 53rd Street
Philadelphia PA 19139
WAPNER, MD, Keith L ORS
Thomas Jefferson Univ Hosp
Philadelphia PA 19107
WAPNER, MD, Paul M OBG
2401 Pennsylvania Avenue
Philadelphia PA 19130
WAPNER, MD, Ronald J OBG
1025 Walnut Street
Philadelphia PA 19107
WARD, MD, George W PD
1512 West Girard Avenue
Philadelphia PA 19130
WARE, MD, Tracy A P
2216 Kater Street
Philadelphia PA 19146
WARHOL, MD, Michael J PTH
The Pennsylvania Hospital
Philadelphia PA 19107
WARNER, MD, Howard F CD
345 Larchwood Road
Springfield PA 19064
WARNER, MD, Silas L P
111 North 49th Street
Philadelphia PA 19139
WARNICK, MD, Richard D GP
4010 Hartel Street
Philadelphia PA 19136
WASHICK, MD, Frank A OTO
Huntingdon Road #513
Greenville SC 29615
WASHINGTON, MD, Buford S OPH
2408 North 32nd Street
Philadelphia PA 19132
WASNIEWSKI JR, DO, John J GP
2228 South 20th Street
Philadelphia PA 19145
WASSERMAN, MD, Kenneth E D
One Buttonwood Square
Philadelphia PA 19130
WASSERMAN, MD, Theodore W P
424 Pine Street
Philadelphia PA 19106
WATERMAN, DO, Gary Lee D
9359B Neil Road
Philadelphia PA 19115
WATERS, DO, Patrick T FP
3461 Cottman Avenue
Philadelphia PA 19141
WATSON III, MD, Robert A CD
204 East Fiedler Road
Ambler PA 19002
WATTS, MD, Harvey F PTH
131 Conestoga Road
Devon PA 19333
WAXMAN, MD, Herbert S IM
York & Tabor Roads
Philadelphia PA 19141
WEBBER, MD, John B HS
230 North Broad Street
Philadelphia PA 19102
WEBER, MD, John I FP
7254 Horrocks Street
Philadelphia PA 19149
WECHSLER, MD, Richard J DR
Thomas Jefferson Hospital
Philadelphia PA 19107
WEGENER, MD, William A IM
1213 Liberty Bell Drive
Cherry Hill NJ 08003
WEIDNER, MD, Paul L ORS
Temple University Hospital
Philadelphia PA 19140
WEIN, MD, Alan J U
3400 Spruce Street
Philadelphia PA 19104
WEINBERG, MD, Daniel J GS
Presbyterian U Of Pa Med Ctr
Philadelphia PA 19104
WEINBLATT, MD, Howard A OBG
8342 High School Road
Elkins Park PA 19117
WEINER, MD, Herman L OPH
11 Martins Run B206
Media PA 19063
WEINER, DO, Ira H US
5101 Whitaker Avenue
Philadelphia PA 19124
WEINER, MD, Jack D
1325 West Tabor Road
Philadelphia PA 19141
WEINER, MD, Leon J IM
9873 A Bustleton Avenue
Philadelphia PA 19115
WEINER, DO, Perry R U
1519 South Broad Street
Philadelphia PA 19147
WEINGARTEN, MD, Martin Z IM
Frankford Hospital
Philadelphia PA 19114
WEINGARTEN, MD, Michael S GS
1801 Pine Street
Philadelphia PA 19103
WEINSTEIN, MD, George L GYN
255 South 17th Street
Philadelphia PA 19103
WEINSTEIN, MD, Jack L FP
2415 North 33rd Street
Philadelphia PA 19132

WEINSTEIN, MD, Robert S OBG
255 South 17th Street
Philadelphia PA 19103
WEINSTEIN, MD, Saul F GS
1420 Race Street
Philadelphia PA 19102
WEINSTOCK, MD, Barry S IM
225 West Rittenhouse Square
Philadelphia PA 19103
WEINSTOCK, MD, Robert M GP
515 West Chelten
Philadelphia PA 19144
WEISBERG, MD, Paul B GE
5735 Ridge Avenue
Philadelphia PA 19128
WEISMAN, MD, Robert A OTO
3400 Spruce Street
Philadelphia PA 19104
WEISS, MD, Albert A ORS
1940 Heritage Road
Huntingdon Valley PA 19006
WEISS, MD, Arthur J ON
111 South 11th Street
Philadelphia PA 19107
WEISS, MD, Burton P
230 North Broad Street
Philadelphia PA 19102
WEISS, MD, Charles US
412 West Mt Airy Avenue
Philadelphia PA 19119
WEISS, MD, David L DR
313 Cherry Lane
Wynnewood PA 19096
WEISS, MD, Edward D CRS
710 Skippack Pike
Blue Bell PA 19422
WEISS, MD, Fred H PD
Albert Einstein Medical Ctr
Philadelphia PA 19141
WEISS, MD, Gerald B IM
362 Reynolds Street
Kingston Pa PA 18704
WEISS, MD, Jordan B GE
Episcopal Hospital
Philadelphia PA 19125
WEISS, MD, Laurence B P
1212 Township Line Road
Chalfont PA 19130
WEISS, MD, Richard J END
8201 Henry Avenue
Philadelphia PA 19128
WEISS, MD, Robert IM
191 Presidential Blvd
Bala Cynwyd PA 19004
WEISS, MD, Sidney OPH
2037 Locust Street
Philadelphia PA 19103
WEISS, MD, Stephen M GS
Fitzgerald Mercy Office Bldg
Darby PA 19023
WEISS, MD, William B OM
3912 Netherfield Road
Philadelphia PA 19129
WEISSMAN, MD, Joel M U
2067 Circle Drive
Meadowbrook PA 19046
WEISSMAN, MD, Marcus I R
5000 Boardwalk
Ventnor NJ 08406
WELLENBACH, MD, Burton L OBG
111 South 11th St Suite 8102
Philadelphia PA 19107
WELNER, MD, Alan H PM
20 South 36th Street
Philadelphia PA 19104
WELTY, MD, John W IM
930 Montgomery Avenue
Bryn Mawr PA 19010
WENDER, MD, Richard C FP
1015 Walnut Street
Philadelphia PA 19107
WENDLING, MD, Woodrow W AN
5856 North Sixth Street
Philadelphia PA 19120
WENGER, MD, Sidney U P
D-129 Presidential Apartments
Philadelphia PA 19131
WENNER JR, MD, William J PD
Division Of Gastroenterology
Philadelphia 19104
WENTZEL, MD, H Earl OM
Smith Kline Corp Box 7929
Philadelphia PA 19101
WERNER, MD, Elliot B OPH
51 North 39th Street
Philadelphia PA 19104
WERTHAN, MD, Merylee E NS
5049 Oxford Avenue
Philadelphia PA 19124
WERTHEIMER, MD, John H CD
Albert Einstein Medical Ctr
Philadelphia PA 19141
WESSEL, MD, Isadore J DR
7816 Conwell Road
Laverock PA 19118
WETMORE, MD, Ralph F OTO
Childrens Hospital Of Phila
Philadelphia PA 19104
WETTLAUFER, MD, Marilyn R OBG
Torresdale Med Ctr Suite 305
Philadelphia PA 19114

WEXLER, MD, Harry R
41 Conshohocken State Road
Bala Cynwyd PA 19004
WHEELER, MD, Thomas B GS
555 West Clapier Street
Philadelphia PA 19144
WHIPPLE, MD, Dorothy S D
Skin-Cancer Hospital
Philadelphia PA 19140
WHITAKER, MD, Linton A PS
382 Penn Road
Wynnewood PA 19096
WHITCOMB, MD, Clarence A OS
100 West Walnut Lane
Philadelphia PA 19144
WHITE, MD, David M GS
7500 Central Avenue
Philadelphia PA 19111
WHITE, MD, Deborah A PD
514 Wyndmoor Avenue
Wyndmoor PA 19118
WHITE, MD, Sean B PD
834 Chestnut Street
Philadelphia PA 19107
WHITENACK, MD, Stephen H TS
8400 St Martins Lane
Philadelphia PA 19118
WHITMAN, MD, Randal L PD
1000 66Th Avenue
Philadelphia PA 19126
WIDELITZ, MD, Martin M IM
243C Shawmont Street
Philadelphia PA 19128
WIDER, MD, Saul PD
359 Spring Valley Lane
Springfield PA 19064
WIEDER JR, MD, Henry S ORS
29 St James Court
Philadelphia PA 19106
WIENER, MD, Jacob IM
2408 South Fifth Street
Philadelphia PA 19148
WIGHT, MD, Susan C PD
Seven Seas Marina
Daytona Beach FL 32018
WIKLER, MD, Louis A GP
1158 Old York Road
Abington PA 19001
WIKOFF, MD, Edward K PM
403 West Chelton Avenue
Philadelphia PA 19144
WILEY, MD, Robin L IM
272A Greenough Street
Philadelphia PA 19127
WILF, MD, Harold OTO
375 Township Line Road
Elkins Park PA 19117
WILLIAMS, MD, F Marian OBG
129 West Upsal Street
Philadelphia PA 19119
WILLIAMS, MD, Glenn L OBG
4122 Kottler Drive
Lafayette Hill PA 19444
WILLIAMS, MD, Jay James AN
One Wineberry Drive
Hockessin DE 19707
WILLIAMS, MD, John T ORS
5230 North Broad Street
Philadelphia PA 19141
WILLIAMS, MD, Kirkley R TS
309 Edgehill Road
Wayne PA 19087
WILLIG, MD, Doris P
2401 Pennsylvania Avenue
Philadelphia PA 19130
WILSON, MD, George M GS
5735 Ridge Avenue
Philadelphia PA 19128
WILSON, MD, Janet L FP
505 South Taney Street
Philadelphia PA 19146
WILSON, MD, John F FP
1901 Walnut Street
Philadelphia PA 19103
WILSON, MD, Richard P OPH
Lankenau Medical Bulding
Philadelphia PA 19151
WINEGRAD, DO, Leonard AN
228 Barclay Circle
Cheltenham PA 19012
WINFREE, MD, Listervelt OS
1 Baily Rd
Yeadon PA 19050
WINSON, MD, Samuel G OBG
255 South 17th Street
Philadelphia PA 19103
WINSTON, MD, James R IM
1735 Dorham Court
Blue Bell PA 19422
WINT, MD, Roger M CD
7904-B Bustleton Avenue
Philadelphia PA 19152
WIRTS, MD, Steven B OBG
100 North Broad Street
Philadelphia PA 19102
WIRTS JR, MD, C Wilmer GE
2401 Pennsylvania Avenue
Philadelphia PA 19130
WISNIEWSKI, MD, Peter M OBG
2601 East Allegheny Avenue
Philadelphia PA 19134

WITKOWSKI, MD, Joseph A D
3501 Ryan Avenue
Philadelphia PA 19136
WNEK, MD, Gary E AN
7 Beekman Pl
Cherry Hill NJ 08002
WOHL, MD, Daniel L OTO
1104 Magee Avenue
Philadelphia PA 19111
WOHL, MD, Milton A ORS
Elkins Park House 905A
Elkins Park PA 19117
WOJTOWYCH, MD, Mykola GP
5102 North Broad Street
Philadelphia PA 19141
WOLDOW, MD, Asher CD
Klein Prof Office Bldg
Philadelphia PA 19141
WOLDOW, MD, Irving OS
Glen Valley Road
Elkins Park PA 19117
WOLF, MD, Lewis R OPH
7948 Bustleton Avenue
Philadelphia PA 19152
WOLF, MD, Sandra M IM
2211 Delancey Place
Philadelphia PA 19103
WOLF JR, MD, John H ORS
1245 Highland Avenue
Abington PA 19001
WOLFERTH JR, MD, Charles C GS
227 North Broad Street
Philadelphia PA 19107
WOLFSON, MD, Philip J PDS
336 Merion Avenue
Haddonfield NJ 08033
WOLFSON, MD, Robert J OTO
1920 Chestnut Street
Philadelphia PA 19103
WOLGIN, MD, William U
1512 Spruce Street
Philadelphia PA 19103
WOLK, MD, Stephen M IM
48 Carriage Lane
Exton PA 19341
WOLLMAN, MD, Harry AN
2203 Delancey Place
Philadelphia PA 19103
WOLOSHIN, MD, Henry J DR
3401 North Broad Street
Philadelphia PA 19140
WONG, MD, Alfonso Ming Y GS
3885 Pine Place
Huntingdon Valley PA 19006
WOOD, MD, Francis C IM
212 Laurel Lane
Haverford PA 19041
WOOD, MD, Margaret D IM
108 West Allens Lane
Philadelphia PA 19119
WOOD, MD, Margaret G DMP
6386 Church Road
Philadelphia PA 19151

WOODRUFF, MD, Charles L R
9265 Germantown Avenue
Philadelphia PA 19113
WOODS, MD, Timothy A IM
333 City Avenue
Bala Cynwyd PA 19004
WOODWARD, MD, John P GP
699 Mayfair Street
Philadelphia PA 19120
WRIGHT, MD, Lance S P
3901 Market Street
Philadelphia PA 19104
WRIGHT, MD, Scott H GE
1300 Prospect Hill Road
Villanova PA 19085
WU, MD, Christine OBG
3479 Tilden Street
Philadelphia PA 19129
WUERZ, MD, Richard C EM
118 West Rittenhouse Square
Philadelphia PA 19144
WURTELE, MD, Lester H R
826 Pardee Lane
Wyncote PA 19095
WUSHENSKY, MD, Curtis A R
1422 13Th Street
Eddystone PA 19013
WYCHE, DO, Samuel P P
117 West Hortter Street
Philadelphia PA 19119
XAVIER, MD, Cherian P IM
7505 Valley Avenue
Philadelphia PA 19128
YABLON, MD, Jeffrey S NS
2319 Pennsylvania Avenue
Philadelphia PA 19130
YANG, MD, Shuin-Lin GS
1025 Walnut Street
Philadelphia PA 19107
YANOVSKI, MD, A Vivian IM
5501 Green Street
Philadelphia PA 19144
YANOVSKI, MD, Alexander G P
5501 Green Street
Philadelphia PA 19144

YANOVSKI, MD, Jack A PD
3815 Walnut Street
Philadelphia PA 19104
YARRA, MD, Nirmala P
2690 Barry Lane
Huntingdon Valley PA 19006
YARROW, MD, Morris W CD
17 Linden Drive
Elkins Park PA 19117
YASKIN, MD, Hyman E P
437 Hopkins Lane
Haddonfield NJ 08033
YAVIL, DO, Jules S DR
351 Baird Road
Merion PA 19066
YAZDANFAR, MD, Shahriar CD
Albert Einstein Med Center
Philadelphia PA 19141
YOON, MD, Chung H GP
St Josephs Hospital
Philadelphia PA 19130
YOUNG, DO, David J PM
Moss Rehabilitation Hospital
Philadelphia PA 19141
YOUNG, MD, Geraldine P PTH
7615 Mountain Avenue
Philadelphia PA 19117
YOUNG, MD, Irving PTH
7615 Mountain Avenue
Elkins Park PA 19117
YOUNG, MD, Muriel L PD
1500 Spring Garden Street
Philadelphia PA 19101
YOUNG, MD, Vincent K OPH
85-8 Ferne Blvd
Drexel Hill PA 19026
YOUNG, MD, Willie Edward OTO
401 West Abbottsford Avenue
Philadelphia PA 19144
YUN, MD, Daniel D IM
60 East Township Line Road
Philadelphia PA 19117
ZACHIAN, MD, Victor A OBG
346 Rosemary Lane
Penn Valley PA 19072
ZAGER, MD, Ruth P CHP
237 Hamilton Road
Merion PA 19066
ZAKRZEWSKI, DO, Michael J CD
570 Rector Street
Philadelphia PA 19128
ZAKUTO, MD, Alan Sheldon CHP
3237 Bristol Road
Bensalem PA 19020
ZAMARIN, MD, Richard I GS
1700 Ben Franklin Pkwy
Philadelphia PA 19103
ZAMOSTIEN, MD, Bernard B FP
1335 Tabor Road Suite 303
Philadelphia PA 19141
ZATUCHNI, MD, Jacob CD
Pennsylvania Hospital
Philadelphia PA 19107
ZECCARDI, MD, Joseph A EM
1717 Pine Street
Philadelphia PA 19103
ZEGLEN, MD, Arthur F IM
2015 Welsh Road
Philadelphia PA 19115
ZEIDMAN, MD, Joan H OBG
7373 Ridge Avenue #437
Philadelphia PA 19128
ZEIT, MD, Robert M GS
2375 Woodward Street #809
Philadelphia PA 19115
ZELITCH, MD, Susan R FP
1420 Locust Street
Philadelphia PA 19102
ZELLIS, DO, Joseph FP
637 Spruce Street
Philadelphia PA 19106
ZEMBLE, DO, Herbert A FP
10101 Academy Road
Philadelphia PA 19114
ZERITSKY, MD, Samuel A P
4701 Pine Street C2
Philadelphia PA 19143
ZIEGLER, MD, Moritz M PDS
800 Merion Square Road
Gladwyne PA 19035
ZIGERMAN, DO, Herbert L PTH
1625 Fawn Lane
Huntingdon Valley PA 19006
ZIMMERMAN, DO, Edward OS
619 East Allegheny Avenue
Philadelphia PA 19134
ZIMMERMAN, MD, Marc S ORS
Seven Wiltshire Road
Greenhill Farms PA 19151
ZIMMERMAN, MD, Michael R PTH
Hahnemann University
Philadelphia PA 19102
ZIMMERMAN, MD, Robert A R
3400 Spruce Street
Philadelphia PA 19104
ZISERMAN, MD, Abraham J OBG
3450 South Ocean Blvd
Palm Beach FL 33480
ZISKIND, MD, Michele J D
466 North Highland Avenue
Merion PA 19066

ZITOMER, MD, Norman GE
1811 South Broad Street
Philadelphia PA 19148
ZLATKIN, MD, Michael B DR
268 Trent Road
Penn Wynne PA 19151
ZOLFAGHARI, MD, Roknedin GS
281 Madison Road
Huntingdon Vly PA 19006
ZUBKOFF, MD, Gerald N PDC
7500 Central Aenue
Philadelphia PA 19111
ZUBROW, MD, Sidney N IM
722 Spruce Street
Philadelphia PA 19106
ZUCKERMAN, MD, Gilbert L CD
8815 Germantown Avenue
Philadelphia PA 19118
ZUCKERMAN, MD, Jerry M IM
868 North 22nd
Philadelphia PA 19130
ZWEIZIG, MD, Helen Z PD
538 Walnut Lane
Philadelphia PA 19128
ZWILLENBERG, MD, David A OTO
T Jefferson Med College
Philadelphia PA 19107

POTTER

BACKES, MD, Celso L OBG
Charles Cole Memorial Hosp
Coudersport PA 16915
BASAK, MD, Bijan K AN
Charles Cole Memorial Hosp
Coudersport PA 16915
BLEWETT, MD, Charles H IM
Charles Cole Memorial Hosp
Coudersport PA 16915
BROWN, MD, Mark S IM
Charles Cole Memorial Hosp
Coudersport PA 16915
CALLAHAN, DO, Michael E FP
R D 1
Galeton PA 16922
CHIDI, MD, Joseph C U
Cole Medical Building
Coudersport PA 16915
CRUZ JR, MD, Moises B GS
Charles Cole Memorial Hosp
Coudersport PA 16915
CUTRY, MD, Joseph J DR
P O Box 470
Coudersport PA 16915
DEANGELO SR, MD, PTH
Gregory A
Charles Cole Memorial Hosp
Coudersport PA 16915
DOMALESKI, MD, Alfred F CRS
505 Oak Street
Coudersport PA 16915
FREEMAN, MD, Richard E FP
Cameron Co Health Care Ctr
Emporium PA 15834
KWEI, MD, Josephine M DR
216 South Braddock Avenue
Pittsburgh PA 15221
MAJERONI, MD, Barbara A FP
R D 1 Box 6
Ulysses PA 16948
MILLER, MD, Howard J IM
R D 3 Box 63-A
Coudersport PA 16915
MOSCH, MD, George C FP
207 Cartee Street
Coudersport PA 16915
MOSCH, MD, Herman C AN
Eight Allegheny Avenue
Coudersport PA 16915
NURBHAI, MD, Murtaza E OTO
Charles Cole Memorial Hosp
Coudersport PA 16915
POORE, MD, George C U
Charles Cole Memorial Hosp
Coudersport PA 16915
PUMROY, MD, Keith S DR
411 Revere Drive
Monroeville PA 15146
SHATZ, MD, Eugene M PD
Charles Cole Memorial Hosp
Coudersport PA 16915
SUPINSKI, MD, Robert S ORS
Charles Cole Memorial Hosp
Coudersport PA 16915
TALLAM, MD, Janardan R EM
3955 Tyler Road
Canfield OH 44406
VILLA, MD, Francisco B GP
46 South Main Street
Port Allegany PA 16743
WAGNER, MD, Robert E IM
709 North West Street
Coudersport PA 16915
WALLISCH, MD, Michael D DR
P O Box 470
Coudersport PA 16915
WEI, MD, Lawrence C OPH
Charles Cole Medical Center
Coudersport PA 16915
WONGPAKDEE, MD, Sobsan GS
1007 South Main Street
Coudersport PA 16915

SCHUYLKILL

ADUKAITIS, DO, Bernard C PD
625 West Oak Street
Frackville PA 17931
AHLUWALIA, MD, Harwinder S PUD
1816 West Market Street
Pottsville PA 17901
AKBAR, MD, Mohammad M OTO
26 South Centre Street
Pottsville PA 17901
ASLAM, MD, Mohammad N
101 Mill Creek Avenue
Pottsville PA 17901
BANE, MD, Denis M CD
One Norwegian Plaza
Pottsville PA 17901
BANNING, DO, Richard J CD
R D 1 Box 123
Andreas PA 18211
BARCLAY, MD, Clayton C R
P O Box 332
Orwigsburg PA 17961
BEAUSANG, MD, Thomas PD
316 Mauch Chunk Street
Pottsville PA 17901
BEMILLER, MD, Carl CD
214 West Market Street
Pottsville PA 17901
BINDIE, MD, Richard P PTH
150 Avenue D
Schuylkill Haven PA 17972
BIZUP, MD, Thomas GP
New Ringgold PA 17960
BLOSCHICHAK, MD, Andrew FP
602 Altamout Blvd
Frackville PA 17931
BOHNENBLUST, MD, Walter R R
520 Raring Drive
Orwigsburg PA 17961
BORAN, MD, Robert P ORS
313 Washington Street
Pottsville PA 17901
BORAN, MD, Thomas V OTO
2404 Village Road
Orwigsburg PA 17961
BOYD, MD, Dale W IM
Good Samaritan Hospital
Pottsville PA 17901
BOYSEN, MD, Homer GP
238 West Pine Street
Mahanoy City PA 17948
CABLE, DO, Joseph A PUD
15 Tremont Street
Pottsville PA 17901
CHOONG, MD, Shung S GP
241 South Main Street
Pine Grove PA 17963
CICCOTELLI, MD, Aldo A FP
11 Glenwood Avenue
Westmont NJ 08108
CONNOLLY, DO, William S DR
Box 18
Landingville PA 17942
CONRAD, MD, Joseph E R
R D 2 Box 14
Hegins PA 17938
COOPER, MD, Harold B FP
199 Dock Street
Schuylkill Haven PA 17972
CROLEY, MD, James T GP
1055 Douglass Road
Orwigsburg PA 17961
CUBLER, MD, Edward W AN
119 Avenue B
Schuylkill Haven PA 17972
CURRY, MD, Thomas A PD
316 Mauch Chunk Street
Pottsville PA 17901
DANKMYER, MD, Frederick L OPH
419 West Market Street
Pottsville PA 17901
DARKES, MD, William IM
Orwigsburg PA 17961
DAWSON, MD, Michael H O ORS
309 West Market Street
Pottsville PA 17901
DELP, MD, Charles W FP
38 North Second Street
St Clair PA 17970
DINICOLA, MD, Arthur N GP
28 Sunbury Street
Minersville PA 17954
DIRNBERGER, DO, Thomas FP
211 East Broad Street
Tamaqua PA 18252
DOUGHERTY, MD, Francis M PD
606 West Market Street
Pottsville PA 17901
DUBOWITZ, MD, Leslie EM
2526 Mahantongo Street
Pottsville PA 17901
FEINBERG, MD, Kalmen A PTH
Ashland State Genral Hospital
Ashland PA 17921
FELLIN, MD, Chris W IM
B5 Mahoning Terrace
Danville PA 17821
FEUDALE, MD, Richard F GP
419 Mcknight Street
Gordon PA 17936
FISCHER, MD, Rolf H FP
305 Mahantongo Street
Pottsville PA 17901
FITZPATRICK, DO, James W IM
214 West Market Street
Pottsville PA 17901
FORSTER, DO, Carl J GP
211 Timber Road
Pottsville PA 17901
FRABLE, MD, Dean G IM
One Norwegian Plaza
Pottsville PA 17901
GABRIEL, MD, Louis T GS
25 West Frack Street
Frackville PA 17931
GAJERA, MD, Jayantilal C IM
227 North Nice Street
Frackville PA 17931
GARLOFF, DO, Samuel J P
410 West Market Street
Pottsville PA 17901
GIANFAGNA, MD, William J PD
316 Mauch Chunk Street
Pottsville PA 17901
GLENNEY, MD, Wilton IM
1527 Oak Road
Pottsville PA 17901
GONZALEZ, MD, Jose L R
Good Samaritan Hospital
Pottsville PA 17901
GRAVES, MD, Lynda C S FP
200 South Fourth Street
Minersville PA 17954
GRECO, DO, Richard A U
Medical Office Building
Pottsville PA 17901
GREEN, MD, Roy AN
150 West Main Street
Girardville PA 17935
HAAS, DO, Myron D ORS
309 West Market Street
Pottsville PA 17901
HALE, MD, Thomas K GP
117 West Frack Street
Frackville PA 17931
HARKINS, MD, Robert S FP
209 East Market Street
Orwigsburg PA 17961
HARRING, MD, Maynard GP
P O Box 165
Valley View PA 17983
HEFFNER JR, MD, George W IM
212 West Market Street
Pottsville PA 17901
HEISTAND, MD, Landis C ORS
309 West Market Street
Pottsville PA 17901
HEUERMANN, MD, Robert P GS
930 Centre Street
Ashland PA 17921
HOBBS, MD, Joseph H GP
215 West Mahantongo Street
Pottsville PA 17901
HOBBS, MD, Robert E PTH
Ten Avenue D
Schuylkill Haven PA 17972
HOLLAND, MD, Mark P PD
27 South Catawissa Street
Mahanoy City PA 17948
HU, MD, Wei-Tzer GP
19 South Main Street
Shenandoah PA 17976
JOHNSTON, MD, Dorothy CHP
Turning Point
Pottsville PA 17901
JULIAN, MD, Maryjane A GP
42 Kimber Street
New Philadelphia PA 17959
KASUNDRA, MD, Parshottam N IM
106 South Claude A Lord Blvd
Pottsville PA 17901
KHAN, MD, Sultan OTO
26 South Center Street
Pottsville PA 17901
KHOLOUSSY, MD, GS
Abdelmohsen M
1851B West End Avenue
Pottsville PA 17901
KIM, MD, Sun C GP
15 South Main Street
Mahanoy City PA 17948
KO, MD, Chan S GP
1801 Mahantongo Street
Pottsville PA 17901
KRAUSE, DO, Craig J GP
267 Rowe Street
Tamaqua PA 18252
LADO, MD, Michael OBG
200 East Arch Street
Pottsville PA 17901
LANGON, MD, James FP
37 South Balliet Street
Frackville PA 17931
LEAL, MD, Gumersindo R FP
P O Box 1271
Pottsville PA 17901
LEE, MD, Jangwoo OBG
1651 Howard Avenue
Pottsville PA 17901
LEE, MD, Won Y GP
58 South Tulpehocken Street
Pine Grove PA 17963
LEMASTERS, DO, Thomas R OTO
R D 3 Route 443
Tamaqua PA 18252
LEWIS, MD, Mitchell D FP
Willow Lake Hlth Ctr Ste 1900
Willow Street PA 17584
LIN, MD, Ching H OBG
312 Mauch Chunk Street
Pottsville PA 17901
LIN, MD, Mei Pu OBG
612 West Market Street
Pottsville PA 17901
LING, MD, Charles C GS
Seventh & West Market Streets
Pottsville PA 17901
LOK, MD, Mai Pai AN
R D 3 Box 3505
Pottsville PA 17901
LONGARINI, MD, Amilcar E IM
508 West Market Street
Pottsville PA 17901
LUO, MD, Solomon C OPH
350 Patton Drive
Orwigsburg PA 17961
MALICK, MD, Donald V GP
P O Box 438
Hegins PA 17938
MALIK, MD, Maqsood A CD
106 South Claude A Lord Blvd
Pottsville PA 17901
MALISHAUCKI, MD, Mary G GER
239 West Broad Street
Tamaqua PA 18252
MALISHAUCKI, MD, Thomas J FP
239 West Broad Street
Tamaqua PA 18252
MARCONIS, MD, Joseph T U
413 West Market Street
Pottsville PA 17901
MARSHALL, MD, David S CD
214 West Market Street
Pottsville PA 17901
MARSHALL, MD, Helen L OS
1023 Mahantongo Street
Pottsville PA 17901
MATEER JR, MD, Harry O OBG
American Rehab Center #400
Pottsville PA 17901
MATHUR, MD, Kailash R
73 Sherwood Road
Pottsville PA 17901
MAYDAK, DO, John H AN
P O Box 130
Orwigsburg PA 17961
MCLAUGHLIN, MD, Thomas W IM
One Norwegian Plaza
Pottsville PA 17901
MEERAN, MD, M Mohamed GS
One Norwegian Plaza
Pottsville PA 17901
MELNICOVE, MD, Sidney FP
176 Atlantic Avenue
Indialantic FL 32903
MILLER, MD, Richard E OBG
242 East Broad Street
Tamaqua PA 18252
MODARRESS, MD, John GS
Seventh & West Market Streets
Pottsville PA 17901
MODY, MD, Smita S AN
219 Timber Road
Pottsville PA 17901
MOYLAN III, MD, David J TR
One Norwegian Plaza
Pottsville PA 17901
MUNIR, MD, Muhammad CD
106 South Claude A Lord Blvd
Pottsville PA 17901
NARULA, MD, Amrit P GE
106 South Claude A Lord Blvd
Pottsville PA 17901
NICHOLLS, MD, Joan E P
1023 Centre Street
Ashland PA 17921
NICHOLLS, MD, Richard H GS
1023 Centre Street
Ashland PA 17921
PARK, MD, Sung H FP
1504 Howard Avenue
Pottsville PA 17901
PERLOSKI, MD, Leo GP
Washington Street
Middleport PA 17953
PETTERSON, MD, Eric PD
Six West Washington
Shenandoah PA 17976
PIERDON, MD, Steven B PD
316 Mauch Chunk Street
Pottsville PA 17901
PLATT, MD, Benjamin B IM
106 South Claude A Lord Blvd
Pottsville PA 17901
PUJARA, MD, Mahendra M U
410 West Market Street
Pottsville PA 17901
RASHID, MD, Abdul IM
106 South Claude A Lord Blvd
Pottsville PA 17901
RAVITZ, MD, Gerald A U
413 West Market Street
Pottsville PA 17901
REIMER, MD, Craig L IM
215 Mahantongo Street
Pottsville PA 17901
REITZ, MD, Melvin L GP
P O Box 816
Valley View PA 17983
RICCHIUTI, MD, A George OPH
335 Center Street
Mahanoy City PA 17948
RICCHIUTI, MD, Joseph F A
307 West Market Street
Pottsville PA 17901
RISMILLER, MD, Ross W IM
214 West Market Street
Pottsville PA 17901
RITTER, MD, Thomas J GS
320 Macarthur Drive
Orwigsburg PA 17961
ROBINSON, MD, J Philip FP
44 East Main Street
Tremont PA 17981
ROBINSON, MD, Richard W PUD
P O Box 408
Beech Creek PA 16822
ROMEIKA, MD, Mary M FP
14 North Jardin Street
Shenandoah PA 17976
RUBRIGHT, MD, Herbert C GP
East Main Street
Schuylkill Haven PA 17972
RUBRIGHT JR, MD, Herbert C FP
East Main Street
Schuylkill Haven PA 17972
RUSSO, MD, John F CLP
Good Samaritan Hospital
Pottsville PA 17901
SAFDAR-ALI, MD, Mohammad EM
R D 3
Pottsville PA 17901
SAHOO, MD, Dilliswar IM
P O Box 25
Coaldale PA 18218
SCHLITZER, MD, William H GP
1247 West Norwegian Street
Pottsville PA 17901
SCHWARTZ, MD, Ira U
413 West Market Street
Pottsville PA 17901
SCICCHITANO, MD, Leon P GS
Seventh & West Market Streets
Pottsville PA 17901
SHAH, MD, Syed G IM
Medical Arts Bldg
Pottsville PA 17901
SHETH, MD, Hémant N AN
17 Cottage Hill West
Pottsville PA 17901
SIMON, MD, Edward M IM
119 West Frack Street
Frackville PA 17931
SINGH, MD, Gursharan FP
323 East Centre Street
Mahanoy City PA 17948
SINGH, MD, Rajendra PDA
319 West Market Street
Pottsville PA 17901
SINGLA, MD, Satish C HEM
One Norweigen Plaza
Pottsville PA 17901
SLATON, MD, Stephen S GS
715 Center Street
Ashland PA 17921
SLIMMER JR, MD, Samuel C EM
Pottsville Hospital
Pottsville PA 17901
STANULONIS, MD, Stanley W IM
25 North Jardin Street
Shenandoah PA 17976
SWAIN, MD, Stephen S IM
212 West Market Street
Pottsville PA 17901
TANANIS, MD, Leonard J OPH
P O Box 839
Pottsville PA 17901
TAVARIA, MD, Soli IM
105 North Delaware Avenue
Minersville PA 17954
VILLARREAL, MD, Carlos X GS
35 Sillyman Street
Cressona PA 17929
WAHHAB, MD, Abdul GS
One Norwegian Plaza
Pottsville PA 17901
WALL, MD, Norman M IM
One Norwegian Plaza
Pottsville PA 17901
WALTERS, MD, William H GP
614 Mahantongo Street
Pottsville PA 17901
WANG, MD, Yung-Wen EM
201 North Second Street
Girardville PA 17935
ZAFAR, MD, Ghaffar A PD
106 South Claude A Lord Blvd
Pottsville PA 17901
ZAKHARY, MD, George OTO
300 South Center Street
Pottsville PA 17901
ZWERLING, MD, Hermann GP
28 Blossom Lane
Schuylkill Haven PA 17972

SOMERSET

ANTHONY, MD, Alfred PD
614 South Franklin
Somerset PA 15501
ARRISUENO, MD, Juan A GS
200 Hospital Drive
Meyersdale PA 15552
ASLAM, MD, Mohammed FP
1118 James Street
Somerset PA 15501
ATWELL, DO, Grant E FP
132 Meyers Avenue
Meyersdale PA 15552
ATWELL II, DO, Grant E GP
Ord St Salisbury Prof Bldg
Salisbury PA 15558
BACESKI, MD, Deborah A IM
105 West Church Street
Somerset PA 15501
BHARUCHA, MD, Dilip I OBG
905 Menoher Blvd
Johnstown PA 15905
BHASKAR, MD, Ambat G PTH
225 South Center Avenue
Somerset PA 15501
BOBROW, MD, Joseph S OBG
312 Sherman Street
Meyersdale PA 15552
CAMPBELL, MD, Barbara J ORS
165 East Church Street
Somerset PA 15501
CHAVES, MD, Fernando AN
225 South Center Avenue
Somerset PA 15501
CUBE, MD, Henry M NS
332 West Patriot Street
Somerset PA 15501
DEVRIES, MD, Jan R J FP
430 Stonycreek Street
Boswell PA 15531
GADIPARTHI, MD, Atchaiah OTO
223 South Pleasant Avenue
Somerset PA 15501
GO, MD, Peter T GS
608 South Columbia Avenue
Somerset PA 15501
HAY, MD, Harold S GP
867 West Main Street
Somerset PA 15501
JACOBS, MD, Robert V GS
203 East Patriot Street
Somerset PA 15501
KLOSE, MD, Paul L FP
P O Box 196
Berlin PA 15530
LEIGHTY, MD, Ralph G IM
9001 Kings Road
Myrtle Beach SC 29577
LIMCUANDO, MD, Emiliano D GS
401 South Center Avenue
Somerset PA 15501
MANOS, MD, John E AN
R D 3 Box 38a
Somerset PA 15501
MARTIN, DO, Elvin L FP
202 Beachley Street
Meyersdale PA 15552
MCKEE, MD, Wayne O GS
R D 4 Box 50
Somerset PA 15501
MONTGOMERY JR, MD, U
George A
917 West Main Street
Somerset PA 15501
MORRIS, MD, Eleanor G GP
R D 4 Box 231
Somerset PA 15501
MUSSER JR, MD, Harold E EM
105 West Church Street
Somerset PA 15501
NAIR, MD, V Krishnan CD
225 South Center Avenue
Somerset PA 15501
NAYAK, MD, Satish R OBG
756 Farragut Street
Johnstown PA 15905
ORLIDGE, MD, Arthur E GP
Box 141 North Street
Shanksville PA 15560
PEIRSEL, MD, Paul E FP
222 West Main Street
Somerset PA 15501
PELL III, MD, Edward N GS
339 West Union Street
Somerset PA 15501
PESSOLANO, MD, Francis X DR
R D 1 Box 329
Somerset PA 15501
POGGI, DO, Alfred J GP
R D 6 Neilan Drive
Somerset PA 15501
PRICE, MD, Edwin M GP
612 Logan Place
Confluence PA 15424
ROCK, MD, Leonard L GP
209 North Street
Meyersdale PA 15552
ROGERS, MD, Clinton L R
625 Crest Drive
Cumberland MD 21502

RUMBAUGH, MD, Ross S GS
131 Meyers Avenue
Meyersdale PA 15552
RYAN, MD, William C P
917 West Main Street
Somerset PA 15501
SANPEDRO, MD, Romeo S US
1009 Highland Park Drive
Somerset PA 15501
SANTOS, MD, Rodolfo R GP
229 Dale Street
Meyersdale PA 15552
SERABJIT-SINGH, MD, Jag D R
Somerset Community Hospital
Somerset PA 15501
SHARIAT, MD, Iraj OPH
204 South Center Avenue
Somerset PA 15501
SINGH, MD, Ajay P PD
614 South Franklin Avenue
Somerset PA 15501
TENSUAN JR, MD, Leonardo S IM
433 West Main Street
Somerset PA 15501
THOMAS, MD, Nathan O FP
349 Main Street
Meyersdale PA 15552
TRENTON, DO, Walter D OBG
223 South Pleasant Street
Somerset PA 15501
VANANTWERP, MD, Kenneth J FP
721 North Street
Berlin PA 15530
WATTERSON, MD, Samuel G FP
P O Box 58
Gray PA 15544
WIECZOREK, MD, J Eric FP
349 Main Street
Meyersdale PA 15552
WONG, MD, Albert OBG
225 South Center Avenue
Somerset PA 15501
WOOLSLAYER, MD, Paul R GP
208 Sherman Street
Meyersdale PA 15552
YODER, MD, Delbert L OBG
223 South Pleasant Avenue
Somerset PA 15501

SUSQUEHANNA

ALLEN, MD, Dennis FP
Box K
Hallstead PA 18822
BENNETT, MD, Raymond L GP
One Grow Avenue
Montrose PA 18801
BERTSCH, MD, Albert M GS
One Grow Avenue
Montrose PA 18801
BIELECKI, MD, William P
61 Church Street
Montrose PA 18801
CAVENDER, MD, John C GP
P O Box 213
Hop Bottom PA 18824
DAVIS, MD, Raymond C GP
107 Erie Avenue
Susquehanna PA 18847
FIOR, MD, Carlos G IM
P O Box 311
Montrose PA 18801
GRACE, MD, James J GP
27 South Main Street
Montrose PA 18801
HENNING III, MD, George F FP
R D 1 Box 368-A
Montrose PA 18801
IMBROGNO, MD, Michael S PD
Montrose General Hospital
Montrose PA 18801
KERR, MD, Paul B FP
One Grow Avenue
Montrose PA 18801
LATTIMORE, MD, Kenneth R P
R D 2 Box 208-Ab
New Milford PA 18834
LEONARD, MD, Michael E FP
Hallstead Plaza Box K
Hallstead PA 18822
MANLEY, MD, Charles R AN
One Grow Avenue
Montrose PA 18801
MARKARIAN, MD, Michael FP
220 Main Street
Hallstead PA 18822
MILLER, MD, James M IM
78 Church Street
Montrose PA 18801
PURKAYASTHA, MD, Arindam GS
Box 241
Susquehanna PA 18847
SARAN, MD, Madhukar PUD
104 Jackson Avenue
Susquehanna PA 18847
SHAH, MD, Mahendra K IM
308 Broad Avenue
Susquehanna PA 18847
SHELLY, MD, Robert M OS
R D 2 Box 324
Susquehanna PA 18847
WELCH, MD, Fred W GS
Three Grow Avenue
Montrose PA 18801

TIOGA

BAIR, MD, Robert C OBG
48 Pearl Street
Wellsboro PA 16901
BELLINGER, MD, E Lee U
15 Meade Street
Wellsboro PA 16901
BOWERS, MD, Robert M GS
R D 3 Box 253
Wellsboro PA 16901
BUTLER, MD, Anne K GP
C/O Citizens & Northern Bank
Wellsboro PA 16901
CAHILL, MD, David M GS
48 Pearl Street
Wellsboro PA 16901
CALLENBERGER, MD, ORS
Ronald W
Medical Office Bldg
Wellsboro PA 16901
CHEADLE, MD, Margaret J FP
Guthrie Clinic
Wellsboro PA 16901
COOLIDGE, MD, William A GP
R D 7 Box 143
Wellsboro PA 16901
CRUZ, MD, Maria L GP
Three Purple Street
Wellsboro PA 16901
DALE II, MD, Leonard E R
Soldiers & Sailors Hospital
Wellsboro PA 16901
DAVIES, MD, Thomas E GS
25 Morris Lane
Wellsboro PA 16901
DAVIS, MD, Murray C DR
13 Berwart Street
Wellsboro PA 16901
DAVIS, MD, Stuart M GP
Main Street
Westfield PA 16950
DUSINBERRE, MD, Robert Y US
Box 370
Yankeetown FL 32698
ERWAY, MD, Preston M FP
25 Walnut Street
Wellsboro PA 16901
GAFFORD, MD, Grady D OPH
15 Meade Street
Wellsboro PA 16901
GILLUM, MD, David F FP
135 Main Street
Wellsboro PA 16901
GREENBAUM, MD, Mark R FP
40 West Wellsboro Street
Mansfield PA 16933
HESS, MD, Edward R GS
38 West Avenue
Wellsboro PA 16901
HIPPS, MD, John G GP
P O Box 243
Emporium PA 15834
LARSON, MD, Eleanor GP
217 Main Street
Elkland PA 16920
MOORE, MD, Joseph J CD
38 Prospect Street
Mansfield PA 16933
MORROW, MD, Charles A FP
R D 1 Box 888
Little Marsh PA 16931
NESPOLA, MD, Anthony M IM
15 Meade Street
Wellsboro PA 16901
REICH, MD, William P PTH
18 Morris Lane
Wellsboro PA 16901
SANFORD, MD, Robert S GP
40 West Wellsboro Street
Mansfield PA 16933
SHAW, DO, Donald D FP
R D 2 Box 29
Mansfield PA 16933
SWAGLER, DO, Curtis P GP
Guthrie Clinic
Wellsboro PA 16901
SWEENEY, DO, Donald J FP
103 Forestview Drive
Elkland PA 16920
THOMAS, MD, F Ardell IM
15 Meade Street
Wellsboro PA 16901
TOLINS, MD, Christine L FP
Guthrie Clinic Ltd
Mansfield PA 16933
WEBSTER, MD, Lane FP
Walnut Street
Wellsboro PA 16901
WIGERT, MD, Walter S P
12 Meade Street Suite L2
Wellsboro PA 16901
WILSON, MD, James L GP
Guthrie Clinic
Sayre PA 18640
WONG, MD, Edgar FP
Three Purple Street
Wellsboro PA 16901

UNION

ARBOGAST JR, MD, John W OBG
Three Hospital Drive
Lewisburg PA 17837
ARBOGAST SR, MD, John W GS
40 South Second Street
Lewisburg PA 17837
BERNSTEIN, MD, Robert CD
137 Jpm Road
Lewisburg PA 17837
BETZ, MD, Louis H OPH
Three Hospital Drive
Lewisburg PA 17837
BROWN, MD, Michael D FP
1712 Market Street
Lewisburg PA 17837
BRUCE, MD, William B OTO
Three Hospital Drive
Lewisburg PA 17837
CALDERON, MD, Amador G GS
603 Pennsylvania Street
Lewisburg PA 17837
DAVIS, MD, Sidney D
48 Walnut Street
Milton PA 17847
DERR, MD, Frederick S GP
804 Market Street
Mifflinburg PA 17844
DIX JR, MD, Robert C FP
131 Broadway
Milton PA 17847
EVANS, MD, Harold H GP
422 Market Street
Mifflinburg PA 17844
FAIRWEATHER, MD, Jack L OBG
Lewisburg Medical Park-C
Lewisburg PA 17837
FASANO, DO, Charles P GP
Buffalo Valley Center
Mifflinburg PA 17844
GINSBURG, MD, John L FP
134 South 16th Street
Lewisburg PA 17837
GRAY, MD, David W GS
Box 432
Lewisburg PA 17837
HAHN, MD, Jonathan F ORS
900 Buffalo Road
Lewisburg PA 17837
HEID, MD, Charles E CD
67 Fay Lane
Lewisburg PA 17837
HILLIKER, MD, Jan K OS
Three Hospital Drive
Lewisburg PA 17837
HOYLE, MD, J Preston PD
Ziegler Dispensary
Lewisburg PA 17837
KANT, MD, Naval R
R D 1 Box 244-J
Lewisburg PA 17837
KANT, MD, Nila N DR
R D 1 Box 244-J
Lewisburg PA 17831
LANG, MD, Kathie J FP
Six Country Road
Lewisburg PA 17837
LIN, MD, Paul S ORS
579 Pheasant Ridge Road
Lewisburg PA 17837
LONG, MD, Robert D D
Three Hospital Drive
Lewisburg PA 17837
MAGILL III, MD, John T ORS
900 Buffalo Road
Lewisburg PA 17837
MALCOLM JR, MD, John A PTH
Evangelical Community Hosp
Lewisburg PA 17837
MILLER II, MD, George C OBG
Three Hospital Drive
Lewisburg PA 17837
MORGAN JR, MD, James W GS
Loan & Jpm Roads
Lewisburg PA 17837
MUSSER, MD, William T GP
100 Chestnut Street
Mifflinburg PA 17844
NISSLEY, MD, Jay M PD
136 Hospital Drive
Lewisburg PA 17837
OBRIEN, MD, James S DR
One Hospital Drive
Lewisburg PA 17837
OLSON, DO, Christopher D FP
P O Box 262
Mifflinburg PA 17844
PATEL, MD, Rasila P DR
Eight Rosewood Court
Danville PA 17821
PERSING, MD, John H IM
Three Hospital Drive
Lewisburg PA 17837
REGALADO, MD, Regulus D GS
714 R Main Street
Watsontown PA 17777
REISH, MD, William G ORS
900 Buffalo Road
Lewisburg PA 17837
RINCK II, MD, George W EM
504 Shuman Street
Middleburg PA 17842
RONCO, DO, Domenick N FP
P O Box 262
Mifflinburg PA 17844
RUETSCHI, MD, Maja S PS
Three Hospital Drive
Lewisburg PA 17837
RUSSIN, MD, Mary S DR
150 Jean Blvd West Lawn
Lewisburg PA 17837
SMITH, MD, Dennis R CD
R D 1 Box 244e
Lewisburg PA 17837
STACKOWSKI, MD, Maryjane R
Evangelical Community Hosp
Lewisburg PA 17837
STANKIEWICZ, MD, Russell J OBG
Three Hospital Drive
Lewisburg PA 17837
STECKEL, MD, Donald C IM
R D 1 Box 242
Lewisburg PA 17837
STOLTZFUS, MD, Elam R P
136 Hospital Drive
Lewisburg PA 17837
SWALLOW, DO, William B US
130 South Front Street
Milton PA 17847
TEICHMAN, MD, Fred OBG
Three Hospital Drive
Lewisburg PA 17837
TURNAMIAN, MD, Richard J OBG
81 Fairmount Drive
Lewisburg PA 17837
VELAYO, MD, Dante P US
Three Hospital Drive
Lewisburg PA 17837
WARD, MD, H Richard GP
R D 1
Mifflinburg PA 17844
WEIBEL, MD, David C U
Three Hospital Drive
Lewisburg PA 17837
WEIGHTMAN, MD, Joseph OS
801 Brown Lane
Lewisburg PA 17837
WEISNER, MD, Michael J FP
900 Maxwell Hill Road
Beckley WV 25801
WENTZLER, MD, J Donald AN
Box 275
Watsontown PA 17777
WILLIAMS III, MD, Irving AN
1115 Sunset Drive
Lewisburg PA 17837
WILSON, MD, Samuel M VS
135 Jpm Road
Lewisburg PA 17837
WOOD, DO, Stephen G GP
603 Main Street
Watsontown PA 17777
WOODCOCK, MD, Charles H EM
342 North Front Street
Milton PA 17847
YANNACCONE, MD, Robert GP
611 Main Street
Watsontown PA 17777
YANOVIAK, DO, Francis J FP
613 Picnic Lane
Selinsgrove PA 17870
ZUG, MD, P Ronald IM
Three Hospital Drive
Lewisburg PA 17837

VENANGO

ANDERSON, MD, William C EM
R D 1 Pone Lane
Franklin PA 16323
ANTHONY, MD, Jonathan M AN
Franklin Hospital
Franklin PA 16323
ANTKOWIAK, MD, Thomas L ORS
181 Park Avenue
Franklin PA 16323
AOUN, MD, Kamal H FP
515 Green Building
Franklin PA 16323
BAUM, MD, Neil B FP
One Spruce Street
Franklin PA 16323
BEALS III, MD, Norman K FP
P O Box 802
Seneca PA 16346
BELL JR, DO, Joseph W OBG
Nine Glenview Avenue
Oil City PA 16301
BINDER, MD, Michael A U
180-A East Bissell Avenue
Oil City PA 16301
BOYER, MD, Walter E FP
Nine Glenview Avenue
Oil City PA 16301
BROWN, MD, John E GP
224 Main Street
Tidioute PA 16351
BROWN, MD, Laurie S FP
One Spruce Street
Franklin PA 16323
BROWN, MD, Manson GS
1214 Elk Street
Franklin PA 16323
CENEDELLA, MD, Stephen C IM
150 Prospect Avenue
Franklin PA 16323
CHARLESWORTH, MD, Ernest E FP
308 Seneca Street
Oil City PA 16301
CHEN, MD, Henry Y OBG
614 East Main Street
Titusville PA 16354
CULP, MD, Robert T GPM
230 East Main Street
Titusville PA 16354
DUNAGIN, MD, William G D
108 North 13th Street
Franklin PA 16323
DUNN, MD, Joseph P GP
407 Third Street
Titusville PA 16354
EDWARDS, MD, William P CD
515 Gurney Road
Franklin PA 16323
EMERSON, MD, John A OPH
312 13Th Street
Franklin PA 16323
EMMOLO, MD, Alfonse A IM
122 West First Street
Oil City PA 16301
FAN, MD, Young C GS
119 East Mechanic Street
Titusville PA 16354
FEE JR, MD, William H IM
150 Prospect Avenue
Franklin PA 16323
FETTEROLF, MD, Michael L FP
1263 Elk Street
Franklin PA 16323
FRITZ, MD, William D ORS
745 Liberty Street
Franklin PA 16323
GARDNER, MD, Thomas W OPH
Star Route Argeon Hill
Franklin PA 16323
GARNER, MD, Lois L IM
P O Box 849
Franklin PA 16323
GEHRING, MD, David A IM
Polk Center
Polk PA 16342
GENT, MD, Joseph A IM
1228 Elk Street
Franklin PA 16323
GLOWACKI, MD, Francis L AN
Franklin Hospital
Franklin PA 16323
GOLD, MD, Arnold Z IM
122 West First Street
Oil City PA 16301
GRIFFEN, MD, David L EM
Franklin Regional Medical Ctr
Franklin PA 16323
GRIFFEN, MD, Helen S PTH
2966 Cates Circle
Port St Lucie FL 33452
GRIFFEN, MD, R Howard PTH
2966 Cates Circle
Port St Lucie FL 33452
HAJI-DJAFARI, MD, Azizeh PTH
174 East Bissel Avenue
Oil City PA 16301
HAM, MD, James W OBG
150 Prospect Avenue
Franklin PA 16323
HAMM, MD, Glenn G PD
201 South Pine Bethel Clinic
Newton KS 67114
HANMER, MD, Clark B FP
P O Box 508
Emlenton PA 16373
HEASLEY, MD, Kenneth H PD
Box 128
Tionesta PA 16353
HOLMES, MD, Robert B OBG
R D 5 Box 123-Ab
Titusville PA 16354
HOUSER, MD, James J IM
150 Prospect Avenue
Franklin PA 16323
HUSTON III, MD, Charles C GS
Nine Glenview Avenue
Oil City PA 16301
JOHNSON, MD, Bruce R OBG
Nine Glenview Avenue
Oil City PA 16301
JOHNSTON, MD, James B P
Nine Glenview Avenue
Oil City PA 16301
JUPIN, MD, John A EM
R D 3 Box 369
Franklin PA 16323
KAHLER, MD, Gerald W FP
P O Box 570
Cranberry PA 16319
KAHLER, MD, Roberta A IM
178 East Bissell
Oil City PA 16301
KARIAN, MD, John M NS
317 Gurney Road
Franklin PA 16323
KEATS, MD, Joel B R
One Spruce Street
Franklin PA 16323

KEPP, MD, Edward A FP
P O Box 570
Cranberry PA 16319
KINOSIAN, MD, Mary J N
1261 Elk Street
Franklin PA 16323
KIRTLAND III, MD, Howard H ON
One Dale Avenue
Franklin PA 16323
KLINGER, MD, Frank A CDS
150 Prospect Avenue
Franklin PA 16323
KUMAR, MD, Harinath V U
32 Seneca Street
Oil City PA 16301
LAVERDE, MD, Philip S GS
507 1/2 West Third Street
Oil City PA 16301
LIBUNAO III, MD, Jose P PD
Seven Votech Drive
Oil City PA 16301
LINES, MD, Laurence G R
One Dale Avenue
Franklin PA 16323
MAKNOON, MD, Ali A ORS
222 Park Avenue
Oil City PA 16301
MALONE, MD, William J PD
110 North 13th Street
Franklin PA 16323
MARSHALL, MD, Jane M EM
813 Lake Terrace Circle
Davis CA 95616
MASON, MD, Charles E R
One Spruce Street
Franklin PA 16323
MAURER, MD, Carol N P
15 Stewart Road
Oil City PA 16301
MCAFEE, MD, Roy D FP
P O Box 265
Clintonville PA 16372
MCCANDLESS, MD, David P IM
1228 Elk Street
Franklin PA 16323
MCCANDLESS, MD, Warren J GP
1228 Elk Street
Franklin PA 16323
MCCLUSKY, MD, Robert C OBG
150 Prospect Avenue
Franklin PA 16323
MCGEHEE, MD, Daniel FP
1263 Elk Street
Franklin PA 16323
MCKINLEY, MD, Erin A EM
204 Maple Avenue
Oil City PA 16301
MERCED, MD, Jorge M AN
Seven Vo-Tech Drive
Oil City PA 16301
MULLICK, MD, Jowheri J OBG
178 East Bissell Avenue
Oil City PA 16301
NAZZARO, MD, Ralph GS
106 North Perry Street
Titusville PA 16354
NECAS, MD, Michael G OPH
111 Olverlook Drive
Titusville PA 16354
OCONNOR, MD, John V R
One Spruce Street
Franklin PA 16323
PACHECO, MD, Jose M PUD
150 Prospect Avenue
Franklin PA 16323
PADALINO, MD, Michael J IM
1324 Liberty Street
Franklin PA 16323
PADIN, MD, Frederico A U
150 Prospect Avenue
Franklin PA 16323
PETERS, MD, Leonard L GS
320 16Th Street
Franklin PA 16323
PHADKE, MD, Madhav V GS
149 East Bissell Avenue
Oil City PA 16301
PHADKE, MD, Usha M AN
149 East Bissell Avenue
Oil City PA 16301
PILEWSKI, MD, Robert M IM
122 West First Street
Oil City PA 16301
POZZA, MD, Nicholas J GS
29 Oakwood Drive
Oil City PA 16301
PRADHAN, MD, Sulochana L PTH
149 1/2 East Bissell Avenue
Oil City PA 16301
RAUB, MD, Jeffrey D IM
P O Box 849
Franklin PA 16323
REAMER, MD, Donald M R
104 Woodland Drive
Oil City PA 16301
REICH, MD, Thomas S OTO
174 East Bissell Avenue
Oil City PA 16301
REYNOLDS, MD, Terence J FP
200 Carman Avenue
East Meadow NY 11554
RIGHTOR, MD, John T GP
204 Central Avenue
Oil City PA 16302
ROODE, MD, Albert G EM
R D 1 Box 158
Utica PA 16362
ROODE, MD, Philip J EM
440 Moreland Drive
Franklin PA 16323
ROSEN, MD, Daniel H OTO
128 West Central Avenue
Titusville PA 16354
SECHLER, MD, Edith W OS
Box 945
Polk PA 16342
SERWINT, MD, Michael S ON
One Dale Avenue
Franklin PA 16323
SHAPIRO, MD, Stuart G IM
122 West First Street
Oil City PA 16301
SHIM, MD, Chungja C PTH
One Orchard Lane
Titusville PA 16354
SHIREY, MD, Pamela S IM
P O Box 961
Polk PA 16342
SHONNARD, MD, John W PTH
Franklin Regional Med Center
Franklin PA 16323
SUK, MD, Jin H CLP
Franklin Hospital
Franklin PA 16323
THOMPSON, MD, Peter J IM
150 Prospect Avenue
Franklin PA 16323
TIMNEY, MD, Thomas E OPH
209 East Ninth Street
Oil City PA 16301
TIPTON, MD, Raymond L IM
129 North Franklin Street
Titusville PA 16354
TRAUB, MD, Todd S AN
18 Greenwood Drive
Oil City PA 16301
VILLANUEVA, MD, Onofre Q PD
Hamburg Center
Hamburg PA 19526
VUKMER, MD, George J
209 West Drake Street
Titusville PA 16354
WAGNER, MD, Louis J TS
150 Prospect Avenue
Franklin PA 16323
WAGNER, MD, Robert A OBG
150 Prospect Avenue
Franklin PA 16323
WALTER, MD, David L D
180 East Bissell Street
Oil City PA 16301
WRIGHT, MD, David L PD
110 North 13th Street
Franklin PA 16323
ZEHNER, MD, James M FP
231 North Main Street
Pleasantville PA 16341
ZIMMERMAN, MD, Kimberly R PD
2097 Lewis Drive
Lakewood OH 44107

WARREN

AHMED, MD, Niaz AN
R D 1
Russell PA 16345
BERTA, MD, Julius W TR
221 Dutch Hill Road
Warren PA 16365
BIALAS, MD, Paul A IM
103 St Clair Street
Warren PA 16365
BORGER, MD, Lee J PD
R D 1 Box 1066
Russell PA 16345
BRYAN JR, MD, Ross E FP
R D 1
Clarendon PA 16313
BUTT JR, MD, Frank H AN
506 South State Street
North Warren PA 16365
CARSON, MD, Thomas E GER
209 North State Street
North Warren PA 16365
CASHMAN, MD, William M OS
108 West Third Avenue
Warren PA 16365
CHAREPOO, MD, Khashaiar U
410 Market Street
Warren PA 16365
CLIFFORD, MD, F David FP
143 Pleasant Drive
Warren PA 16365
DESHPANDE, MD, Asha S P
5311 Teakwood Court
Erie PA 16506
ELVIR, MD, Ramon FP
211 East Main Street
Youngsville PA 16371
ENDRES, MD, Jay E FP
204 Willoughby Avenue
Warren PA 16365
ERICSSON, MD, Francis S OBG
Two Beaty Court
Warren PA 16365
FINO, MD, Julius A OBG
308 Market Street
Warren PA 16365
FRITZ JR, MD, Karl J R
Seven Ditmar Street
North Warren PA 16365
FURMAN, MD, Donald J PTH
2-12 Crescent Park West
Warren PA 16365
GABRESKI, MD, Robert G IM
103 St Clair Street
Warren PA 16365
HAUCH, MD, James F GS
103 St Clair Street
Warren PA 16365
IGNACIO, MD, Jose Y P
1284 Conewango Avenue
Warren PA 16365
IGNATIUS, MD, Paul F ORS
103 St Clair Street
Warren PA 16365
ISRAEL, MD, Robert H P
P O Box 239
Key Colony Beach FL 33051
JOHNSON, MD, Van W ORS
103 St Clair Street Suite D1
Warren PA 16365
KEVERLINE, MD, Paul O OPH
103 West St Clair Street
Warren PA 16365
KUHNEN, MD, Walter H R
112 Franklin Street
Warren PA 16365
LAREAU, MD, Daniel G R
Warren General Hospital
Warren PA 16365
LINN, MD, John L P
Box 249 198 North Stat
Warren PA 16365
MACKENZIE, MD, Charles E GS
103 St Clair Street
Warren PA 16365
MALJOVEC, MD, Joseph J OBG
304 Quaker Hill Road
Warren PA 16365
MANN JR, MD, William M P
Warren State Hospital
Warren PA 16365
MCCONNELL JR, MD, David M PD
145 Pleasant Drive
Warren PA 16365
MCGEARY, MD, James E FP
143 Pleasant Drive
Warren PA 16365
MCNETT, MD, Dale L IM
1043 East Fifth Avenue
Warren PA 16365
MORGAN, MD, Jeffrey F OTO
808 Pennsylvania Avenue West
Warren PA 16365
MORY, MD, Stephen C FP
143 Pleasant Drive
Warren PA 16365
MULL, MD, Joseph C FP
511 South Main Street
Sheffield PA 16347
NIELSON JR, MD, Robert P FP
708 Mcpherson Street
Warren PA 16365
PATEL, MD, Suresh M P
Warren State Hospital
Warren PA 16365
PATHAK, MD, Hridayesh K P
Warren State Hospital
Warren PA 16365
PETERS, MD, Richard A GP
211 East Main Street
Youngsville PA 16371
RAJ, MD, Dhan AN
40 Elmwood
North Warren PA 16365
RILEY, MD, Veryl M OBG
Old Warren & Jamestown Roads
Russell PA 16345
ROBERTSON, MD, John L IM
Two Hertzel Street
Warren PA 16365
SANGHI, MD, Jodh K P
106 Penn Avenue Company
Warren PA 16365
SIMONSEN, MD, Ronald W FP
341 Bird Avenue
Warren PA 16365
SIVAK, MD, Stanley J GP
R D 1 Box 61
Youngsville PA 16371
SMITH, MD, Robert G GS
Three Quahog Lane
Savannah GA 31411
SNEAD, MD, Kenneth P
89 Lowry Avenue
Pittsburgh PA 15222
TAYLOR JR, MD, Fred R FP
143 Pleasant Drive
Warren PA 16365
TURBESSI, MD, Albert J FP
103 St Clair Street
Warren PA 16365
WALTERS, MD, William S FP
514 West Third Avenue
Warren PA 16365
WEISS, MD, Robert J OPH
104 St Clair Street
Warren PA 16365

WASHINGTON

ABERNATHY, MD, Ernest L PTH
1086 North Main Street
Washington PA 15301
ADAMS, MD, Rocco J IM
179 East Pike Street
Canonsburg PA 15317
ADLER, MD, Jon S FP
151 North Franklin Street
Washington PA 15301
ALCANTARA, MD, Vicente A R
2164 Truxton Drive
Pittsburgh PA 15241
AZCONA, MD, Oscar C GP
Meadowhill Medical Complex
Canonsburg PA 15317
BABU, MD, Vallabhaneni S DR
154 Lindenvale Drive
Mcmurray PA 15317
BADIALI, MD, S Charles FP
261 Crest Avenue
Washington PA 15301
BAIR, MD, Victor W GP
1107 Fayette Avenue
Belle Vernon PA 15012
BAKEWELL, MD, Frank S GS
27 Highland Avenue
Washington PA 15301
BAQUERO-BUENO, MD, GS
Mario R
P O Box 306
Canonsburg PA 15317
BARDZIL, MD, Joseph W FP
622 Robinhood Lane
Mcmurray PA 15317
BARTOS, MD, Sylvia A PD
Western Center
Canonsburg PA 15317
BAYER, MD, Joseph F PD
87 East Maiden Street
Washington PA 15301
BELL JR, MD, David M P
343 Thornwood Drive
Canonsburg PA 15317
BENTON, MD, Owen D P
Six South Main Street
Washington PA 15301
BHATT, MD, Naresh I END
202 Hague Lane
Uniontown PA 15401
BLASIOLE, MD, Ralph S OM
881 East Beau Street
Washington PA 15301
BLYTHE, MD, Peggy J A
539 Fallowfield Avenue
Charleroi PA 15022
BONESSI EXEC SEC, MRS COBY
218 Washington Trust Bldg
Washington PA 15301
BONI JR, MD, Dino R GE
380 West Chestnut Street
Washington PA 15301
BRANDON, MD, John M PTH
Monongahela Valley Hospital
Monongahela PA 15063
BRAUN, MD, Thomas M GP
918 Main Street
Bentleyville PA 15314
CABRERA, MD, Rafael OBG
90 West Chestnut Millcraft
Washington PA 15301
CANTERNA, MD, Anthony C ORS
380 West Chestnut Street
Washington PA 15301
CAPOBRES JR, MD, Rudolfo M AN
1400 Locust Street
Pittsburgh PA 15219
CARAZOLA, MD, Joseph H FP
2630 Pearce Drive 11-401
Clearwater FL 33520
CARUSO, MD, Garson M EM
209 East Edgewood Drive
Mcmurray PA 15317
CAVASINA, MD, Mary M GS
160 West Pike Street
Canonsburg PA 15317
CHADDAH, MD, Ashok IM
90 West Chestnut Street
Washington PA 15301
CHANGCO, MD, Alvaro N EM
P O Box 232
Cokeburg PA 15324
CHASLER, MD, Nicholas L PD
102 Wilma Drive
Brownsville PA 15417
CHO, MD, Yong D FP
Centerville Medical Group
Fredericktown PA 15333
CHRISTOFORETTI, MD, AN
Russell J
110 Sheffield Lane
Mcmurray PA 15317
CIBIK, MD, Lisa M OPH
750 East Beau Street
Washington PA 15301
CLEMENTS, MD, James K FP
970 Davis School Road
Washington PA 15301
COLANTONI, MD, William AN
Box K-326
Richeyville PA 15358
COPPULA, MD, Robert J IM
199 North Franklin Street
Washington PA 15301
CORTINOVIS, MD, Charles R AN
101 Woodside Drive
Mcmurray PA 15317
CORWIN, MD, Douglas T ORS
95 Leonard Avenue
Washington PA 15301
CULBERTSON, MD, Clayton E OBG
420 West Main Street
Monongahela PA 15063
CUNNINGHAM, MD, William L GS
502 Lincoln Avenue
North Charleroi PA 15022
DANEK, DO, John J FP
384 Leonard Avenue
Washington PA 15301
DAVIS, MD, Dennis FP
621 Robinhood Lane
Mcmurray PA 15317
DEHAAS, MD, David R OBG
95 Leonard Avenue
Washington PA 15301
DERIENZO, MD, Umberto A GP
625 Lincoln Avenue
North Charleroi PA 15022
EVANGELISTA, MD, Jesus S FP
825 South Main Street
Washington PA 15301
FAGIOLETTI, MD, Robert J FP
853 Jefferson Avenue
Washington PA 15301
FOLEY JR, MD, Edward L PD
105 Christman Avenue
Washington PA 15301
FOX, MD, Craig D FP
829 Jefferson Avenue
Washington PA 15021
FRAME, MD, David C ORS
95 Leonard Avenue
Washington PA 15301
FRONCZEK JR, MD, William M OPH
122 Stratford Drive
Mcmurray PA 15317
FUERST, MD, Nicholas E FP
151 North Franklin Street
Washington PA 15301
GABRIEL, MD, Daniel E GP
3944 Washington Road
Mcmurray PA 15317
GALLETTA, MD, Anthony S FP
114 Hutchinson Avenue
Canonsburg PA 15317
GOLOMB, MD, Norman G GP
811 West Main Street
Monongahela PA 15063
GORDON, DO, Sanford A DR
788 Elm Spring Road
Pittsburgh PA 15243
GUTKOWSKI, MD, S Leonard AN
R D 1 Box 209
Washington PA 15301
HAHN, MD, Richard M IM
69 East Beau Street
Washington PA 15301
HALL JR, MD, John H IM
199 North Franklin Street
Washington PA 15301
HAUSER, MD, John R IM
1025 Country Club Road
Monongahela PA 15063
HEADLEY, MD, Chauncey R OBG
95 Leonard Avenue
Washington PA 15301
HESS JR, MD, Grant E GP
115 Wilmont Avenue
Washington PA 15301
HISRICH, MD, Glenn D ORS
95 Leonard Avenue
Washington PA 15301
HSU, MD, Shien S FP
303 West Lincoln Avenue
Mcdonald PA 15057
HUGHES, MD, Joseph P FP
P O Box 1764
Pinehurst NC 28374
HUGHEY, MD, James R GP
522 Pangola Drive Tropic T
North Fort Myers FL 33903
JAYAKUMAR, MD, NEP
Subramoniam
35 Paul Drive
Washington PA 15301
JONES, MD, George J U
416 Wilson Avenue
Washington PA 15301
KARAMCHETI, MD, Anand U
27 Highland Avenue
Washington PA 15301
KILPATRICK, MD, William F IM
1025 Country Club Road
Monongahela PA 15063
KIM, MD, Kun H ORS
Brownsville General Hospital
Brownsville PA 15417

KIM, MD, Song K GP
23 North Central Avenue
Canonsburg PA 15317
KITSKO, DO, Dennis FP
151 North Franklin Street
Washington PA 15301
KITTRELL, MD, William H FP
212 East Mcmurray Road
Canonsburg PA 15317
KLEIN, MD, Fred S GP
107 Green Ridge Drive
Monongahela PA 15063
KOMALAHIRANYA, MD, OBG
Amnuay
P O Box 498
California PA 15419
KOMALAHIRANYA, MD, Usa E AN
P O Box 498
California PA 15419
KOMEN, MD, Supote S CD
1025 Country Club Road
Monongahela PA 15063
KOTTNER JR, MD, W Wallace IM
199 North Franklin Street
Washington PA 15301
KROSNOFF, MD, Michael GS
95 Leonard Avenue
Washington PA 15301
KUMAR, MD, Ashok IM
116 Phillips Drive
Mcmurray PA 15317
KUMAR, MD, Pradeep GE
116 Phillips Drive
Mcmurray PA 15317
LANE, MD, John F PM
805 Ruple Lane
Washington PA 15301
LANGENHEIM, MD, OBG
Geosette A
309 Fifth Street
Charleroi PA 15022
LARGE, MD, Fred D GP
226 Main Street
Claysville PA 15323
LE, MD, Danh V DR
1644 Pinetree Drive
Pittsburgh PA 15241
LESLIE, MD, David C OBG
95 Leonard Avenue
Washington PA 15301
LESNOCK, MD, Robert G IM
40 Samuel Drive
Washington PA 15301
LESTER, MD, Daniel E CD
P O Box 6
Key Colony Beach FL 33051
LEWIS, MD, Thomas J U
300 Elm Drive
Canonsburg PA 15317
LONG, MD, Richard A IM
170 Sweeney Circle Drive
Belle Vernon PA 15012
MALAYIL, MD, Michael T P
150 West Beau Street
Washington PA 15301
MAMROS, MD, Mark A FP
76 Colonial Drive
Washington PA 15301
MARTIN JR, MD, John B IM
R D 1 Box 141a
Fredericktown PA 15333
MARTINA, DO, Peter A FP
67 East Pike Street
Cannonsburg PA 15317
MARTINEZ, MD, Jess M EM
101 Sandpiper Lane
Venetia PA 15367
MCCABE, MD, John S TS
95 Leonard Avenue
Washington PA 15301
MCCARRELL, MD, John K GP
Hickory PA 15340
MCMAHAN, MD, Joseph N GS
622 North Main Street
Washington PA 15301
MCMAHON, MD, William J R
74 Stonehenge Drive
Washington PA 15301
MCMASTER, MD, Gilbert B AN
111 Robinhood Lane
Mcmurray PA 15317
MEINDL, MD, George T DR
Washington Hospital
Washington PA 15301
MERZI, MD, Allen J GS
95 Leonard Avenue
Washington PA 15301
MILLER, MD, Clarke T EM
R D 1
Avella PA 15312
MINTEER, MD, Jeffrey F FP
155 Wilson Avenue
Washington PA 15301
MITTELL, MD, David C FP
129 Rockingham Lane
Mcmurray PA 15317
MOSIENKO, MD, Keith D EM
122 Sheffield Lane
Mcmurray PA 15317
NEMANI, MD, Pandharinath ORS
Park Shopping Center
Monessen PA 15062

NICHOLLS, MD, S Glenne GP
37 Highland Avenue
Washington PA 15301
NIES, MD, Gerald F OTO
750 East Beau Street
Washington PA 15301
NOBLE, MD, Ellenetta B GP
339 East Beau Street
Washington PA 15301
OSOWSKI, MD, Thad AN
Monongahela Valley Hospital
Monongahela PA 15063
OSULLIVAN, MD, Cornelius P DR
207 Allenberry Circle
Mt Lebanon PA 15234
PACKOVICH, MD, Milan J IM
117 Joseph Blvd
Weirton WV 26062
PALUSO, MD, Eugene F OTO
380 West Chestnut Street
Washington PA 15301
PALUSO, MD, John R EM
60 East Beau Street
Washington PA 15301
PANICCO, DO, Richard J GE
3515 Washington Road
Pittsburgh PA 15317
PARENT JR, MD, Fernand N GS
426 West Main Street
Monongahela PA 15063
PARESO, MD, James D GS
95 Leonard Avenue
Washington PA 15301
PATAKI, MD, Richard S PTH
Washington Hospital
Washington PA 15301
PETRO, MD, Dimitri M GP
718 Mckean Avenue
Donora PA 15033
PHANSE, MD, Kalyani M OBG
3909 North Washington Road
Mcmurray PA 15317
PIPER, MD, Russell W FP
17 Green Cresent Drive
Washington PA 15301
PIRRIS, MD, John U
416 Wilson Avenue
Washington PA 15301
PIZZI, MD, Wilson B N
18 Wilson Avenue
Washington PA 15301
PORTZ, MD, Matthew C FP
824 North Main Street
Washington PA 15301
PROUDFIT, MD, J Paul IM
70 East Beau Street
Washington PA 15301
RAWNSLEY, MD, Herbert H OBG
95 Leonard Avenue
Washington PA 15301
REARDON JR, MD, Paul L FP
380 Wilbert Avenue
Washington PA 15301
RICHARDSON, MD, James E GP
55 Highland Avenue
Washington PA 15301
RICHARDSON, MD, Ross E EM
R D 4 Box 168
Eighty Four PA 15330
RIZK, MD, Wafa I FP
R D 2 Box 139-M
Jeannette PA 15644
RONGAUS, MD, William J US
Route 837 Box 196
Monongahela PA 15063
RUBEN, MD, Jerold R IM
820 East Beau Street
Washington PA 15301
RUBEN, MD, Malcolm E U
P O Box 1317
Washington PA 15301
RUEHL, MD, William W OTO
R D 2 Box 242
Washington PA 15301
RUSSELL, MD, Gary D FP
295 Leonard Avenue
Washington PA 15301
SAHAI, MD, Ashok K GS
155 Skyline Drive
California PA 15419
SAKACH, MD, Valerie A PD
400 Locust Avenue
Washington PA 15301
SALSBERRY, MD, Mark D FP
C/O Canon Family Medicine
Canonsburg PA 15317
SALVITTI, MD, E Ronald OPH
750 East Beau Street
Washington PA 15301
SCHEIB, MD, Frederick J OPH
212 Wilson Avenue
Washington PA 15301
SCHMIELER, MD, George C FP
Washington Hospital
Washington PA 15301
SCHMIELER, MD, George P GP
637 East Mcmurray Road
Mcmurray PA 15317
SHARMAN, MD, Michael H GP
R D 2 Box 14
Canonsburg PA 15317

SHELTON, MD, Joseph M D
20 Fairmont Avenue
Washington PA 15301
SIEGEL, MD, Joseph F PD
212 Global Bldg
Washington PA 15301
SIGNORELLA, MD, Louis FP
615 East Mcmurray Road
Mcmurray PA 15317
SILKO, MD, Gary J FP
95 Leonard Avenue
Washington PA 15301
SILVIS, MD, Harry J IM
95 Leonard Avenue
Washington PA 15301
SINCLAIR, MD, Catherine P GP
341 Waterdam Road
Mcmurray PA 15317
SMITH JR, MD, Perry C IM
69 East Beau Street
Washington PA 15301
SORENSEN, MD, Alfred L D
95 Leonard Avenue
Washington PA 15301
SPANOGIANS, MD, Angelo J GP
141 South Main Street #4
Burgettstown PA 15021
SPROWLS, MD, Jay R GP
Four West Pike
Houston PA 15342
STEPHENS, MD, Josephine M PD
701 West Main Street
Monongahela PA 15063
STINELY, MD, Regis W PTH
Washington Hospital
Washington PA 15301
STUTZ, MD, Martin GP
Six South Main Street
Washington PA 15301
TARWATER, MD, Doyle L FP
1110 Main Street
Bentleyville PA 15314
THOMAS, MD, Harold D IM
95 Leonard Avenue
Washington PA 15301
TIBBENS, MD, George F OPH
Six South Main Street
Washington PA 15301
TOROK, MD, Frank S FP
67 East Pike Street
Canonsburg PA 15317
TRIPOLI, MD, Charles J FP
50 Apple Valley Drive
Washington PA 15301
UY, MD, Henry T R
304 Oaklawn Drive
Pittsburgh PA 15241
VACCARO, MD, Philip F OS
129 Tower Street
Monongahela PA 15063
VALLEJO, MD, Manuel C GS
R D 1 Box 146-A Route 519
Canonsburg PA 15317
VANSTRIEN, MD, Adrian R IM
95 Leonard Avenue
Washington PA 15301
VAZQUEZ, MD, Jorge AN
Monongahela Valley Hosp-Anes
Monongahela PA 15063
VESELY, MD, John A GS
R D 2 Box 82-D
Monongahela PA 15063
WADHWANI, MD, Bhagwan J PUD
114 Alkim Drive
Brownsville PA 15417
WALTERS, MD, Bruce W P
1401 North Fourth Street
Purcell OK 73080
WEINSTEIN, MD, Maryann B FP
55 South Watson Avenue
Washington PA 15301
WELDON, MD, John F AN
125 Tower Street
Monongahela PA 15063
WHALEN, MD, Thomas J OBG
3855 Washington Road
Mcmurray PA 15317
WHITE, MD, David A IM
107 B Wakefield Road
Oak Ridge TN 37830
WODNICKI, MD, Moises P
401 Shady Avenue
Pittsburgh PA 15206
WORSHTIL, MD, Mark E FP
Washington Hospital
Washington PA 15301
ZAFAR, MD, Tasneem S PTH
768 Scrubgrass Road
Pittsburgh PA 15243
ZIEGLER, MD, Jay M FP
61 Blue Jay Drive R D 3
Washington PA 15301
ZINSSER, MD, Michael H OBG
95 Leonard Avenue
Washington PA 15301

WAYNE/PIKE

AUERBACH, DO, Jeffrey C IM
908 Pennsylvania Avenue
Matamoras PA 18336

BARATTA, MD, Pasquale D FP
Route 371
Damascus PA 18415
BROOKS, MD, Jane F HEM
501 Pennsylvania Avenue
Matamoras PA 18336
BUCKLEY, MD, Marina GP
9384 Pine Acres Terrace
Milford PA 18337
BUCKLEY, MD, Richard E IM
9384 Pine Acres Terrace
Milford PA 18337
CERON, MD, Gabriel R
Two Hillcrest Road
Honesdale PA 18431
DAVIS, MD, William F FP
1325 North Main Street
Honesdale PA 18431
DEWAR, MD, William R FP
Box 183-A
Tafton PA 18464
DEWAR III, MD, William R IM
Box 183-A
Tafton PA 18464
EVEN, MD, Leroy M PD
R D 1 Box 400
Honesdale PA 18431
GUTHERZ, MD, Philip C IM
650 Park Street
Honesdale PA 18431
JANZE, MD, Victor GP
239 Belmont Street
Waymart PA 18472
KOHRT, MD, Alan E PD
415 Park Street
Honesdale PA 18431
KUBER, MD, Matthew T CD
R D 4 Box 249
Honesdale PA 18431
KUTCH, MD, James D IM
R D 4 Box 250
Honesdale PA 18431
LAYTON, MD, Bradley W FP
1322 Main Street
Honesdale PA 18431
LEE, MD, Young W PTH
250 Ridge Street
Honesdale PA 18431
LIU, MD, Philip G OTO
650-2 Park Street
Honesdale PA 18431
LIU, MD, Rosita O ID
650-2 Park Street
Honesdale PA 18431
MAY, MD, Daniel C PD
R D 1 Box 400
Honesdale PA 18431
MERLO, DO, Francis A IM
307 Broad Street
Milford PA 18337
MILKS, MD, Carl J PD
415 Park Street
Honesdale PA 18431
MISTRY, MD, Meherwan J GS
402 Delaware Drive
Matamoras PA 18336
MORTON, MD, Robert J PD
415 Park Street
Honesdale PA 18431
NIESEN, MD, Emil T CD
R D 1
Honesdale PA 18451
OHEARNE, MD, John S IM
295 Terrace
Honesdale PA 18431
PARDINE, MD, Marilyn T GS
404 Keystone Street
Hawley PA 18428
PETKUS, MD, John A GP
Shohola PA 18458
PROPST, MD, Harry D GS
507 High Street
Honesdale PA 18431
PROPST-PROCTOR, MD, ORS
Sandra L
507 High Street
Honesdale PA 18431
SHISHAK, MD, Aryo A U
209 East High Street
Milford PA 18337
SIU, MD, Clare C IM
401 Broad Street
Milford PA 18337
STERNBURG, MD, Jon K FP
1500 North Main Street
Honesdale PA 18431
TALAGA, MD, Ronald N FP
R D 1 Box 430
Honesdale PA 18431
TIETJEN, MD, George W GS
507 High Street
Honesdale PA 18431
TULLY, MD, Vincent J GP
1325 Main Street
Honesdale PA 18431
WAKULCHIK, MD, Stephen D FP
1325 North Main Street
Honesdale PA 18431
WALKER, MD, Marcellus A IM
P O Box 1028
Honesdale PA 18431

YOO, MD, Hoon OBG
R D 1 Golf Hill
Honesdale PA 18431

WESTMORELAND

ABER, MD, John M GP
Walworth Medical Center
Greensburg PA 15601
ABOOSI, MD, Ali J PD
599 North Church Street
Mount Pleasant PA 15666
ABUL-FADL, MD, Yahya OS
603 North Church Street
Mount Pleasant PA 15666
ACOSTA, MD, Antonio E GE
231 Main Street
Irwin PA 15642
AHUJA, MD, Subash C PTH
Citizens General Hospital
New Kensington PA 15068
AL-SAADI, MD, Khaldon GS
603 North Church Street
Mount Pleasant PA 15666
ALI, MD, Abu N OTO
610 Jefferson Avenue
Jeannette PA 15644
ALMALLAH, MD, Ahmad Y GS
599 North Church Street
Mount Pleasant PA 15666
ALMALLAH, MD, Shadiya OBG
599 North Church Street
Mount Pleasant PA 15666
AMBROSE, MD, C Huber OTO
1200 South Magnolia Drive
Indialantic FL 32903
ANDERSON, MD, Victor S GS
1100 Summit Drive
Greensburg PA 15601
ANTOON JR, MD, Saleem J U
502 Fifth Street
New Kensington PA 15068
ARMANIOUS, MD, Adel W GS
600 Ligonier Street
Latrobe PA 15650
ASPINALL, MD, Alan R FP
Salem 22 Shopping Center
Delmont PA 15626
ASSANASEN, MD, Benja V PD
R D 1 Box 205
Avonmore PA 15618
ASSANASEN, MD, Charin IM
R D 1 Box 205
Avonmore PA 15618
AUSTIN, MD, George L GS
562 Shearer
Greensburg PA 15601
BAJWA, MD, Jagdeep K P
305 Seventh Street
New Kensington PA 15068
BAJWA, MD, Surinder S P
305 Seventh Street
New Kensington PA 15068
BALCITA, MD, Arthur L OBG
635 Fifth Avenue
New Kensington PA 15068
BALCITA JR, MD, Angel B IM
599 North Church Street
Mount Pleasant PA 15666
BANDARANAYAKE, MD, AN
Nisantha M
104 Downing Drive
Pittsburgh PA 15238
BANKACI, MD, Murat OTO
700 Pellis Road
Greensburg PA 15601
BARBER, MD, John V U
Professional Bldg
Greensburg PA 15601
BARNES II, MD, Arthur E IM
1260 Martin Avenue
New Kensington PA 15068
BARSOUM, MD, Adib H NS
R D 7 Old Route 30
Greensburg PA 15601
BARUA, MD, Subrata P ORS
R D 6 Box 142
Greensburg PA 15601
BAUM-BARVIE, MD, Alicia D
8700 Pennsylvania Avenue
North Huntingdon PA 15642
BAUTISTA, MD, Primo V PTH
Monsour Medical Center
Jeannette PA 15644
BAYANI JR, MD, Eladio Y U
610 Jefferson Avenue
Jeannette PA 15644
BEDGER JR, MD, Richard C AN
Latrobe Area Hospital
Latrobe PA 15650
BELLANCA JR, MD, Guy L GP
Westmoreland Hospital Assoc
Greensburg PA 15601
BERARDI, MD, Ronald S PTH
Latrobe Area Hospital
Latrobe PA 15650
BERBERICH, MD, Walter F IM
4002 East San Juan
Phoenix AZ 85018
BEREZ, MD, Franne R FP
3348 Sardis Road
Murrysville PA 15668

BERGQUIST, MD, Erick J ID
210 West Tacoma Avenue
Latrobe PA 15650
BERMAN, MD, Howard J CLP
139 Hartwood Drive
Pittsburgh PA 15208
BERNSTEIN, MD, Steven A U
335 Stoneybrooke Drive
Cheswick PA 15024
BEYER JR, MD, Francis D PTH
801 Casa Vita
Greensburg PA 15601
BLACKBURN, MD, Lawrence F IM
111 West Third Street
Greensburg PA 15601
BLATCHLEY, MD, Donald M D
225 Professional Bldg
Greensburg PA 15601
BLOOM, MD, Marvin A PUD
101 Clay Pike
North Huntingdon PA 15642
BORTZ, MD, Donald W IM
559 Shearer Street
Greensburg PA 15601
BOSCHA, MD, Kenneth W IM
107 Rocky Drive
Greensburg PA 15601
BOYLE, MD, Bruce C OBG
559 Shearer Street
Greensburg PA 15601
BRADY, MD, Douglas F GS
448 Ridge Avenue
New Kensington PA 15068
BRAHOS, MD, Anthony G FP
West Hill Drive #B-22
Greensburg PA 15601
BRALLIER, MD, Hugh W FP
774 Laurel Drive
Ligonier PA 15658
BRANT, MD, Carl E OPH
743 Sagamore Hill Road
Greensburg PA 15601
BRICKLEY, MD, Richard S AN
532 West Pittsburgh Street
Greensburg PA 15601
BROWN, MD, Donald C GS
100 Pennsylvania Avenue
Irwin PA 15642
BRUNO, MD, Maria A OBG
15 Maryland Place
Jeannette PA 15644
BULLARD JR, MD, Ray E P
Torrance State Hospital
Torrance PA 15779
BURES, MD, J Conrad PTH
Latrobe Area Hospital
Latrobe PA 15650
BURSALI, MD, Salahattin IM
599 North Church Street
Mount Pleasant PA 15666
CAMPANA, MD, Frederick T US
219 Gross Street
Pittsburgh PA 15224
CANNON, MD, Arthur G PD
R D 7 Slate Run Off Bldg
Greensburg PA 15601
CAPONE, MD, Ralph A IM
618 Jefferson Avenue
Jeannette PA 15644
CARAMANNA, MD, James F IM
305 Nobile Vista
Greensburg PA 15601
CARETTI, MD, J William OBG
559 Shearer Street
Greensburg PA 15601
CARTER, MD, Donald L OBG
614 Fourth Avenue
New Kensington PA 15068
CARTER, MD, J Stephen P
Nine Spring Run Road
Greensburg PA 15601
CASPER, MD, Daniel R IM
305 Seventh Street
New Kensington PA 15068
CASTILLO, MD, Francisco A R
511 Buckingham Drive
Greensburg PA 15601
CATALANO, MD, Kathleen F PD
333 Old Airport Road
Greensburg PA 15601
CATALANO JR, MD, Louis W N
333 Old Airport Road
Greensburg PA 15601
CAWOG, MD, Antoine F FP
70 Lincoln Way East
Jeannette PA 15644
CERNE, MD, Andrew J OS
Herminie PA 15637
CHANDRASEKARAN, MD, GE
Sannasie
2900 Memorial Blvd
Connellsville PA 15425
CHANG, MD, Charles H OBG
One Braddock Road
Mount Pleasant PA 15666
CHAVERN, MD, Hugh E P
P O Box 470
Greensburg PA 15601
CHEN, MD, George T H AN
Jeannette Hospital
Jeannette PA 15644

CHENG, MD, David T L CD
4318 Northern Pike
Monroeville PA 15146
CHRISTIANSON, MD, Alan D FP
22 West Fourth Avenue
Latrobe PA 15650
CHUNG, MD, Yoon Jin PM
P O Box 610
Jeannette PA 15644
CLARK, MD, Ann K OBG
1010 Ligonier Street
Latrobe PA 15650
CLEARFIELD, MD, Ronald J R
Citizens General Hospital
New Kensington PA 15068
CLEMENTS, MD, David H
448 Ridge Avenue
New Kensington PA 15068
COBETTO, MD, Bernard H DR
116 Barclay Street
Greensburg PA 15601
COLE EXEC DIR, MD, Richard S
207 Coulter Building
Greensburg PA 15601
CONTE, MD, Robert R OBG
1010 Ligonier Street
Latrobe PA 15650
COOK, MD, Randall C IM
880 Main Street
Latrobe PA 15650
COSTELLO, MD, Ralph M PTH
P O Box E
Pleasant Unity PA 15676
COUCH, MD, F Boyd GS
365 Moyhend Street
Springdale PA 15144
COURTNEY, MD, William B OBG
559 Shearer Street
Greensburg PA 15601
CREPPS JR, MD, Joseph T GS
104 La Costa
Greensburg PA 15601
CROUSE, MD, George W GP
R D 6 Box 83
Greensburg PA 15601
CROYLE, MD, Ray W PD
P O Box 8
New Kensington PA 15068
CRUDO, MD, Chito M GS
25 Fayette Street
Belle Vernon PA 15012
CURRIE, MD, Philip W OBG
1010 Ligonier Street
Latrobe PA 15650
DAGHIR, MD, John N FP
301 Albina Way
Latrobe PA 15650
DAKIN, MD, Theodora P GP
2121 North Ocean Blvd #901e
Boca Raton FL 33431
DATTA, MD, Tapan D AN
Citizens General Hospital
New Kensington PA 15068
DAVIE, MD, Frank M GS
163 Columbia Avenue
Vandergrift PA 15690
DAVIS, MD, Helen A P OPH
609 North Church Street
Mt Pleasant PA 15666
DAVOLI, MD, Robert L FP
217 North Shenandoah
Latrobe PA 15650
DEBIAS, MD, Dennis A FP
301 Albina Way
Latrobe PA 15650
DEBIASSE, MD, Timothy A PD
3950 William Penn Highway
Murrysville PA 15668
DEBONIS-OREILLY, MD, GP
Maryellen
Eight Lepointe Drive
Greensburg PA 15601
DECOSMO, MD, Vincent J FP
221 West Loyalhanna Street
Ligonier PA 15658
DEFRANCESCO, MD, Charles A AN
Westmoreland Hospital
Greensburg PA 15601
DEGREGORY, DO, Thomas R FP
Walworth Medical Center
Greensburg PA 15601
DEJESUS, MD, Robert GE
545 Rugh Street
Greensburg PA 15601
DEMEZZA, MD, Angelo IM
1275 South Main Street
Greensburg PA 15601
DEMILIO, MD, Terrance A FP
330 Weldon Street
Latrobe PA 15650
DESAI, MD, Bharati P PD
Huntingdon Place
Mount Pleasant PA 15666
DESAI, MD, Praful V U
Huntingdon Place
Mount Pleasant PA 15666
DESIMONE, MD, John S FP
Greenview Arms Apartments
Greensburg PA 15601
DIDDLE, MD, Kenneth W CD
601 Michigan Avenue
Jeannette PA 15644

DOHERTY, MD, Joseph C GP
712 Brinker Avenue
Latrobe PA 15650
DONCASTER, MD, Richard M HS
R1 K2 Kinnaird Point
Worton MD 21678
DONOVAN, MD, Byron L AN
R D 4 Box 114a
Titusville PA 16354
DOTTERWAY, MD, Blanche E GP
37 Avenue A
Latrobe PA 15650
DULL, MD, James A GS
559 Shearer Street
Greensburg PA 15601
EGLESTON, MD, L Allan GS
Norvelt Medical Center
Norvelt PA 15674
EISEMAN JR, MD, Paul C ORS
P O Box 27
Latrobe PA 15650
EL-ATTRACHE, MD, Mamdouh F FP
Orchard Hill
Mount Pleasant PA 15666
ELHILLAL, MD, Mohammad F GS
101 Lincoln Way West
Jeannette PA 15644
ELIAS, MD, Farid J GS
905 Spruce Street
Irwin PA 15642
ESSIG, MD, Michael J FP
436 Slate Run Road
Greensburg PA 15601
EVANS, MD, Terry L HEM
559 Shearer Street
Greensburg PA 15601
FERGUSON, MD, Robert H IM
562 Shearer Street
Greensburg PA 15601
FLANNAGAN, MD, Samuel W OBG
600 Ligonier Street
Latrobe PA 15650
FLEEGLER, MD, Saul M IM
Craigdell Road
New Kensington PA 15068
FLORENTIN, MD, Heriberto M OBG
301 Brimstone Building
Connellsville PA 15425
FONG, MD, Jake FP
35 Fairway Drive
Greensburg PA 15601
FOSTER, MD, Walter D R
Maplewood Terrace
Greensburg PA 15601
FREEDBERG, MD, Lawrence E U
600 Ligonier Street
Latrobe PA 15650
FRIEDMAN, MD, Bart J R
Citizens General Hospital
New Kensington PA 15068
FRONDUTI, MD, Lucian J GS
906 Heritage House
Madeira Beach FL 33708
FUSIA JR, MD, Donald A IM
448 Ridge
New Kensington PA 15068
GAVIN, MD, George M FP
220 Orchard Drive
Latrobe PA 15650
GENATO, MD, Jaime M EM
1330 Dellview Drive
Greensburg PA 15601
GERGER, MD, Joseph P FP
601 Michigan Avenue
Jeannette PA 15644
GESSNER, MD, Thomas P PD
1100 Ligonier Street
Latrobe PA 15650
GIBSON, MD, F Clay GP
918 Fairmont Street
Latrobe PA 15650
GIBSON, MD, Ken FP
Carriage House #4
Latrobe PA 15650
GILLESPIE, MD, Harry K PD
1825 Pennsylvania Avenue
Irwin PA 15642
GLASSER, MD, Stuart A D
859 South Main Street
Greensburg PA 15601
GOLDSTROHM, MD, Gregg L ORS
507 West Newton Street
Greensburg PA 15601
GORDON, MD, Harold E PTH
117 South St Clair Street
Ligonier PA 15658
GORDON, MD, Milton S GP
622 Fourth Avenue
New Kensington PA 15068
GRABIAK, MD, Gregory D OTO
Central Medical Arts Building
Greensburg PA 15601
GUPTA, MD, Krishna G U
245 Elm Tree Road
New Kensington PA 15068
HAAS, MD, Donald D DR
27 Bennett Lane
Greensburg PA 15601
HANES, MD, Kenneth F GP
270 Mckenzie Drive
Pittsburgh PA 15235

HANNA, MD, Salah G GP
698 Pittsburgh Street
Springdale PA 15144
HARRISON, MD, Frank D R
Citizens General Hospital
New Kensington PA 15068
HARTMAN, MD, H King OPH
516 Pellis Road
Greensburg PA 15601
HATTOUM, MD, Pittagore OBG
8700 Pennsylvania Avenue
North Huntingdon PA 15642
HAUGER, MD, Harold N OPH
12828 Dornoch Court
Fort Myers FL 33912
HAZLETT JR, MD, Walter S GP
501 Weldon Street
Latrobe PA 15650
HENDRICKS, MD, Douglas L PS
4874 Cole Road
Murrysville PA 15668
HERRON, MD, Eugene W FP
P O Box D
Delmont PA 15626
HERSHOCK, MD, Bruce A ORS
1010 Jefferson Street
Latrobe PA 15650
HOFFMAN, MD, William J DR
Latrobe Area Hospital
Latrobe PA 15650
HOLST, MD, Robert A NS
405 Depot Street
Latrobe PA 15650
HOSSAIN, MD, Ayesha FP
72 Briarwood Drive
Jeannette PA 15644
HOUSTON, MD, James L GYN
344 Freeport Street
New Kensington PA 15068
HUGHES, MD, William M CD
102 North Third Street
West Newton PA 15089
HUNTER, MD, George R IM
610 Jefferson Avenue
Jeannette PA 15644
ICLI, MD, Nadir AN
303 Elm Drive
Greensburg PA 15601
IDUCOVICH, MD, Nicholas OS
1103 Hawthorne Place
New Kensington PA 15068
JABBOUR, MD, Nabil FP
337 Harvey Street
Greensburg PA 15601
JABBOUR, MD, Victor F FP
777 Harvey Avenue
Greensburg PA 15601
JABLONSKY, MD, Albert IM
209 North First Street
Jeannette PA 15644
JAKUBEK, MD, Donald J FP
502 Depot Street
Latrobe PA 15650
JANA, MD, Barid B GS
261 East Crawford Avenue
Connellsville PA 15425
JAVAN, MD, Mehdi B GS
636 Fourth Avenue
New Kensington PA 15068
JETTER, MD, Walter W PTH
2601 South Roosevelt Blvd
Key West FL 33040
JOHNSON, MD, Walter K IM
R D 1 Box 444-A
New Kensington PA 15068
KAMINSKI, MD, Thomas N IM
One Braddock Road
Mount Pleasant PA 15666
KANG, MD, Shin W AN
Frick Community Health Center
Mount Pleasant PA 15666
KAR, MD, Dilip S OBG
807 Ligonier Street
Latrobe PA 15650
KATZ, MD, Jerald M U
600 Ligonier Street
Latrobe PA 15650
KAUR, MD, Prakash PD
311 Seventh Street
New Kensington PA 15068
KAZANGY, MD, Falih R IM
5127 Provincial Drive
Bloomfield Hills MI 48013
KEARNEY, MD, Joseph A DR
545 Rugh Street
Greensburg PA 15601
KECK, MD, William S OPH
516 Pellis Road
Greensburg PA 15601
KENNEN JR, DO, Eugene W ORS
610 Jefferson Avenue
Jeannette PA 15644
KERR JR, MD, Clark M FP
12895 Route 30
North Huntingdon PA 15642
KETTERING, MD, Donald L PUD
Pulmonary & Critcal Care Med
Greensburg PA 15601
KEVENK, MD, Kerim C R
1262 Laurel View Drive
Johnstown PA 15905

KHALIL, MD, Karim OBG
905 Spruce Street
Irwin PA 15642
KHAN, MD, Anwarullah CD
1100 Ligonier Street
Latrobe PA 15650
KIM, MD, Dong H GS
Physicians Bldg
Jeannette PA 15644
KIM, MD, Yong Il AN
Frick Community Health Center
Mount Pleasant PA 15666
KIM, MD, Youn H AN
Frick Community Health Center
Mount Pleasant PA 15666
KING, MD, Arthur H GP
125 Second Street
West Newton PA 15089
KINNEY, MD, Mary S FP
200 South Market Street
Ligonier PA 15658
KLIEGER, MD, Herman L PTH
Citizens General Hospital
New Kensington PA 15068
KOSTER, MD, Lee H U
634 Fourth Avenue
New Kensington PA 15068
KREGER JR, MD, Oliver J GP
Nine Penn Drive
Monessen PA 15062
KRISHNAPPA, MD, Boriah N FP
R D 3 Box B8
Irwin PA 15642
KROUSE, MD, John M TS
401 Depot Street
Latrobe PA 15650
KUMAR, MD, V Hema GP
Southwest Medical Mall
Youngwood PA 15697
KUMAR, MD, V Rama FP
Southwest Medical Mall
Youngwood PA 15697
KUNDA, MD, Gopal D AN
249 Lynn Ann Drive
New Kensington PA 15068
LACE, MD, Thomas E PD
1100 Ligonier Street
Latrobe PA 15650
LAFONTANT, MD, Robert R GS
Medical Arts Bldg Suite 301
Greensburg PA 15601
LALLY, MD, Patrick T OPH
1100 Ligonier Street
Latrobe PA 15650
LAZZARO, MD, Theodore A PS
Medical Arts Bldg
Greensburg PA 15601
LEE, MD, Jong Y AN
Westmoreland Hospital
Greensburg PA 15601
LEIGH, MD, Rewng GS
Medical Arts Bldg
Natrona Heights PA 15065
LEONE, MD, Guy R AN
215 Underwood Avenue
Greensburg PA 15601
LEONIDA, MD, Elfren L FP
R D 6 Box 1923
Mount Pleasant PA 15666
LEVINE, MD, Jacob PTH
1000 Spanish River Road #K4
Boca Raton FL 33432
LEVINSON, MD, William D GP
530 Main Street
Mount Pleasant PA 15666
LEWIS, MD, Henry C IM
543 Hamel Avenue
Greensburg PA 15601
LIGHT, MD, Wilma C PDA
1100 Ligonier Street
Latrobe PA 15650
LIM, MD, Young K PD
599 North Church Street
Mount Pleasant PA 15666
LINVILLE, MD, Terry L FP
Saltsburg Family Practice
Saltsburg PA 15681
LIPANA, MD, Oscar N R
Frick Community Hospital
Mount Pleasant PA 15666
LISKA, MD, John R U
12 Wren Drive
Hilton SC 29928
LISOWITZ, MD, Gerald M P
226 South Maple Avenue
Greensburg PA 15601
LUBOW, MD, Harry FP
9801 Collins Avenue
Bal Harbour FL 33154
LUNDIE, MD, William M IM
451 Utopia Road
Apollo PA 15613
LUTHRA, MD, Damyanti OBG
3058 Leechburg Road
Lower Burrell PA 15068
LUTHRA, MD, Manmohan S IM
100 Nanak Drive
Lower Burrell PA 15068
LYNCH, MD, James R R
Monsour Medical Center
Jeannette PA 15644

LYNN, MD, Richard E IM
One Braddock Avenue
Mount Pleasant PA 15666
MACPHAIL, MD, John A ORS
610 Jefferson Avenue
Jeannette PA 15644
MAHALINGAPPA, MD, C ORS
333 Fallowfield Avenue
Charleroi PA 15022
MAIDA, MD, Frank V FP
107 East Main Street
Mount Pleasant PA 15666
MAKDAD, MD, Ameene G GP
539 Greene Street
Greensburg PA 15601
MALETTA, MD, Karen A FP
104 West Second Avenue
Latrobe PA 15650
MAMO, MD, George E P
Latrobe Area Hospital
Latrobe PA 15650
MANKOVICH, MD, Paul A GP
731 Walnut Street
Latrobe PA 15650
MARIANO JR, MD, Benedicto P R
Jeannette Dist Memorial Hosp
Jeannette PA 15604
MARSH, MD, William E U
226 South Fifth Street
Jeannette PA 15644
MARTINEZ, MD, Juan C AN
Monsour Medical Center
Jeannette PA 15644
MAXWELL, MD, Doris B GS
559 Shearer Street
Greensburg PA 15601
MAYHEW, MD, J Morgan PTH
Sherwood Oaks Box 133
Mars PA 16046
MAYO, MD, James P OBG
Greengate East #13
Greensburg PA 15601
MAZERO, MD, John R IM
Latrobe Area Hospital
Latrobe PA 15650
MCARDLE, MD, David Q EM
56 Briarwood Drive
Jeannette PA 15644
MCCLOY, MD, Merritt J GP
R D 6 Box 2636
Mount Pleasant PA 15666
MCCLUNG, MD, Larry S FP
200 Delberta Road
Lower Burrell PA 15068
MCCLURE, MD, Thomas D DR
Latrobe Area Hospital
Latrobe PA 15650
MCFADDEN, MD, Debra R FP
101 Washington Avenue
Oakmont PA 15139
MCGEARY, MD, Lester E PD
448 Ridge Avenue
New Kensington PA 15068
MCGRATH, DO, Robert C FP
505 N 4th St
Youngwood PA 15697
MCGRATH, DO, William J IM
1275 South Main Street
Greensburg PA 15601
MCHUGH, MD, Regis W D
1068 Saybrook Drive
Greensburg PA 15601
MCMURRAY, MD, Henry A OTO
175 Hawksworth Road
Greensburg PA 15601
MCWILLIAMS, MD, Fred D IM
70 Lincoln Highway East
Jeannette PA 15644
MEMON, MD, Mohammad K IM
1100 Ligonier Street
Latrobe PA 15650
MEYER, MD, David G DR
611 Westshire Drive
Greensburg PA 15601
MIRANDA, MD, Ralph A FP
R D 12 Box 108
Greensburg PA 15601
MONSOUR, MD, Geoffrey B FP
Clearview
Greensburg PA 15601
MONSOUR, MD, Robert G GP
1500 Broad Street
Greensburg PA 15601
MONSOUR, MD, Roy C FP
408 Clay Avenue
Jeannette PA 15644
MONSOUR, MD, William J CD
Monsour Clinic
Jeannette PA 15644
MONTALBO, MD, Serafin A GP
109 Monticello Drive
Monroeville PA 15146
MOON, MD, Sung B AN
R D 2
Jeannette PA 15644
MORAN JR, MD, Thomas W GS
401 Depot Street
Latrobe PA 15650
MORROW, MD, Herbert J GP
P O Box 338
New Alexandria PA 15670

MORROW, MD, Thayer K PTH
Westmoreland Hospital
Greensburg PA 15601
MURCEK, MD, Martin A A
Med Arts Bldg Suite 101-2
Greensburg PA 15601
NAPLES, MD, Louis A GP
2400 Forest Drive
Inverness FL 32650
NASSUR, MD, Adnan K PUD
434 Main Street
Irwin PA 15642
NEGRO, MD, Attilio G OBG
1010 Ligonier Street
Latrobe PA 15650
NEWELL, MD, Paul M ID
503 Wendwood Manor
Greensburg PA 15601
NEWHOUSE, MD, Joseph J GP
117 Liberty Avenue
Belle Vernon PA 15012
NICOLETTE JR, MD, Anthony J DR
929 Country Club Drive
Greensburg PA 15601
NIKOULA, MD, Jawdat A FP
255 Maple Drive
Greensburg PA 15601
NINO, MD, Raymond F FP
102 Woodhaven Drive
Jeannette PA 15644
NSEIR, MD, Nawaf I NEP
562 Shearer Street
Greensburg PA 15601
OBER, MD, Henry E GP
206 Westmoreland Avenue
Greensburg PA 15601
OLIVER, MD, Orlando P GP
111 Second Street
Derry PA 15627
OSKIN, MD, Hilbert E P
Latrobe Area Hospital
Latrobe PA 15650
OVERLY, MD, Wylie L IM
1100 Ligonier Street
Latrobe PA 15650
OWEIDA, MD, Nizar N GS
638 Fourth Avenue
New Kensington PA 15068
PAE, MD, Dong W FP
606 Oak Street
Irwin PA 15642
PANTALONE, MD, Frank A ORS
797 East Pittsburgh Street
Greensburg PA 15601
PARK, MD, Byung S IM
907 Kunkle Drive
Greensburg PA 15601
PARKER, MD, John S IM
1100 Ligonier Street
Latrobe PA 15650
PATEL, MD, Mohan M IM
139 Washington Avenue
Vandergrift PA 15690
PATHEJA, MD, Jotinder K TR
Eight Chestnut Hill Drive
Greensburg PA 15601
PERRONE JR, MD, Frank P GS
559 Shearer Street
Greensburg PA 15601
PETERSON JR, MD, Jay B ORS
28 Windihill Drive
Greensburg PA 15601
PETRICK, MD, Thomas P GS
11 North Ligonier Street
Latrobe PA 15650
PIERCE, MD, Leslie S IM
217 South Pennsylvania Avenue
Greensburg PA 15601
PIFFERETTI, MD, Thomas W FP
R D 1
New Stanton PA 15672
PLUMMER, MD, Lloyd G OBG
559 Shearer Street
Greensburg PA 15601
PLUNDO, DO, David A GP
516 Pellis Road
Greensburg PA 15601
POBER, MD, Kenneth A IM
3348 Sardis Road
Murrysville PA 15668
PRITTS, MD, Rose M IM
545 Rugh Street
Greensburg PA 15601
PROMUBOL, MD, Yuwaree OBG
618 Jefferson Avenue
Jeannette PA 15644
RAMOS, MD, Clarita P FP
Health Care Medical Center
Bellevue PA 15222
RASHID, MD, Shaik A DR
129 Regal Court
Monroeville PA 15146
RATHGEB, MD, John M ORS
562 Shearer Street
Greensburg PA 15601
REEL, MD, Charles M OPH
362 Freeport Street
New Kensington PA 15068
REILLY JR, MD, Philip J GP
Box 749
Smithton PA 15479

RELIGIOSO, MD, Eloisa P PD
610 Jefferson Avenue
Jeannette PA 15644
RELIGIOSO, MD, Erson L IM
610 Jefferson Avenue
Jeannette PA 15644
REYNA, MD, Oscar D GP
328 Weldon Street
Latrobe PA 15650
ROMAN, MD, Stephen J RHU
60 South Washington Avenue
Greensburg PA 15601
ROSEN, MD, James A N
R D 2 Box 645
Greensburg PA 15601
ROST, MD, Kay S AN
P O Box 82
Rector PA 15677
ROTTSCHAEFER, MD, Bernard L IM
4750 Old William Penn Highway
Murrysville PA 15668
RYCKMAN, MD, William F FP
P O Box 395
Sutersville PA 15083
SACHAKUL, MD, Chitrinee OBG
585 Rugh Street
Greensburg PA 15601
SADEKNI, MD, Marwan E FP
213 N Shenandoah Drive
Latrobe PA 15650
SAGHAFI, MD, Darius NEP
Professional Plaza Suite 3
Lower Burrell PA 15068
SALATKA, MD, Karl W GS
638 Fourth Avenue
New Kensington PA 15068
SANDERS, MD, Robert E IM
66 Lakewood Road
Greensburg PA 15601
SANTAMARIA, MD, Frank R GS
R D 6 Box 1921
Mount Pleasant PA 15666
SARVER, MD, Ray G PD
1100 Ligonier Street
Latrobe PA 15650
SAUER, MD, Dieter U
545 Rugh Street
Greensburg PA 15601
SAWARDEKER, MD, Sandip U OBG
1260 Martin Avenue
New Kensington PA 15068
SCHEID JR, MD, John E GS
132 Claremont Drive
Lower Burrell PA 15068
SCHERER, MD, Bernard C FP
135 East Market Street
Blairsville PA 15717
SCHOWALTER, MD, Donald R IM
356 Freeport Street
New Kensington PA 15068
SCHULTZ, MD, Theodore A P
556 Hamel Avenue
Greensburg PA 15601
SCHWARTZ, MD, Jonathan GS
1260 Martin Avenue
New Kensington PA 15068
SEARFOSS, MD, Roger C ORS
210 Weldon Street
Latrobe PA 15650
SETTY, MD, Polepalli S IM
2900 Memorial Blvd
Connellsville PA 15425
SHAH, MD, Ratan S DR
Jeannette Dist Memorial Hosp
Jeannette PA 15644
SHAIKH, MD, M Nasir TS
60 South Washington Street
Greensburg PA 15601
SHARMA, MD, Jashwant K IM
221 Longfellow Street
Vandergrift PA 15690
SHARMA, MD, Kusum PTH
221 Longfellow Street
Vandergrift PA 15690
SHEDRO, MD, Hector CD
1260 Martin Avenue
New Kensington PA 15068
SHERMAN, MD, Henry K OTO
R D 7
Greensburg PA 15601
SHETE, MD, Leena P AN
11 Robin Road
Mckees Rocks PA 15136
SHETTY, MD, Ashok K IM
4212 Old William Penn Highway
Murrysville PA 15668
SHETTY, MD, Karunakar S DR
124 Lakeview Drive
Greensburg PA 15601
SHEVCHIK, MD, Grant J FP
101 Orchard Drive
Level Green PA 15085
SHOPE, MD, William B PD
312-A Denniston Avenue
Pittsburg PA 15206
SHUTTER, MD, Walter D FP
411 Washington Street
Ligonier PA 15658
SIEPER, DO, William J TR
Westmoreland Hospital
Greensburg PA 15601

SLEZAK, MD, Joseph A OBG
601 South Church Street
Mount Pleasant PA 15666
SLOANE, MD, Charles E GS
313 Seventh Street
New Kensington PA 15068
SMITH, MD, Jack D ORS
409 South Main Street
Greensburg PA 15601
SMITH, MD, Walter K FP
212 North Grant Street
Ligonier PA 15658
SNYDER JR, MD, Charles P OS
634 Brush Hill Road
Irwin PA 15642
SOLAN, MD, James A FP
217 Main Street
Fayette City PA 15438
SOLWAY, MD, Sydney A PTH
540 North Neville Street
Pittsburgh PA 15213
SONG, MD, Young J IM
1260 Martin Avenue
New Kensington PA 15068
SPEEDY, MD, Harry W IM
1100 Ligonier Street
Latrobe PA 15650
SPINO, MD, Pascal D PD
311 South Maple Avenue
Greensburg PA 15601
STEM JR, MD, Theodore B NEP
1506 Woodview Drive
Greensburg PA 15601
STEVENSON, MD, Peter T IM
Two Bel Aire Road
Delmont PA 15626
STILE, MD, Sabato A P
3485 Treeline Drive
Murrysville PA 15668
STUMPF, MD, Rebecca L FP
4750 Old William Penn Hwy
Murrysville PA 15668
SULLIVAN, MD, Thomas C GS
401 Depot Street
Latrobe PA 15650
SUNG, MD, Lee H NEP
405 Depot Street
Latrobe PA 15650
SWIERCZEWSKI, MD, Edward V FP
1212 Woodmont Ave
New Kensington PA 15068
TALAMO, MD, James M PD
1100 Summit Drive
Greensburg PA 15601
TALAMO, MD, Mary L PD
1100 Summit Drive
Greensburg PA 15601
TALAMO, MD, Robert J FP
2216 Woodmont Drive
Export PA 15632
TALAMO, MD, Thomas S PTH
Westmoreland Hospital
Greensburg PA 15601
TANTISIRA, MD, Somphong TS
618 Jefferson Avenue
Jeannette PA 15644
TESTA, MD, Joseph A GP
Corner Magee Ave & Sec Street
Jeannette PA 15644
THOMAS, MD, James H FP
Eastwood Pr Ct Pellis Road
Greensburg PA 15601
TOMCI, MD, George E FP
P O Box 213
Ligonier PA 15658
TONEY, MD, David M R
206 Morrison Avenue
Greensburg PA 15601
TORET, MD, Michel P FP
620 Clay Avenue
Jeannette PA 15644
TORIO, MD, Reynaldo M ORS
One Braddock Avenue
Mount Pleasant PA 15666
TROUT, MD, John A IM
545 Rugh Street
Greensburg PA 15601
TYMOCZKO, MD, Robert G IM
225 Morrison Avenue
Greensburg PA 15601
URBAN, MD, Robert R FP
R D 3
Belle Vernon PA 15012
VANDYK, MD, Klaas GS
600 Washington Street
Mount Pleasant PA 15666
VASUDEVAN, MD, Gopalan CD
507 West Newton Street
Greensburg PA 15601
VELEZ, MD, Rafael I AN
200 Thornberry Drive
Pittsburgh PA 15235
VENZON, MD, Norman A FP
Four Second Street
Jeannette PA 15644
VILLEGAS, MD, Emilio FP
Irwin Professional Center
Irwin PA 15642
VIN, MD, Prakash K IM
118 West Fourth Avenue
Derry PA 15627

VITTONE, MD, Ronald B OPH
1010 Ligonier Street
Latrobe PA 15650
WALOR OFFICE MGR, MRS MARGARET M
207 Coulter Bldg
Greensburg PA 15601
WANG, MD, Barbara K IM
1100 Ligonier Street
Latrobe PA 15650
WATKINS, MD, Gloria J PTH
South Church Street
Mount Pleasant PA 15666
WEINBERG, MD, Michael G FP
315 Depot Street
Latrobe PA 15650
WEINSTEIN, MD, David P DR
Citizens General Hospital
New Kensington PA 15068
WEISEL, MD, William M FP
Nine Highview Place
Greensburg PA 15601
WELTY, MD, Katherine K FP
110 West Second Avenue
Latrobe PA 15650
WHALEY, MD, Dana H DR
Latrobe Area Hospital
Latrobe PA 15650
WHITTEN, MD, Thomas L FP
70 Lincoln Way East
Jeannette PA 15644
WIDLAN, MD, Sheldon D
3856 Henley Drive
Pittsburgh PA 15235
WIGLE, MD, Arnold R ORS
1010 Jefferson Street
Latrobe PA 15650
WILLIAMS, DO, Mark S FP
305 Everson Avenue
Scottdale PA 15683
WILLIAMS, MD, Norman S TR
P O Box 925
Greensburg PA 15601
WILLIAMSON, MD, Edward L N
R D 7
Greensburg PA 15601
WILSON, MD, John S R
1040 Dearborn Circle
Greensburg PA 15601
WILSON, MD, Raymond N GP
317 Charles Avenue
New Kensington PA 15068
WITHERSPOON, MD, Robert G P
U S Route 30 Box 330
Latrobe PA 15650
WODZINSKI, MD, Steven F PUD
203 Medical Arts Building
Greensburg PA 15601
WOLFF, MD, Jeffrey M D
Professional Building Ste 225
Greensburg PA 15601
WONG, MD, Kevin M FP
196 Connor Drive
Jeannette PA 15644
WYSZOMIERSKI, MD, David A PUD
1100 Ligonier Street
Latrobe PA 15650
YANCHUS, MD, Robert M ORS
4923 Centre Avenue
Pittsburgh PA 15213
YOON, MD, Donald D GP
Monroeville Med Arts Bldg
Monroeville PA 15146
YOUNG, MD, Joseph M IM
529 Schoonmaker Avenue
Monessen PA 15062
ZAITOON, MD, Mohammad M U
609 North Church Street
Mount Pleasant PA 15666
ZELEZNIK, MD, Miroslav FP
312 East Main Street
Ligonier PA 15658
ZUCK, MD, Walter N R
Citizens General Hospital
New Kensington PA 15068

WYOMING

BENNER, MD, John N IM
Box 147
Meshoppen PA 18630
DAVENPORT, MD, Arthur B FP
74 Elm Street
Tunkhannock PA 18657
FRITZ, MD, Louisa J IM
P O Box 68
Lawton PA 18828
GARDNER, MD, John C FP
R D 1 Box 313a
Tunkhannock PA 18657
GERFIN, MD, Ernest R PTH
Tyler Memorial Hospital
Tunkhannock PA 18657
HOST, MD, William R GS
P O Box 680
Tunkhannock PA 18657
LANDIS, MD, Ray L FP
Saddle Lake Road
Tunkhannock PA 18657
MAJERNICK, DO, Thomas G EM
P O Box 279
Lake Winola PA 18625

MAST, MD, Clarence M FP
R D 3 Maynard Hill
Tunkhannock PA 18657
MORRIS JR, MD, Robert G R
R D 6
Tunkhannock PA 18657
RINEHIMER JR, MD, John S IM
P O Box 60 57
Tunkhannock PA 18657
SAYRE, MD, Rodger C FP
46 Main Street
North Cholson PA 18446
SCHELL JR, MD, Francis J EM
R D 5 Box 285-A
Tunkhannock PA 18657
SHELLY, MD, W Dayton GS
Box 680
Tunkhannock PA 18657
SHERWOOD, MD, Arthur W GP
133 West Tioga Street
Tunkhannock PA 18657
SOLIMAN, MD, Ezzat M ORS
Tyler Memorial Hospital
Tunkhannock PA 18657
SORBER, MD, Jon A IM
Box 147
Meshoppen PA 18630
TRUJILLO, MD, Rene AN
Tyler Memorial Hospital
Tunkhannock PA 18657
WELTMAN, MD, Gary R FP
P O Box 147
Meshoppen PA 18630
ZURAD, MD, Edward G FP
109 Main Street
Laceyville PA 18623

YORK

ADAMS, MD, Van D AN
1620 South Queen Street
York PA 17403
ADER, MD, Michael H PUD
315 Highland Avenue
Hanover PA 17331
AGARWAL, MD, TRS
Nikhileshwer N
1001 South George Street
York PA 17405
AIKEN, MD, Bradley M PM
York Hospital Dept Phy Med
York PA 17405
ALANDETE, MD, Alvaro PD
220 Potomac Avenue
Hanover PA 17331
ALESSI, MD, Carl F FP
York Hospital
York PA 17405
ALLINGHAM, DO, Larry A AN
300 Baltimore Street
Hanover PA 17331
ALPERT, MD, Jeffrey R GS
2028 Cresent Road
York PA 17403
ALTLAND, MD, Robert C OS
14 Water Street
Glen Rock PA 17327
AMSBAUGH, MD, Glenn A OTO
924 Colonial Avenue
York PA 17403
ANGELO, MD, John J PS
73459 Boxthorn Lane
Palm Desert CA 92260
ARDISON, MD, Gary W GP
260 School Street
York PA 17402
ATKINS, MD, John L IM
625 South George Street
York PA 17403
ATKINS, MD, Robert M P
1001 South George Street
York PA 17405
AZAR, MD, Albert A CHP
140 Scarboro Drive
York PA 17403
BACASTOW, MD, Merle S OS
191 Edgewood Drive
York PA 17403
BAERTL, MD, Juan M NTR
R D 1 Box 220
Fawn Grove PA 17321
BARLOW, DO, Alfred M US
958 East Market Street
York PA 17403
BAUER, MD, Thomas L GS
Brockie Medical Center
York PA 17403
BEAVEN, MD, Barry J FP
225 East Springettsbury
York PA 17403
BEEKEY JR, MD, Cyrus E NEP
272 Walnut Lane
York PA 17403
BENE, MD, Catherine H OPH
2913 East Prospect Road
York PA 17402
BENENSON, MD, Ronald S EM
1302 Hollywood Parkway
York PA 17403
BERMAN, MD, Ira J D
Dermatology Associates
York PA 17403
BERNSTINE, MD, Earl L GS
1776 South Queen Street
York PA 17403
BEST, MD, John W U
182M Dew Drop Road
York PA 17402
BHARGAVE, MD, Usha A PD
Box 304
York PA 17403
BHYUN, MD, Dae Soo R
1001 South George Street
York PA 17405
BITTINGER, MD, Ralph E GP
110 George Street
Hanover PA 17331
BLECKER, MD, David DR
2080 North Brook Circle
York PA 17403
BLOTZER, MD, John W IM
185 Gloria Drive
Jacobus PA 17407
BOBIN, MD, John J IM
C/O Northeastern Medical Ctr
Mount Wolf PA 17347
BORN, MD, Michael W PS
50 Wyntre Brooks Drive
York PA 17403
BORNT, MD, Marsha D GYN
2935 Stillmeadow Lane
York PA 17404
BORTNER, MD, Donald L FP
South Broad Street
New Freedom PA 17349
BOWERS, MD, Barbara A PD
174D Dew Drop Road
York PA 17402
BOYLE, MD, L Eamonn ON
Nine Rathon Road
York PA 17403
BREIN, MD, Kenneth R OPH
1945 Queenswood Drive
York PA 17403
BRIDE, DO, Thomas P AN
329 Kirkham Drive
York PA 17402
BRONITSKY, MD, Barbara G R
York Hosp 1001 S George St
York PA 17405
BROWN, MD, Michael E FP
337 West King Street
East Berlin PA 17316
BURKLE, MD, Joseph S NM
Greenspring Apartments
York PA 17402
BUSHWICK, MD, Bruce M FP
1001 South George Street
York PA 17405
BUSLER JR, MD, Verne M FP
848 Broadway
Hanover PA 17331
BUTERA, MD, Vincent ORS
1399 South Queen Street
York PA 17403
BUTLER, MD, Ivan L NS
2004 Crescent Road
York PA 17403
CALABRETTA, MD, Arthur M PS
50 Wyntre Brooke Drive
York PA 17403
CAMITTA, MD, Francine D END
2004 Crescent Road
York PA 17403
CANN III, MD, Thomas W IM
1601 South Queen Street
York PA 17403
CARPENTER, MD, Cathy P FP
P O Box 599
Ganado AZ 86505
CARPENTER, MD, Kim L FP
Cigna Healthplan Suite 100
Hialeah FL 33012
CARSON III, MD, John N NEP
York Hospital
York PA 17405
CARTER JR, MD, Joseph H OBG
3015 Eastrn Blvd Box 3511
York PA 17402
CHERRY, MD, Scott M N
1601 South Queen Street
York PA 17403
CHODROFF, MD, Charles H IM
York Hospital Dept Medicine
York PA 17405
CICCARELLI, MD, Clem A FP
564 Old York Road
Etters PA 17319
COHEN, MD, David L ORS
80 Wyntre Brooke Drive
York PA 17403
COHEN, MD, Merrill A US
1416D Atkins Avenue
Lancaster PA 17603
CONROY, MD, John J IM
174-O Dew Drop Road
York PA 17402
COSTELLO JR, MD, John M IM
I-97 Kings Arms At Waterford
York PA 17402
CRAIG, MD, Richard A AN
1620 South Queen Street
York PA 17403
CROVATTO, MD, Arthur C U
924 Colonial Avenue
York PA 17403
DABB, MD, Richard W PS
50 Wyntre Brooke Drive
York PA 17403
DALY JR, MD, Richard H FP
1930 Security Drive
York PA 17402
DANYO, MD, J Joseph ORS
908 South George Street
York PA 17403
DAUGHERTY, MD, Donald FP
P O Box 457
Windsor PA 17366
DAVIS, MD, Earl C OTO
924 Colonial Avenue
York PA 17403
DAVIS, MD, James H FP
3198 East Market Street
York PA 17402
DAVIS, MD, Robert M PS
R D 1 Scout Road
Felton PA 17322
DEISHER, MD, Samuel W OBG
1776 South Queen Street
York PA 17403
DELP, MD, William T OBG
1776 South Queen Street
York PA 17403
DEMASI, MD, Rocco J RHU
2020 Hollywood Parkway
York PA 17403
DEMILIO, MD, Mary T FP
132 South George Street
York PA 17401
DEPAMPHILIS, MD, Hy J IM
66 Laurel Drive
Hanover PA 17331
DEREWITZ, MD, Daniel L AN
805 Cortleigh Drive
York PA 17402
DEVAN, MD, W Todd GS
213 Eichelberger Street
Hanover PA 17331
DIETRICH, DO, Malcolm H FP
1300 East Market Street
York PA 17403
DOCKTOR, MD, John W OTO
Five Rathton Road
York PA 17403
DORSCH, MD, Carole A RHU
1001 South George Street
York PA 17405
DOUGLASS, MD, Paul H OBG
3015 Eastern Boulevard
York PA 17402
DUE, MD, Christopher F IM
815 Arlington Road
York PA 17403
DUNCAN, MD, Ralph E U
Apple Hill Medical Center
York PA 17403
EAGLE, MD, Perry A ORS
191 Leader Heights Road
York PA 17402
EDELMAN, MD, Barry J EM
R D 3 Box 3611
Spring Grove PA 17362
EDER JR, MD, George E EM
815 Rathton Road
York PA 17403
EHRHART, MD, Kenneth W PTH
Hanover General Hospital
Hanover PA 17331
ELLISON, MD, James H ORS
100 Penn Street
Hanover PA 17331
ESCARO, MD, Danilo U PTH
York Hospital
York PA 17405
ESKRIDGE, MD, Timothy H OPH
940 South Queen Street
York PA 17403
ETTER, MD, Russel H FP
55 Wyntre Brooke Drive
York PA 17403
EVANS, MD, Robert L IM
1050 South George Street
York PA 17403
FARKAS, MD, Robert W OBG
Box 163
Church Creek MD 21622
FERRENTINO, MD, Frank L PD
915 South Duke Street
York PA 17403
FILER, MD, Robert B END
1386 Sleepy Hollow Road
York PA 17403
FILER, MD, Wanda D P FP
1386 Sleepy Hollow Road
York PA 17403
FISHER, MD, Harold AI
955 South George Street
York PA 17403
FISHER, MD, Lawrence C OPH
1410 Detweiler Drive
York PA 17404
FISHER, MD, Roscoe L OPH
813 Madison Avenue
York PA 17404
FLACCAVENTO, MD, AN
Frederick G
1620 South Queen Street
York PA 17403
FLANDERS, MD, Elwood P OS
1575 Wayne Avenue
York PA 17403
FLICKINGER, MD, Frederick W NM
1405 Eastview Drive
Coralville IO 52241
FLOOD, MD, Jill T OBG
4470-B Ocean View Avenue
Virginia Beach VA 23455
FORTIER, MD, Gregory A ON
1001 South George Street
York PA 17405
FREDERICKSON, MD, PYA
Howard N
1780 Clover Lane
York PA 17403
FREER, MD, Carol V IM
404 Barberry Drive
Hanover PA 17331
FREER, MD, Lawrence S CD
317 Highland Avenue
Hanover PA 17331
FREY, MD, Jeffrey A IM
Country Club Road
Red Lion PA 17356
FRIEDRICH, MD, Joachim H FP
2240 South Queen Street
York PA 17402
FRIEDRICH, MD, Roland GE
2032 Crescent Road
York PA 17403
FRIEDRICH, MD, Tomas EM
2240 South Queen Street
York PA 17402
FULTON, MD, William O FP
1666 Wyntre Brooke Drive
York PA 17403
GABRIELE, MD, August A GER
200 Elmwood Boulevard
York PA 17403
GANGLOFF, MD, Michael A DR
1123 Putters Cove
York PA 17404
GARBER, MD, Edward H GS
2079 North Brook Circle
York PA 17403
GARDNER, MD, George E GP
3110 Fifth Avenue
York PA 17402
GASOWSKI, MD, Gary L R
Seven Charles Center
Hanover PA 17331
GASPARI, MD, Raymond J IM
1938 Security Drive
York PA 17402
GEISELMAN, MD, Douglas L FP
1985 High Street
York PA 17404
GEMMILL, MD, Reginald B GP
24 Springwood Avenue
Stewartstown PA 17363
GERLACH, MD, Detlef H OBG
1399 South Queen Street
York PA 17403
GIBBLE, MD, Leon W IM
121 Rathton Road
York PA 17403
GLORIOSO, MD, Robert C FP
2170 Blenheim Court
York PA 17403
GOBEL, MD, Reginald T P
1600 South George Street
York PA 17403
GOCHOCO, MD, Jacinto J PTH
York Hospital Pathology Dept
York PA 17405
GRACEY, MD, Jack G CD
York Hospital
York PA 17405
GRAHAM, MD, Joseph E TS
11155 Dunn Road
St Louis MO 63136
GRAHAM, MD, Nathaniel L GS
York Hospital Dept Of Surgery
York PA 17405
GROLMAN, MD, Dennis M AN
1620 South Queen Street
York PA 17403
GROSS, MD, Donald R AN
178 Highland Road
York PA 17403
GROVE, MD, Bruce A OPH
701 Country Club Road
York PA 17403
GROVE, MD, Glenn P GS
1397 Sleepy Hollow Road
York PA 17403
GROVE, MD, Russell E FP
R D 7
York PA 17402
GROVE, MD, William K OPH
426 West Market Street
York PA 17404
GROW, MD, Daniel R OBG
56 Lefton Drive
York PA 17404
GUNNET, MD, Oren W GP
Codorus PA 17311
GUZZARDI, MD, Lawrence J EM
York Hospital
York PA 17405
HAGERTY, MD, Fred D OPH
1620 South Queen Street
York PA 17403
HAMME, MD, Elmer G GP
756 West Market Street
York PA 17404
HAMPTON, MD, Louis J PUD
R D 1 Box 248i
Elliottsburg PA 17024
HARBERGER, MD, James H FP
1689 Kenneth Road
York PA 17404
HARDEN III, MD, Wesley R TS
221 Potomac Avenue
Hanover PA 17331
HARTMAN, MD, Charles E EM
R D 1 Box 1300
Spring Grove PA 17362
HAWK, MD, David L FP
York City Bureau Of Health
York PA 17405
HEAPS, MD, Kenneth P PD
Med Affairs Dept York Hosp
York PA 17405
HEIRD, MD, Steven B GS
York Hospital
York PA 17405
HENDLER, MD, Howard M DR
Wyntre Brooke Prof Center
York PA 17403
HERMAN, MD, Ronald J CD
1601 South Queen Street
York PA 17403
HERROLD, MD, Lewis C GP
Box 308
Mount Wolf PA 17347
HERROLD, MD, Warren C FP
R D 1 Box 258
York Haven PA 17370
HICKEY, MD, Andrew E FP
445 South Pleasant Avenue
Dallastown PA 17313
HIGGINS, DO, Kenneth R FP
2471 South Queen Street
York PA 17402
HILL, MD, Walter C FP
212 Oak Ridge Drive
York PA 17402
HOERNER, MD, George H FP
268 East Market Street
York PA 17403
HOFFMAN, MD, David J IM
924-B Colonial Avenue
York PA 17403
HOFMANN, MD, James W GS
25 Charles Street
Hanover PA 17331
HOLLAND, MD, Edward F GP
540 South Main Street
Red Lion PA 17356
HOOVER, MD, Dean S FP
700 Hoffman Road
York PA 17403
HOOVER, MD, Philip A IM
23 West Main Street
Dallastown PA 17313
HOOVER II, MD, Benjamin A IM
924-B Colonial Avenue
York PA 17403
HORN III, MD, Frank W GS
Nine Charles Center
Hanover PA 17331
HOWARD, MD, Thomas K ORS
100 Penn Street
Hanover PA 17331
HUDAK, MD, Mary J IM
R D 2 Box 90
Windsor PA 17366
HUFFER, MD, Donald H GER
1000 Country Club Road
York PA 17403
HUNT, MD, Josiah A GP
Main Street
Delta PA 17314
HUTTON, MD, John E OPH
232 Baltimore Street
Hanover PA 17331
JACKSON, MD, Jay R OBG
1399 South Queen Street
York PA 17403
JIMENEZ, MD, Santiago A PD
25 Charles Street Suite 4
Hanover PA 17331
JOHNSON, MD, Dennis R OBG
1776 South Queen Street
York PA 17403
JOHNSON, MD, George M OBG
3470 Harrowgate Road
York PA 17402
JONES, MD, David J GPM
1455 Virginia Avenue
York PA 17403
KEAGY, DO, Gregory S CDS
45-A Wyntre Brooke Drive
York PA 17403

KEECH JR, MD, Hayden G GP
1589 Carlisle Avenue
York PA 17404
KEEPORTS, MD, Richard L PUD
R D 2 Box 142-1
New Freedom PA 17349
KEHM, MD, Robert F DR
York Hospital Xray
York PA 17405
KEHM, MD, Vincent A AN
107 South Keesey Street
York PA 17402
KELLY, MD, Jean A DR
York Hospital
York PA 17405
KENNEDY, MD, Peter S US
924 Colonial Avenue
York PA 17403
KEPHART, MD, Fred W IM
20 Gotham Place
Red Lion PA 17356
KIM, MD, Erich DR
496 Tanglewood Lane
Dallastown PA 17313
KIRBY, MD, James E PD
One Rathton Road
York PA 17403
KIRKPATRICK, MD, Samuel A OBG
249 Allegheny Avenue
Hanover PA 17331
KLEIN, MD, Michael A AN
1620 South Queen Street
York PA 17403
KLIMES, MD, Ronald L FP
3233 Eastern Blvd
York PA 17402
KLINE, MD, Jack A IM
190 Edgewood Drive
York PA 17403
KNOCH, MD, H Roebling CD
201 Elmwood Boulevard
York PA 17403
KOUSEN, MD, Morton OBG
2840 Forrest Lane
York PA 17402
KRAUS, MD, Richard E DR
1001 South George Street
York PA 17403
KRIEGER, MD, Steven M IM
20 Gotham Place
Red Lion PA 17356
KRUPER, MD, John S ORS
908 South George Street
York PA 17403
KUKRIKA, MD, Miodrag D HEM
Nine Rathton Road
York PA 17403
KURZ, MD, Richard B IM
R D 2 Route 111 Box 175
Seven Valleys PA 17360
KURZ, MD, Susan D US
354 Greendale Road
York PA 17403
KUSHNER, MD, Lois N R
Warrington Green Farms
Wellsville PA 17365
KUSHNER JR, MD, George AN
Warrington Green Farms
Wellsville PA 17365
LAMON, MD, Charles P GP
1900 East Market Street
York PA 17402
LAMPE II, MD, William T IM
924-F Colonial Avenue
York PA 17403
LANDER, MD, Jeffrey R OPH
2340 Eastern Blvd
York PA 17402
LANDIS, MD, Robert C PD
1620 South Queen Street
York PA 17403
LANDIS, MD, William A IM
924B Colonial Avenue
York PA 17403
LANGER, MD, D Morton GP
1800 East Market Street
York PA 17402
LANGSTON, MD, William C OBG
Powder Mill Manor
York PA 17402
LANPHER, MD, Gregory B AI
2200 South George Street
York PA 17403
LAPES, MD, George A P
1600 South George Street
York PA 17403
LAUCKS, MD, S Philip P
R D 1 Box 6
Dallastown PA 17313
LAUCKS, MD, Stephen O AN
1620 South Queen Street
York PA 17403
LAUCKS II, MD, Samuel S GS
Tri-Hill Professional Center
York PA 17403
LEBOUITZ, MD, Stanton S D
195 Leader Heights Road
York PA 17402
LEHMANN, MD, Dale E IM
1001 South George Street
York PA 17405

LEICHT, MD, John P DR
2850 Larchmount Drive
York PA 17404
LEKAWA, MD, Thaddeus FP
2801 North George Street
York PA 17402
LETOCHA, MD, Charles E OPH
1945 Queenswood Street
York PA 17403
LEVIN, MD, Bradley H CDS
2171 Blenheim Court
York PA 17403
LIS, MD, Edward T FP
466 Country Club Road
York PA 17403
LISS, MD, Jonathan NPM
138 East Springettsbury Avenu
York PA 17403
LITRENTA, MD, David E FP
716 Loucks Road
York PA 17404
LONG, MD, J Stephen FP
52 Oak Ridge Drive
York PA 17402
LOSS, DO, Beth A OS
2471 South Queen Street
York PA 17402
LUDWIG, MD, Jacob S D
2200 South George Street
York PA 17403
LYND JR, MD, Clifford W US
Brockie Medical Center
York PA 17403
LYON, MD, William R AN
1620 South Queen Street
York PA 17403
MACDOUGALL, MD, Howard H GP
137 Scarboro Dr
York PA 17403
MACDOUGALL, MD, Robert D GP
Crows Nest Lane
York PA 17403
MACKENZIE, MD, Iain L GE
1399 South Queen Street
York PA 17403
MACNICHOL, MD, Glenn E OS
232 Oakridge Drive
York PA 17402
MAGID, MD, Warren P AN
1620 South Queen Street
York PA 17403
MALINS, MD, David A IM
132 South George Street
York PA 17401
MANZELLA, MD, John P ID
York Hospital
York PA 17405
MARTIN, MD, C Edwin CD
York Hosp Cardiac Diag Asso
York PA 17405
MASCHKE, MD, Stuart P AN
3692 Druck Valley Road
York PA 17402
MASON, MD, Debra J FP
3992 Carlisle Road
Dover PA 17315
MASUCCI, MD, Douglas J PD
10 Forestdale Avenue
Monroe NY 10950
MATHAI, MD, John CDS
1776 South Queen Street
York PA 17403
MCCONVILLE, MD, John H ID
1001 South George Street
York PA 17405
MCGANNON, MD, Patrick K AN
1620 South Queen Street
York PA 17403
MCGUINN, MD, William J AN
1620 South Queen Street
York PA 17403
MCHENRY, MD, D J OPH
940 South Queen Street
York PA 17403
MCLIN, MD, Leon N GP
321 Baltimore Street
Hanover PA 17331
MCMILLAN, MD, Deborah M FP
1813 Eberts Lane
York PA 17405
MENCHEY, MD, Milton J IM
924-B Colonial Avenue
York PA 17403
MILLER, MD, James R FP
401 Allegheny Avenue
Hanover PA 17331
MINNICH, MD, Philip H GP
893 Prospect Street
York PA 17403
MOLL, MD, Alison FP
129 North Stephen Place
Hanover PA 17331
MONK, MD, John S OBG
135 North Strathcona Drive
York PA 17403
MONK JR, MD, John S GS
York Hospital
York PA 17405
MONTEFUSCO, MD, Patrick P GS
924 Colonial Avenue
York PA 17403

MOONEY, MD, Benjamin R PD
1300 Clover Lane
York PA 17403
MORADIA, MD, Vijay J GS
York Hospital
York PA 17405
MORGAN JR, MD, William R GP
Eight Rambo Road
Red Lion PA 17356
MORITZ, MD, Michael J ORS
1399 South Queen Street
York PA 17403
MORREELS JR, MD, Charles L R
924 Colonial Avenue
York PA 17403
MOSSER, MD, Jeffrey F N
2200 South George Street
York PA 17403
MOSSER, MD, Kevin H FP
South Pleasant Avenue Ext
Dallastown PA 17313
MULLIGAN, MD, James F FP
462 West Market Street
York PA 17404
MURRAY, MD, Cheryl L PTH
408 Third Street
New Cumberland PA 17070
MYERS, MD, Gilbert B OBG
3015 Eastrn Blvd Box 3511
York PA 17402
NAFZIGER, MD, John K FP
350C Cloverlane Drive
Manchester PA 17345
NELSON, MD, Edward A FP
R D 1 Box 892
East Berlin PA 17316
NICHOLAS, MD, Bradley E GP
1013 North George Street
York PA 17404
NICHOLAS, MD, James L GP
274 West Market Street
Hellam PA 17336
NICHOLS JR, MD, Trent W GE
261 Frederick Street
Hanover PA 17331
NICHOLSON JR, MD, Walter J CD
2270 Dandridge Drive
York PA 17403
NUSSBAUM, MD, Allen S PD
1620 South Queen Street
York PA 17403
OCHENRIDER, MD, Paul D GP
North Forth Street Ext
Wrightsville PA 17368
OCONNELL, MD, Barbara K N
R D 1 Box 175a
Hershey PA 17033
OCONNOR III, MD, Thomas J OBG
1701 Taxville Road #17-H
York PA 17404
OFALLON, MD, Denis J AN
1620 South Queen Street
York PA 17403
OLSON, MD, Janne R FP
Webb Lane
Fawn Grove PA 17321
OWENS, MD, John D PTH
1001 South George Street
York PA 17405
OWENS, MD, R Scott GS
1001 South George Street
York PA 17405
PALUSHOCK, MD, Sharon IM
1927 Queenswood Drive
York PA 17403
PANDELIDIS, MD, Pandelis K P
1600 South George Street
York PA 17403
PANDELIDIS, MD, Steve M GS
1001 South George Street
York PA 17405
PATTERSON, MD, Cynthia M FP
Pleasant Avenue Extended
Dallastown PA 17313
PAUL, MD, Ronald L NS
5550 Nursery Road
Dover PA 17315
PEARCE, MD, Steven R AN
1620 South Queen Street
York PA 17403
PETER, MD, Mohan TS
45A Wyntre Brooke Drive
York PA 17403
PFEFFER, MD, William H U
331 Donna Lane
York PA 17403
PHILLIPS, MD, R Wayne IM
201 Stock Street
Hanover PA 17331
PIPER, MD, Donald E FP
South Pleasant Avenue Ext
Dallastown PA 17313
PODBOY, MD, August J OPH
128 Scarboro Drive
York PA 17403
PRENDERGAST, MD, Michael J U
924 Colonial Avenue
York PA 17403
PRESTON, MD, Vernon H FP
22 Roths Church Road
Spring Grove PA 17362

RAMAGE, MD, Ann L FP
708 West Poplar Street
York PA 17404
RAO, MD, Usha G AN
C/O Anesthesiology York Inc
York PA 17403
REIGART, MD, Paul M GP
20 Pleasant Acres Road
York PA 17402
REILLY, MD, Charles M PD
York Hospital
York PA 17403
REINHARD, MD, Ronald J IM
800 South George Street
York PA 17403
RENNINGER EXEC SEC, MRS US
RHONDA
1001 South George Street
York PA 17405
REXRODE, MD, William O PUD
York Hospital
York PA 17405
RHOADS JR, MD, Jonathan E TS
York Hospital Dept Of Surgery
York PA 17405
RINKER, MD, R James ORS
100 Penn Street
Hanover PA 17331
RIVERA, MD, Edwin A FP
518 Madison Avenue
York PA 17404
ROBINSON, MD, James A DR
York Hospital Department Rad
York PA 17405
ROBINSON, MD, Leslie E OBG
1399 South Queen Street
York PA 17403
ROGERS JR, MD, Edward Q IM
20 Gotham Place
Red Lion PA 17356
ROTHROCK, MD, Gilmore M GS
924 Colonial Avenue
York PA 17403
RUSSO, MD, Michael P OBG
Box 3511
York PA 17402
RUTLAND, MD, Hedley E GP
1705 West Market Street
York PA 17404
RYSCAVAGE, MD, Thomas S ORS
80 Wyntre Brooke Drive
York PA 17403
SAGEL, DO, Henry K OBG
Memorial Medical Center
York PA 17403
SAMELSON, MD, Leo IM
1512 East Market Street
York PA 17403
SANSTEAD, MD, John K IM
924 Colonial Avenue
York PA 17403
SCHAFFER, MD, Scott J FP
2950 Garrett Road
White Hall MD 21161
SCHLAGER, MD, Charles E FP
810 Bonneview Road
York PA 17402
SCHMEYER, MD, Jon E OPH
100 Third Street
Hanover PA 17331
SCHNAPF, DO, Donald J R
132 Sandstone Drive
Willow Street PA 17584
SCHONAUER, MD, Thomas D PD
141 East Springettsbury Road
York PA 17403
SCHWARTZ, MD, Bradford B U
Medford Professional Center
York PA 17403
SCOTT, MD, Thomas R GS
347 West Newton Avenue
York PA 17404
SEIDEL, MD, Terry W GS
1001 South George Street
York PA 17405
SEIDL, MD, Daniel C AN
300 Baltimore Street
Hanover PA 17331
SEITZ, MD, Nevin H FP
Cross Keys Village
New Oxford PA 17350
SHADLE, MD, Chester A DR
2955 Fornance Road
Bethlehem PA 18017
SHAUB, MD, Paul D GP
South Main Street
Shrewsbury PA 17361
SHEARER, MD, David M NM
R D 2 Box 312
York PA 17403
SHUE, MD, William M GS
586 Fairview Terrace
York PA 17403
SILVERMAN, MD, Robert B PTH
York Hospital
York PA 17405
SIMON, MD, Nicolas V OBG
York Hospital
York PA 17405
SKIPTUNAS III, DO, Anthony J R
4011 North Lillie Street
Davenport IA 52806

SMALL, MD, Richard E GP
1112 Pennsylvania Avenue
York PA 17404
SMITH, MD, James W OBG
1399 South Queen Street
York PA 17403
SMITH, MD, John M FP
P O Box 100
Jacobus PA 17407
SMITH, MD, Karen M FP
3992 Carlisle Road
Dover PA 17315
SMITH, MD, Larry FP
3992 Carlisle Road
Dover PA 17315
SMOLKO, MD, James R GS
545 Gatehouse Lane
York PA 17402
SNYDER, MD, Henry R R
2050 Normandie Drive
York PA 17404
SOCRATES, MD, Jess U PTH
Hanover General Hospital
Hanover PA 17331
SOLOMON, MD, Samuel J CD
1001 South George Street
York PA 17405
SOPCHAK, MD, Michael A AN
1620 South Queen Street
York PA 17403
SPEARS, MD, Laura S D
2275 Sutton Road
York PA 17403
SPEARS, MD, Paul F GE
2275 Sutton Road
York PA 17403
SROUR, MD, James W GE
1059 Hillside Drive
York PA 17403
STEVENS, MD, Bryan J P
1001 South George Street
York PA 17405
STICK, MD, Wesley D GS
R D 7 Box 332
Hanover PA 17331
STJOHN, MD, Kevin B FP
2709 North George Street
York PA 17402
STONER, MD, John G D
Dermatology Associates
York PA 17403
STOUFFER JR, MD, Vance R GP
790 Cartref Road
Etters PA 17319
STRANG, MD, Clyde A U
924 Colonial Avenue
York PA 17403
STRAUSBAUGH, MD, Donald R AN
1620 South Queen Street
York PA 17403
STROCKBINE, MD, Melvin F TR
York Hospital
York PA 17405
SUPRYS, MD, Marianne J FP
D39 Kings Arms At Waterford
York PA 17402
SWEENEY, DO, Thomas F IM
2205 East Market Street
York PA 17402
TADJALLI, MD, Helen E GS
1001 South George Street
York PA 17405
TANANIS, MD, Anthony A US
343 North Street
Mcsherrystown PA 17344
TART JR, MD, Braston I DR
427 Arnold Lane
Hellam PA 17406
THOMAS, DO, Charles E AN
300 Baltimore Street
Hanover PA 17331
THOMAS, MD, L Martha Ann OBG
15 Wyntre Brook Drive
York PA 17403
THORSEN JR, MD, William B GE
1224 South Queen Street
York PA 17403
TIRUCHELVAM, MD, Junia P FP
70 Churchill Drive
York PA 17603
TIRUCHELVAM, MD, Vasudevan GS
York Hospital
York PA 17405
TORREY, MD, Edwin H OTO
2051 North Brook Circle
York PA 17403
TRESCOT, MD, Ronald E OBG
120 Penn Street
Hanover PA 17331
TRIMMER JR, MD, John H GP
340 Old Orchard Lane
York PA 17403
TULL, MD, John W OPH
469 West Market Street
York PA 17404
UPDIKE JR, MD, Furman T PD
R D 1
Brodbecks PA 17329
VANBUSKIRK, MD, Charles N
1675 Nw Fourth Avenue
Boca Raton FL 33432

VANGIESEN, MD, Peter J ORS
1888 Mt Zion Road
York PA 17402
VANSANT, MD, Alan E PM
1001 South George Street
York PA 17405
VANWYK, MD, Rita E FP
132 South George Street
York PA 17401
WAMPLER, MD, Merle J IM
912 South George Street
York PA 17403
WARNER, MD, Jeannette G AI
100 Leader Heights Road
York PA 17403
WEAVER, MD, Frank M GS
1070 Elliott Lane
York PA 17403
WEAVER, DO, Richman G GP
170 Kirch Road
York PA 17402
WEISS, DO, Malcolm D US
2845 Eastern Blvd
York PA 17402
WENNER JR, DO, Earl J PM
1850 Normandie Drive
York PA 17404
WHITELEY, MD, John P PTH
1116 Detwiler Drive
York PA 17404
WIBLE, MD, Claire E OPH
1639 Hillock Lane
York PA 17403
WILDBLOOD, MD, Harry M AN
125 Scarboro Drive
York PA 17403
WILSON, MD, Ray A FP
Susquehanna Medical Clinic
East Prospect PA 17317
WILT, MD, Kenneth E TS
2900 Vireo Road
York PA 17403
WIRE, MD, Wilbur H FP
48 Highland Avenue
Spring Grove PA 17362
WOERTHWEIN, MD, Kenneth F FP
462 West Market Street
York PA 17404
WONG, MD, Ming-Der IM
140 Baldsmere Drive
York PA 17403
WOO, MD, Mariano PD
One Rathton Road
York PA 17403
WOODS, MD, Anne M FP
1689 Kenneth Road
York PA 17404
WOODSIDE, MD, John A FP
East Prospect PA 17317
WRIGHT, MD, F Malcolm GS
R D 1 Box 40
Abbottstown PA 17301
YOHE, MD, William C IM
1399 South Queen Street
York PA 17403
YOUNES, MD, Mamdouh S OBG
201 Allegheny Avenue
Hanover PA 17331
YSLA, MD, Roy G PM
1850 Normandie Drive
York PA 17404
ZARFOS, MD, Morgan L IM
731 South Queen Street
York PA 17403
ZELESNICK, MD, Gabriel GP
220 Frederick Street
Hanover PA 17331
ZEMO, MD, Peter L OTO
924 East Colonial Avenue
York PA 17403

STUDENT

ABIDI, NICHOLAS A ST
4632 Larchwood Avenue
Philadelphia PA 19143
ABNER, MONIQUE L ST
Apartment 74
Hershey PA 17033
ACKER, BRETT L ST
1000 Walnut Street
Philadelphia PA 19107
ACKROYD, DAVID A ST
7001 Greenwood Avenue
Upper Darby PA 19082
ACRICH, IVONNE A ST
821 North Sixth Street
Allentown PA 18102
ADELSHEIMER, MARC J ST
3458 Ainslie Street
Philadelphia PA 19129
ADLEBERG, JON M ST
4920 City Avenue
Philadelphia PA 19131
AGUS, DAVID B ST
4418 Spruce Street
Philadelphia PA 19104
AHLSWEDE, KARL M ST
466 Leedom Street
Jenkintown PA 19046
ALAIMO, MARIA ST
1000 Walnut Street #1906
Philadelphia PA 19107
ALBERT, ANDREW M ST
M S Hershey Medical Center
Hershey PA 17033
ALDEN, MARK E ST
2959 Sycamore Road
Huntingdon Valley PA 19006
ALDERFER, J TODD ST
607 South 42nd Street
Philadelphia PA 19104
ALEX, NADINE H ST
Summit Park East Apt Q16
Philadelphia PA 19128
ALFONZO, JOANN ST
950 Walnut Street
Philadelphia PA 19107
ALI, MIR B ST
2601 Pennsylvania Avenue
Philadelphia PA 19130
AMYGDALOS, MICHAEL A ST
2606 South Street
Philadelphia PA 19146
ANDERSON, CHRISTOPHER A ST
5100 South Merehunt Drive
Winston-Salem NC 27106
ANDERSON, DAVID C ST
1013 Spruce Street Rear
Philadelphia PA 19107
ANTHONY, CLINT W ST
1637 Lincoln Avenue
Prospect Park PA 19076
APPLEBAUM, RICHARD J ST
1814 Thayer Avenue
Los Angeles CA 90025
ARENSON, CHRISTINE A ST
38 Gamewood Drive
Levittown PA 19057
ARMSTEAD, PHYLLIS ST
2029 Arch Street
Philadelphia PA 19103
ASHTON, WESLEY S ST
325 North 15th Street
Philadelphia PA 19102
AUSSPRUNG III, H LEON ST
1000 Walnut Street
Philadelphia PA 19107
AVERSA, JEFFREY M ST
1700 Benjamin Franklin Parkwa
Philadelphia PA 19103
BACHMAN, WILLIAM R ST
University Manor East
Hershey PA 17033
BAER, DAVID N ST
1000 Walnut Street #303
Philadelphia PA 19107
BAER, GERALD R ST
5676 Bossler Road
Elizabethtown PA 17022
BAILEY, RICHARD W ST
1025 Spruce Street
Philadelphia PA 19107
BALOH, FRANK G ST
University Manor East
Hershey PA 17033
BARBA, THERESA M ST
4710 Springfield Avenue
Philadelphia PA 19143
BARBER, JOSEPH A ST
359 West Main Street
Girardville PA 17935
BARISH, STUART S ST
117 North 15th Street
Philadelphia PA 19102
BARONE, LILLIAN B ST
Presidential Apts D306
Philadelphia PA 19131
BARRETT, ANDREW M ST
2109 Cherry Street
Philadelphia PA 19103
BATTAFARANO, RICHARD J ST
4642 Mansion Street
Philadelphia PA 19127
BAYLOR, KATHY E ST
8200 Henry Avenue
Philadelphia PA 19128
BECKMAN, EVAN M ST
8201 Henry Avenue
Philadelphia PA 19128
BECKMAN, JAMES D ST
1000 Walnut Street #1501
Philadelphia PA 19107
BELSER JR, ROBERT B ST
3600 Chestnut Street
Philadelphia PA 19104
BENNETT, MARK A ST
126 University Manor
Hershey PA 17033
BENNETT, NATHAN L ST
1138 Pine Street
Philadelphia PA 19107
BERGER, STANLEY R ST
4328 Osage Avenue
Philadelphia PA 19104
BERING JR, JOSEPH P ST
224 Titan Street
Philadelphia PA 19147
BERTOZZI, STEFANO M ST
317 Queen Street
Philadelphia PA 19147
BIERMAN, PAUL S ST
9523-C State Road
Philadelphia PA 19114
BIESTER, ELAINE M ST
1000 Walnut Street #2010
Philadelphia PA 19107
BINZER, THOMAS C ST
2991 West School House Lane
Philadelphia PA 19144
BOGUCKI, FRED R ST
2638 East Ontario Street
Philadelphia PA 19134
BONANNI JR, FERNANDO B ST
885 York Road
Warminster PA 18974
BORYS, SUSAN F ST
5450 Wissahickon Avenue
Philadelphia PA 19144
BOXER, LOUIS M ST
247 Green Tree Run
Philadelphia PA 19128
BRAAT, KEVIN ST
3904 Spruce Street
Philadelphia PA 19104
BRACKEN, DAVID L ST
6350 Greene Street
Philadelphia PA 19144
BRADY, JOSEPH J ST
8580 Glen Campbell Road
Philadelphia PA 19128
BRANNIGAN, MARGARET M ST
5500 Wissahickon Avenue
Philadelphia PA 19144
BRENNAN, EDWARD J ST
610 Hermitage Street
Philadelphia PA 19128
BREZNICK, DAVID A ST
325 North 15th Street
Philadelphia PA 19102
BRODY, MARION B ST
950 Walnut Street
Philadelphia PA 19107
BROKER, BRIAN J ST
950 Walnut Street
Philadelphia PA 19107
BROMBERG, MICHAEL E ST
400 Cherry Hill Blvd
Cherry Hill NJ 08002
BROOKS, MICHAEL J ST
3901 Conshohocken Avenue
Philadelphia PA 19131
BROWN, WILLIAM F ST
Eight University Manor
Hershey PA 17033
BRUTTS, DENISE E ST
437 West School House Lane
Philadelphia PA 19144
BURGESS, JUDITH E ST
243 West Tulpehocken
Philadelphia PA 19144
BURR, JOHN S ST
259 South 44th Street
Philadelphia PA 19104
BUSCHI, MARIE ST
University Manor East
Hershey PA 17033
BUSH, TODD A ST
785 Providence Road
Lansdowne PA 19050
BUTERBAUGH, JOHN E ST
2967 School House Lane
Philadelphia PA 19144
BYERS, KARIN E ST
803 South 10th Street
Philadelphia PA 19147
CAFARO, DOLORES P ST
26 University Manor
Hershey PA 17033
CAMPBELL, JEFFREY W ST
219 Barringer Hall
Philadelphia PA 19107
CARDELL, ANTHONY F ST
701 West Summit Avenue #A202
Roxborough PA 19128
CARDONE, RICHARD A ST
3408 Sunnyside Avenue
Philadelphi PA 19129
CARDONICK, ELYCE H ST
3848 Sidney Road
Huntingdon Valley PA 19006
CARGAN, JONATHAN S ST
1910 Yardley Road
Yardley PA 19067
CARIM, YASMIN H ST
536 South 45th Street
Philadelphia PA 19104
CARPOUSIS, AVRA H ST
114 Hedgerow Lane
Reading PA 19606
CARROLL, THERESA M ST
1000 Walnut Street
Philadelphia PA 19107
CARSON, JON M ST
1512 South El Dorado
Stockton CA 95206
CARTWRIGHT, SCOTT R ST
2845 Warren Road
Indiana PA 15701
CASTEEL, LINDA L ST
3360 Chichester
Boothwyn PA 19061
CASTOR, STANLEY A ST
3904 Spruce Street
Philadelphia PA 19104
CHAI, SUNGJI ST
Hershey Medical Ctr Box 1639
Hershey PA 17033
CHAN, CELINA A ST
3447 Sunnyside Avenue
Philadelphia PA 19129
CHARLES, KRISTINE A K ST
523A Elm Avenue
Hershey PA 17033
CHAUDHRI, EIRUM I ST
3436 Bowman Street
Philadelphia PA 19129
CHELEN, CARL J ST
767 Farmdale Road
Mount Joy PA 17552
CHUN, ANDREW B ST
1014 Clinton Street
Philadlephia PA 19107
CHUNG, GAKYUNG ST
1000 Walnut Street
Philadelphia PA 19107
CIRILLO, VICKI A ST
4247 Locust Street
Philadelphia PA 19104
CLARK, RICHARD R ST
27 Wallingford Avenue
Wallingford PA 19086
CLUTE, HOLLY L ST
328 South 45th Street
Philadelphia PA 19104
COBBS, ELIZABETH J ST
5213 Greene Street 2r
Philadelphia PA 19144
COHEN, BRUCE F ST
2117 Spruce Street
Philadelphia PA 19103
COHEN, RANDOLPH B ST
University Of Pa Box 523
Philadelphia PA 19104
COLASANTE, ONA M ST
1609 West Butler Street
Philadelphia PA 19140
COMBER, PAUL G ST
3904 Spruce Street
Philadelphia PA 19104
CONNOR, COLLEEN M ST
University Manor East
Hershey PA 17033
COOPER, MARJORIE R ST
R D 2 Box 78
Perkiomenville PA 18074
COOPER JR, LESLIE T ST
4218 Balitmore Avenue
Philadelphia PA 19104
CORRATO, ROBERT R ST
1002 Unruh Street
Philadelphia PA 19111
COSGROVE, DOUGLAS S ST
R D 1 Box 154a
New Hope PA 18938
CROFT, CAROL L ST
4247 Locust Street #500
Philadelphia PA 19104
CUSTER, DIANE E ST
University Manor
Hershey PA 17033
DAKNIS, CHARLES B ST
1421 Victoria Road
Springfield PA 19064
DAMATO, THOMAS A ST
224 Nippon Street
Philadelphia PA 19119
DAMICO, ANTHONY V ST
17 Stratford Road
East Brunswick NJ 08816
DANG, HANH V ST
7607 West Chester Pike
Upper Darby PA 19082
DANIELS, BRET A ST
1600 Garrett Road #I-20
Upper Darby PA 19082
DANKMYER, CHRISTOPHER C ST
263 South Third Street
Philadelphia PA 19106
DARWISH, MONA ST
2401 Pennsylvania Avenue
Philadelphia PA 19130
DATNER, ELIZABETH M ST
424 West Price Street
Philadelphia PA 19144
DAVIDHEISER, SHARON I ST
R D 4
Pottstown PA 19464
DAVIS, NEAL M ST
118 Sumner Avenue
Clarks Summit PA 18411
DAVIS, TAMMI D ST
1260 Presidential Drive
Greenville DE 19807
DEAN, JAMES L ST
3120 Schoolhouse Lane
Philadelphia PA 19144
DEFABO, FRANCIS L ST
6-A Apel Avenue
Oreland PA 19075
DELCORE, RANDY G ST
Four Mason Drive
Plattsburgh NY 12901
DELGRIPPO JR, GERARD A ST
430 West Browning Road
Bellmawr NJ 08031
DEMICHELE, MICHAEL A ST
325 North 15th Street
Philadlephia PA 19102
DERUSSO, DEANNA M ST
1717 Green Street
Philadelphia PA 19130
DERUSSO, GREG ST
1717 Green Street
Philadelphia PA 19130
DIBELLO JR, JOSEPH N ST
1925 Bowler Street
Philadelphia PA 19115
DIETRICH, SCOTT A ST
R D 1 Box 1526
Hamburg PA 19526
DINULOS, MARYBETH ST
Summit Park East Apt R-13
Philadelphia PA 19128
DIRIENZO, ROSALINDA A ST
146 Sumac Street
Philadlephia PA 19128
DIX, LISA M ST
3019 South 70th Street
Philadelphia PA 19142
DO, SI V ST
597 Oriole Court
Harrisburg PA 17111
DOHNER, ERIC A ST
1315 West Roosevelt Boulevard
Philadelphia PA 19140
DOLECKI, MICHAEL ST
M S Hershey Medical Center
Hershey PA 17033
DONAT, TERRY L ST
1726 Sansom Street
Philadelphia PA 19103
DRIBAN, DAVID E ST
1218 Walnut Street
Philadelphia PA 19107
DROBNER, WILLIAM ST
2809 West Queen Lane
Philadelphia PA 19129
DUBOIS, JON S ST
School House Lane Apt 612
Philadelphia PA 19144
DUNFEE, ROBIN A ST
205 Ellis Road
Havertown PA 19083
DUTHINH, VUONG ST
1338 New Rodgers Road
Levittown PA 19056
EDELSON, MITCHELL I ST
1000 Walnut Street
Philadelphia PA 19107
ELLIS, BRIAN D ST
211 Orchard Lane
Butler PA 16001
ELSTON, SCOTT C ST
2725 Cranston Road
Philadelphia PA 19131
EMILI, STEFANO ST
University Manor West
Hershey PA 17033
ENEA, NED A ST
University Manor East
Hershey PA 17033
ENGLISH III, JOSEPH C ST
University Manor
Hershey PA 17033
ERDEK JR, MICHAEL A ST
3600 Chestnut Street
Philadelphia PA 19426
ESPENKOTTER, UNA M ST
950 Walnut Street
Philadelphia PA 19107
ETZI, SUSAN ST
275 Bryn Mawr Avenue
Bryn Mawr PA 19010
FALCO, FRANK J E ST
1600 Sandy Hill Road
Norristown PA 19401
FARNER, LOUISE A ST
1895 Holly Pike
Carlisle PA 17013
FARRY, KIMBERLY M ST
P O Box 25790
Philadelphia PA 19144
FEDERICI, BENIGNO D ST
950 Walnut Street
Philadelphia PA 19107
FERRARO, LINDA A ST
2991 West School House Lane
Philadlephia PA 19144
FIERGANG, DEAN L ST
2991 West School House Lane
Philadelphia PA 19144
FISHBEIN, LESLIE J ST
4520 Spruce Street
Philadelphia PA 19139
FISHER JR, J RUSH S ST
2411 Panama Street
Philadelphia PA 19103
FITZPATRICK, DENISE F ST
237 Buckingham Place
Philadlephia PA 19104
FLORES JR, JAMES H ST
Medical School Box 395
Philadelphia PA 19104
FLORIO, CATHERINE M ST
950 Walnut Street
Philadelphia PA 19107

FORMAN, DOUGLAS L ST
4216 Chester Avenue
Philadelphia PA 19104
FRANKEL, LINDA K ST
332 South 21st Street
Philadelphia PA 19103
FRANZ, PAMELA J ST
950 Walnut Street
Philadelphia PA 19107
FREEMAN, PATRICIA A ST
3900 Chestnut Street
Philadelphia PA 19104
FURLONG, CHRISTOPHER B ST
1314 Disston Street
Philadelphia PA 19111
GABRIEL, JOHN M ST
705 Faith Drive
Catasaugua PA 18032
GABRIEL, JOSUE P ST
4311 Spruce Street
Philadelphia PA 19104
GAIRE, SUSAN R ST
317-21 North Broad Street #52
Philadelphia PA 19107
GALASSI JR, JOSEPH W ST
10218 Murty Lane
Philadelphia PA 19116
GAMAITONI, CARLO J ST
1713 Monroe Avenue
Dunmore PA 18509
GARCIA, JUAN C ST
1000 Walnut Street
Philadelphia PA 19107
GEORGIADIS, MARK S ST
122 Lazy Hollow Drive
Gaithersburg MD 20878
GERBER, MEGAN R ST
157 University Manor
Hershey PA 17033
GERBSTADT, CHRISTINE R ST
Nine Cypress Lane
Berwyn PA 19312
GHOSH, MARTHA S ST
5940 Phillips Avenue
Pittsburgh PA 15217
GILBERT, STEVEN L ST
310 South Easton Road
Glenside PA 19038
GIORDANO, BERNICE R ST
10865 Crestmont Avenue
Philadelphia PA 19154
GIRGIS, SHEREEF F ST
Walnut Square Apartments
Philadelphia PA 19107
GIURGIU, DAN I ST
Medical College Pennsylvania
Philadelphia PA 19129
GIUSTOZZI JR, JOHN J ST
4189 Ridge Avenue
Philadelphia PA 19129
GOEBEL, EDWARD J ST
6200 Wayne Avenue
Philadelphia PA 19144
GOKCEN, ERIC C ST
950 Walnut Street
Philadelphia PA 19107
GONZE, MARK D ST
University Manor
Hershey PA 17033
GOOD, PHILIP K ST
626 Donegal Springs Road
Mt Joy PA 17552
GOODEN, CHERYL K ST
5555 Wissahickon Avenue
Philadelphia PA 19144
GOPAL, SARITA ST
425 West Chelten Avenue
Philadelphia PA 19144
GORDON, JEFFREY A ST
Chestnut Hall
Philadelphia PA 19104
GRIFFEL, LOUIS H ST
325 North 15th Street
Philadelphia PA 19102
GRILLO, ANGELO ST
15 Hillcroft Road
Newark DE 19711
GUARINO, JAMES C ST
11 Kings Oak Lane
Philadelphia PA 19115
GUSIC, BLAZE R ST
4014 Spruce Street
Philadelphia PA 19104
GUSIC, MARYELLEN E ST
The Courts
Philadelphia PA 19104
HABER, SHERYL A ST
325 North 15th Street
Philadelphia PA 19102
HAGOPIAN, MONIQUE C ST
1912 Naudain Street
Philadelphia PA 19146
HALE, J ERIC ST
3131 Meetinghouse Road
Boothwyn PA 19061
HALLY, ROBERT J ST
3455 Cresson Street
Philadelphia PA 19129
HALUCK, RANDY S ST
166 University Manor Apts
Hershey PA 17033

HANNA, GINA V ST
1926 Spring Garden Street
Philadelphia PA 19130
HARDING, SUSAN P ST
1608 Stiles Hall
Philadelphia PA 19102
HARKER, RICHARD C ST
117 Moonflower Road
Hatboro PA 19040
HARNLY, NEAL S ST
1311 Rodman Street
Philadelphia PA 19147
HARNUM, LISA ST
180 University Manor
Hershey PA 17033
HARRISON, AMY E ST
3605 Haywood Street
Philadelphia PA 19129
HEGARTY, JAMES D ST
601 West 160th Street
New York NY 10032
HEGARTY, JOHN P ST
1017 Scenery Drive
Harrisburg PA 17109
HEPNER JR, THOMAS A ST
Eight Apel Avenue
Oreland PA 19075
HERRADA, MARIA B ST
406 Pwh
Philadelphia PA 19131
HERRMANN, DIANA ST
811 Ripley Street
Philadelphia PA 19111
HICKEY, DENISE M ST
3358 Disston Street
Philadelphia PA 19149
HILL, DAVID G ST
3447 Tilden Street
Philadelphia PA 19129
HIRSCH, JOSHUA A ST
3600 Chestnut Street
Philadelphia PA 19104
HOLT, DANIEL L ST
Four University Manor East
Hershey PA 17033
HOPKINS, JOHN E ST
18 B8 English Village Apts
North Wales PA 19454
HOPSON, STEVEN B ST
501 West Manheim Street
Philadelphia PA 19144
HORNIG-ROHAN, JAMES E ST
3316 Tilden Street
Philadelphia PA 19129
HORNIG-ROHAN, MADY ST
3316 Tilden Street
Philadelphia PA 19129
HORSTMAN, ROSEMARY ST
6029 Lawndale Street
Philadelphia PA 19111
HOTMER, DIANNE A ST
618 South Wayne Street
West Chester PA 19382
HUDOCK, JUDE A ST
950 Walnut Street
Philadelphia PA 19107
HUFFNAGLE, MILFORD J ST
931 Clinton Street #510
Philadelphia PA 19106
HUNTINGTON, CHRISTOPHER F ST
401 South Iseminges Street
Philadelphia PA 19147
HURSH, DALE K ST
Merion Gardens Apartments
Merion Station PA 19066
HURTADO, SANDRA M ST
4730 Pine Street
Philadelphia PA 19143
HUTCHINSON, RITA M ST
3502 Ainslie Street
Philadephia PA 19129
HWEE, LILLIAN ST
1944 South 15th Street
Philadlephia PA 19145
HYLAND, JULIA K ST
146 Penns Grant Drive
Morrisville PA 19067
INCORVATI, DENNIS L ST
175 Geneva Drive
Aliquippa PA 15001
IZZO, MARK R ST
R D 3 Wallace Drive
New Castle PA 16105
JAMES, JEFFREY R ST
915 Hale Street
Pottstown PA 19464
JAMES, KEVIN V ST
1117 Rodman Street
Philadelphia PA 19147
JANSEN, PERRY A ST
University Manor #63
Hershey PA 17033
JEMISON, LINDA M ST
1511 Spring Avenue
Jenkintown PA 19046
JENSEN, NANCY L ST
107 West Penn Street
Philadelphia PA 19144
JHAMB, KRISTIN K ST
3434 Bowman Street
Philadelphia PA 19129

JOHNSON, CHERYL A ST
2991 School House Lane #H24w
Philadelphia PA 19144
JONES, REBECCA K ST
4816 Larchwood Avenue
Philadelphia PA 19143
JOSIAH, RANJIT C ST
3226 Midvale Avenue
Philadelphia PA 19129
JOYNER, WILLIAM L ST
5841 Rodman Street
Philadelphia PA 19143
JOZEFIAK, JUDITH A ST
2991 West School House Lane
Philadelphia PA 19144
KAESLINGK, BIRGIT ST
175 University Manor East
Hershey PA 17033
KAIRYS, JOHN C ST
307 South Philip Street
Philadelphia PA 19106
KAMBE, ARBETTA M ST
7933 Revere Street
Philadlephia PA 19152
KAMPER, CAROLINE A ST
1252 Burnett Road
Huntingdon Valley PA 19006
KAZAN, LIEBE M ST
1700 Ben Franklin Parkway
Philadelphia PA 19103
KELLER, LARRY S ST
2739 Cranston Road
Philadelphia PA 19131
KELLEY, LINDA M ST
133 West Washington Lane
Philadelphia PA 19144
KESSLER, GALEN M ST
492 West First Street
Bloomsburg PA 17815
KIM, PAUL H ST
436 Hickory Road
Huntingdon Valley PA 19006
KISTLER, SHARON A ST
2028 Spring Garden Street
Philadelphia PA 19130
KOBAN, JAMES M ST
University Manor East
Hershey PA 17033
KOFLANOVICH, SUSAN E ST
3026 West Queen Lane
Philadelphia PA 19129
KOLONICH, KIMBERLY A ST
57 Summit Trace Road
Langhorne PA 19047
KOMER, LOUIS M ST
3901 Manayunk Avenue
Manayunk PA 19128
KORMIS, KAREN K ST
325 North 15th Street
Philadelphia PA 19102
KOTALA, STANLEY H ST
8147 Revere Street
Philadelphia PA 19152
KOVALOVICH, KELLEN K ST
3120 Schoolhouse Lane
Philadelphia PA 19144
KOVELESKIE, JOSEPH R ST
2020 Walnut Street
Philadelphia PA 19103
KROSNICK, JODY A ST
One Cloister Court
Bethesda MD 20814
KUNZ, ROBERT A ST
445 Horseshoe Drive
Media PA 19063
KUO, JAMES S ST
Univ Of Pa School Of Medicine
Philadelphia PA 19104
KUO, JOHN S ST
University Of Pennsylvania
Philadelphia PA 19104
KURTZ, ADELLE G ST
1028 Irving Street
Philadelphia PA 19107
LABKOFF, STEVEN E ST
539 Manheim Street
Philadelphia PA 19144
LAFFERTY, THOMAS E ST
Park Avenue And Ontario Stree
Philadelphia PA 19140
LAN, YUHUAN ST
325 North 15th Street
Philadelphia PA 19102
LANDON, BRUCE E ST
418 South 44th Street
Philadelphia PA 19104
LANG, DAVID F ST
2910 Midvale Avenue
Philadelphia PA 19129
LARKIN, G LUKE ST
Hershey Medical Center
Hershey PA 17033
LAWSON, LORI A ST
268 South Ninth Street
Philadelphia PA 19107
LAZARUS, ROBERT E ST
3549 Churchill Lane
Philadelphia PA 19114
LEE, ELAINE Y ST
229 University Manor East
Hershey PA 17033

LEE, THOMAS C ST
325 North 15th Street
Philadelphia PA 19102
LEFKOE, TODD P ST
4189 Ridge Avenue
Philadelphia PA 19129
LEIGHT, ROBIN L ST
5928 Pulaski Street
Philadelphia PA 19144
LEIGHTON JR, JOHN C ST
701 Mount Moro Road
Villanova PA 19085
LEN, PAMELA ST
3361 Bowman Street
Philadelphia PA 19129
LEONARD III, DANIEL J ST
397 Fifth Street
Nanty Glo PA 15943
LESSER, BETTINA B ST
4720 Kingsessing Avenue
Philadelphia PA 19143
LEVENBERG, RICHARD J ST
870 North 28th Street
Philadelphia PA 19130
LEVIN, ERIC J ST
220 Parkview Drive
Springfield PA 19064
LEVIN, HAL W ST
5734 North Hope Street
Philadlephia PA 19120
LEVIN, LAWRENCE M ST
2400 Chestnut Street
Philadelphia PA 19103
LEVITIN, MICHELLE S ST
3514 Lancaster Avenue
Philadelphia PA 19104
LEVITT, ROBERT M ST
834 Thornton
Sharon PA 16146
LEYENDECKER, JOHN R ST
4730 Pine Street
Philadlephia PA 19143
LIM, PETER C ST
1120 Spruce Street
Philadelphia PA 19107
LIN, MICHELLE ST
4233 Regent Square
Philadelphia PA 19104
LINDER, LAWRENCE S ST
5714 Deer Run Road
Doylestown PA 18901
LITMAN, RANDY G ST
864 Garfield Avenue
Lansdale PA 19446
LLOYD, BENJAMIN J ST
18A Cedar House
Douglassville PA 19518
LOCKARD JR, JOHN W ST
206 South 42nd Street
Philadelphia PA 19104
LOESCH, DANIEL V ST
8201 Henry Avenue
Philadelphia PA 19128
LOUGHRIDGE, NANCY S ST
520 Woodland Terrace #3
Philadlephia PA 19104
LOWE, CHERYL F ST
410 Bayard Road
Kennett Square PA 19348
LOWRY, JONATHAN C ST
1135 Lombard Street
Philadelphia PA 19147
LOWRY, STEVEN J ST
256 Golf Hills Road
Havertown PA 19083
LUCKENBAUGH, AMY S ST
314 Stock Street
Hanover PA 17331
LYONS, GEORGE R ST
110 University Manor East
Hershey PA 17033
MACART, BERNADETTE A ST
3600 Chestnut Street
Philadelphia PA 19104
MAITIN, IAN B ST
259 South Ninth Street
Philadelphia PA 19107
MAKOUS, MONTE ST
4266 Manayunk Avenue
Philadlephia PA 19128
MALLOY, MARGARET A ST
3414 Indian Queen Lane
Philadelphia PA 19129
MANIGLIA, RICHARD J ST
325 North 15th Street
Philadelphia PA 19102
MANN, RONALD M ST
1936 South Park Avenue
Hadden Heights NJ 08035
MANOHARAN, ASHA ST
1000 Walnut Street
Philadelphia PA 19107
MANZONE, TIMOTHY A ST
2647B Daphne Road
Philadelphia PA 19131
MARCUCCI, CATHERINE ST
2657 Wentworth Road
Philadelphia PA 19131
MARDER, SARA J ST
5450 Wissahickon Avenue
Philadelphia PA 19144

MARIS, JOHN M ST
4530 Osage Avenue
Philadelphia PA 19143
MARKS, KATHY A ST
2809 Queen Lane
Philadelphia PA 19129
MARLOWE, SCOTT D ST
4000 Gypsy Lane
Philadelphia PA 19144
MARTIN, CHARLES E ST
4112 Baltimore Avenue
Philadlephia PA 19104
MATSKO, JANE R ST
2601 Pennsylvania Avenue
Philadelphia PA 19130
MATZKO, JOHN ST
Manor West
Hershey PA 17033
MAY, CHRISTOPHER S ST
P O Box 58441
Philadlephia PA 19102
MAZZEI, JILL M ST
4000 Gypsy Lane
Philadelphia PA 19144
MCCARTHY, CORNELIUS S ST
4323 Larchwood Avenue
Philadelphia PA 19104
MCFALLS, SUSAN G ST
1014 Clinton Street
Philadlephia PA 19107
MCGIBNEY, KEVIN J ST
3315 Indian Queen Lane
Philadelphia PA 19129
MEADE, THERESA A ST
950 Walnut Street
Philadelphia PA 19107
MEHTA, SANJAY M ST
13 University Manor East
Hershey PA 17033
MELLOTT, JONEL M ST
1000 Walnut Street
Philadlephia PA 19107
MELTON, DELIA C ST
2820 North 28th Street
Philadelphia PA 19132
MENDEL, RICHARD C ST
232 Arch Street
Philadelphia PA 19106
MEYER, MONICA A ST
1000 Walnust Street
Philadelphia PA 19107
MEZEY, ALAN L ST
1500 Pine Street #806
Philadelphia PA 19102
MILLER, CAROL A ST
149C Haddon Hills Apartments
Haddonfield NJ 08033
MILLER, CLAY D ST
200 University Manor East
Hershey PA 17033
MILLER, WAYNE R ST
R D 1 Box C-312
Paxinos PA 17860
MILTON, AMI C ST
University Manor East
Hershey PA 17033
MIRSKY, POLLY J ST
1000 Walnut Street
Philadelphia PA 19107
MISSRI, ALBERT A B ST
1000 Walnut Street
Philadlephia PA 19107
MOFFETT, KATHRYN S ST
404 Oakwood Avenue
East Aurora NY 14052
MONROE JR, JOHN J ST
7737 Devon Street
Philadelphia PA 19118
MONTONE, KATHLEEN T ST
University Manor East Apt 216
Hershey PA 17033
MOORE, BRAD B ST
1822 Pine Street
Camp Hill PA 17011
MOTT, JOSEPH A ST
2217 Mount Vernon Street
Philadelphia PA 19130
MULLINS, DANIEL J ST
4903 North 13th Street
Philadelphia PA 19141
MURCKO, REGINA G ST
3414 Indian Queen Lane
Philadelphia PA 19129
MURPHY, MARY C ST
17 Ramsgate Court
Blue Bell PA 19422
MURRAY, MICHAEL F ST
3867 Ronnald Drive
Philadelphia PA 19154
NEIDERER, PHILIP A ST
281 Old Stone House Road
Carlisle PA 17013
NELSON, WILLIAM H ST
117 North 15th Street
Philadelphia PA 19102
NESBITT, SCOTT A ST
R D 1 Box 12
Fombell PA 16123
NEUMAN, WILLIAM R ST
3361 Bowman Street
Philadelphia PA 19129

NOYES, WILLARD S ST
1025 Spruce Street
Philadelphia PA 19107
NUKES, THEODORE A ST
231 North Third Street
Philadelphia PA 19106
NYE, BONNIE A ST
1324 Ridgeview Circle
Downingtown PA 19335
OAKES, JULIE A ST
204 Cherry Street
Erie PA 16507
OBRIEN, TIMOTHY J ST
825 North 29th Street
Philadelphia PA 19130
OGRODNICK, JOHN P ST
1015 Spruce Street
Philadelphia PA 19107
OLIVERO, MARIA T ST
616 East Walnut Lane
Philadelphia PA 19128
OLIVIERI, SUZANNE P ST
111 Linwood Avenue
Ardmore PA 19003
ONEILL, DANIEL K ST
16 Woodside Avenue
Narberth PA 19072
OSTERGAARD, CARY A ST
4600 Chester Avenue
Philadelphia PA 19143
PAGANE, JOSEPH ST
3335 North Park Avenue
Philadelphia PA 19140
PALMER, ERIC S ST
5555 Wissohickon Avenue #1217
Philadelphia PA 19144
PARENTE JR, JOHN P ST
612 Barry Drive
Springfield PA 19064
PARKER-COHEN, PAMELA D ST
834 Chestnut Street
Philadelphia PA 19107
PARKS, JUDITH A ST
61 West Granada Avenue
Hershey PA 17033
PASERCHIA, LORI A ST
5450 Wissahickon Avenue #203
Philadelphia PA 19144
PASSLOFF, ELLEN S ST
4247 Locust Street
Philadelphia PA 19104
PASTORE, DOMENIC J ST
124 Fairfax Road
Rosemont PA 19010
PASTORE, TIMOTHY P ST
7901 Henry Avenue
Philadelphia PA 19128
PATEL, PANKAJ ST
1000 Walnut Street
Philadelphia PA 19107
PAUL, MARIA A ST
University Manor East
Hershey PA 17033
PEREZ, MANUEL A ST
1415 Lombard Street
Philadelphia PA 19146
PERLMAN, CLAIRE B ST
1000 Walnut Street
Philadelphia PA 19103
PERRY, ANTHONY J ST
1000 Walnut Street
Philadelphia PA 19107
PETRIDES, SAVAS ST
1238 Callowhill Street
Philadelphia PA 19123
PHILLIPS, ERIC C ST
4211 Terrace Street
Philadelphia PA 19128
PHILLIPS, TODD E ST
4438 Silverwood Street
Philadelphia PA 19127
PHILLIPS JR, THEODORE B ST
541 Arbutus Street
Philadelphia PA 19119
PIECHOTA, DARREN F ST
3120 School House Lane
Philadephia PA 19144
PIERZGA, MARYELIZABETH ST
University Manor East
Hershey PA 17033
PIGNATIELLO, GAIL A ST
18071 Allegheny Drive
Santa Ana CA 92705
PITTLE, HOWARD S ST
20 Leslie Drive
Scranton PA 18505
PLEVA, STEPHANIE G ST
4590 Larch Drive
Harrisburg PA 17109
PLUTO, CHRISTINE M ST
950 Walnut Street
Philadelphia PA 19107
PRAH, GREGORY N ST
3028 Midale Avenue
Philadelphia PA 19129
PREBOLA, WILLIAM R ST
127 Catharine Street
Philadelphia PA 19147
PRESSEL, MICHAEL D ST
3500 Powelton Avenue
Philadelphia PA 19104

PRINCE, LAURA A ST
22 Chevy Chase
Hershey PA 17033
PRODOEHL, JOHN A ST
152 Hart Lane
Springfield PA 19064
PUGLIANO, FREDERIC A ST
4035 Locust Street
Philadelphia PA 19104
QASIM, NADER Q ST
3600 Chestnut Street
Philadelphia PA 19104
QUEENAN, JOSEPH V ST
3933 Pine Street
Philadelphia PA 19104
QUIGLEY, CHERYL L ST
7901 Henry Avenue
Philadelphia PA 19128
QUINN, ROBERT H ST
168 Krams Street
Philadelphia PA 19127
RABIN, MARC H ST
308-B Sutton Towers
Collingswood NJ 08107
RAINEY, CYNTHIA L ST
150 Sumac Street
Philadelphia PA 19128
RAKOWSKY, ALEXANDER T ST
6258 North Third Street
Philadelphia PA 19120
RAO, PETER A ST
2201 Pennsylvania Avenue
Philadelphia PA 19130
RAPP, JEFFREY S ST
818 South Street
Philadelphia PA 19147
RATTRAY, HERON G ST
English Manor
Philadelphia PA 19144
RAUBENSTINE, DEBORAH A ST
17 University Manor
Hershey PA 17033
REARDON, PAUL F ST
3219 West Coulter Street
Philadelphia PA 19129
REED, JON A ST
P O Box 850 Box 1693
Hershey PA 17033
REEDY, BRIAN K ST
4521 Larchwood Avenue
Philadelphia PA 19143
REES, VICTORIA A ST
3120 Schoolhouse Lane
Philadelphia PA 19144
REEVES, KATHLEEN A ST
Orlowitz Apartment 1512
Philadelphia PA 19107
REICHWEIN, RAYMOND K ST
R D 1 Box 371
Ashland PA 17921
REMSBURG, STACIA T ST
617 Lombard Street
Philadelphia PA 19147
RENZ, JOHN F ST
402 Ivystone Lane
Cinnaminson NJ 08077
REYNOLDS, JOHN W ST
636 Spruce Street
Philadelphia PA 19107
RICCELLI, ANTONIO M ST
University Manor
Hershey PA 17033
RICE, SCOTT A ST
3300 North Broad Street
Philadelphia PA 19140
RITTENHOUSE, ERIC R ST
905 Pine Street #5
Philadelphia PA 19107
RITZ, GEORGE ST
210 Winters Avenue
West Hazleton PA 18201
ROBERTSON, MARILYN A ST
3301 Indian Queen Lane
Philadelphia PA 19129
ROCKWELL, BRUCE H ST
404C South Croskey Street
Philadelphia PA 19146
RODAK, ROBERT R ST
2730 Cranston Road
Philadelphia PA 19131
RODRIGUEZ, ALEXANDER ST
4323 Pine Street
Philadelphia PA 19104
RODRIGUEZ, LUZ M ST
3337 Indian Queen Lane
Philadelphia PA 19129
ROHOVSKY, STEPHANIE A ST
4031 Baltimore
Philadelphia PA 19104
ROMANO, JANET E ST
7373 Ridge Avenue
Philadelphia PA 19128
ROSENBLATT, SOLON L ST
4000 Gypsy Lane #401
Philadelphia PA 19144
ROSS, HELEN L ST
Three Tee Street
Selinsgrove PA 17870
ROTH, SUSAN E ST
540 Fairthorne Street
Philadelphia PA 19128

ROVNER, MARC S ST
1700 East 13th Street
Cleveland OH 44114
RUDDY, PATRICK J ST
P O Box 12619
Philadelphia PA 19129
RUSH, JORDAN S ST
10229 Selmer Terrace
Philadelphia PA 19116
RYAN-WILLIAMS, LYNN M ST
34 Wyndmoore Drive
Wyndmoor PA 19118
SABO, ROBERT A ST
1000 Walnut Street
Philadelphia PA 19107
SABOL, JOSEPH G ST
108 Harvey Street
Philadelphia PA 19144
SACHAROK, CYNTHIA A ST
2491 West Helms Manor
Boothwyn PA 19061
SAMUELS, JONATHAN D ST
1106 Spruce Street
Philadelphia PA 19107
SANDER, ELIZABETH B ST
2991 West Schoolhouse Lane
Philadelphia PA 19144
SANTORA, DONALD C ST
University Manor East
Hershey PA 17033
SARMA, SATYA ST
301 Orlowitz Hall
Philadlephia PA 19107
SAULINO, MICHAEL F ST
University Manor East
Hershey PA 17033
SAVOIE, LISA M ST
3613 Fox Street
Philadelphia PA 19129
SAXENA, SANJAY ST
835 Tudor Lane
Lebanon PA 17042
SCHAEFFER, MARTIN A ST
8201 Henry Avenue
Philadelphia PA 19128
SCHAFFENBURG, MARK S ST
243 Haverford Avenue
Narberth PA 19072
SCHALLER, VINCENT E ST
237A Hanshue Road
Hummelstown PA 17036
SCHALLER JR, RICHARD J ST
Townhouse 373
Hershey PA 17033
SCHLAEPFER, LINDA L ST
311 Baird Road
Merion PA 19066
SCHNEIDER, SUSAN ST
374 Baird Road
Merion PA 19066
SCHOFIELD, JOYCE A ST
1709 School House Lane
Ambler PA 19002
SCHROFF JR, RICHARD L ST
1205 West Allegheny Avenue
Philadelphia PA 19133
SCHWARTZ, GAIL F ST
2400 Chestnut Street
Philadelphia PA 19103
SCHWARTZ, NINA S ST
1845 Edmund Road
Abington PA 19001
SCOTT, THOMAS B ST
6350 Jackson Drive
East Petersburg PA 17520
SEGRAVES, MARY E ST
315F Shawmont Avenue
Philadelphia PA 19128
SEIDENBERG, ANNE M ST
1000 Walnut Street
Philadelphia PA 19107
SEIFERT, MARY C ST
1915 Wynnefield Terrace
Philadelphia PA 19131
SELINGO, JAMIE A ST
4058 Ford Road
Philadelphia PA 19131
SELVAGGI, THOMAS A ST
3319 Cresson Street
Philadelphia PA 19129
SERRIAN JR, JOHN L ST
6921 Shalkop Street
Philadelphia PA 19128
SEYFRIED, DONALD M ST
828 Liberty Street
North Catasauqua PA 18032
SHERIF, KATHERINE D ST
260 South 45th Street
Philadelphia PA 19104
SHIN, ALEXANDER Y ST
4300 Spruce Street
Philadelphia PA 19104
SIEGEL, CHRISTOPHER T ST
1033 North Fourth Street
Philadelphia PA 19123
SIEGEL, ERIC J ST
58 Buckwalter Road
Spring City PA 19475
SILBER, DAVID H ST
University Manor East
Hershey PA 17033

SIMMS, ROBT MARIS ST
Univ Manor Apt 207
Hershey PA 17033
SIMONS, ROBERT M ST
1088 Highland Road
Newtown PA 18940
SINGER, PAUL S ST
228 South Madison Avenue
Upper Darby PA 19082
SINGH, AMITABH ST
1000 Walnut Street
Philadelphia PA 19107
SIVAK, CHRISTOPHER G ST
1032 East 38th Street
Erie PA 16504
SKOBIERANDA, FRANCK G ST
University Manor East
Hershey PA 17033
SKONIECZKI III, STAN R ST
3516 Bowman Street
Philadelphia PA 19129
SKRYPZAK, MARY E ST
600 North 16th Street
Philadelphia PA 19130
SLAWEK III, JOSEPH E ST
950 Walnut Street
Philadelphia PA 19107
SMALLOW, STEVAN A ST
622 Bobwhite Lane
Huntingdon Valley PA 19006
SMALLS, RHONDA J ST
1629 Church Lane
Philadelphia PA 19141
SMITH, BRUCE D ST
3300 Henry Avenue
Philadelphi PA 19129
SMITH, DAVID R ST
Green Valley Manor
Lafayette Hills PA 19444
SMITH IV, CHRISTOPHER A ST
1000 Walnut Street
Philadelphia PA 19107
SMOKER, CYNTHIA B ST
142 West Frederick Street
Millersville PA 17551
SNELL JR, EDWARD D ST
2120 Walnut Street
Harrisburg PA 17103
SOLLENBERGER, LAURA B ST
R D 1
New Enterprise PA 16664
SOLOMITO, ALBERT L ST
3347 Conrad Street
Philadelphia PA 19129
SOLOMON, ELIZABETH W ST
1123 Dickinson Street
Philadelphia PA 19147
SOLOMON, ROBERT E ST
1123 Dickinson Street
Philadelphia PA 19147
SPALDING, JENNIFER A ST
950 Walnut Street
Philadelphia PA 19107
SPONSLER, TODD A ST
3109 Fourth Street
Altoona PA 16601
SQUIRES, FREDRIC B ST
3431 Vaux Street
Philadelphia PA 19129
SRAY, WILLIAM A ST
1000 Walnut Street
Philadelphia PA 19107
STAFFEN, ROBERT N ST
635 Country Lane
Morton PA 19070
STAUB, PERPETUA A ST
604 West Chew Avenue
Philadelphia PA 19120
STEIN, DAGMAR ST
857-A Rhue Haus Lane
Hummelstown PA 17036
STEINBACH, LAWRENCE E ST
1000 Walnut Street
Philadelphia PA 19107
STERN, CYNTHIA M ST
749 East Mountainwood Road
Charlottesville VA 22901
STERN, JAMIE L ST
3431 Vaux Street
Philadelphia PA 19129
STEVENSON, ALAN J ST
1106 Roberts Road
Media PA 19063
STREET, DAVID F ST
3120 School House Lane
Philadelphia PA 19144
STREETER IV, ROBERT C ST
University Manor
Hershey PA 17033
SUCOV, ANDREW ST
1006 South 45th Street
Philadelphia PA 19104
SUNDAY, MICHAEL L ST
919 Clinton Street
Philadelphia PA 19107
SUNDY, JOHN S ST
874 North Beechwood Street
Philadelphia PA 19130
SUPERDOCK, DAVID T ST
1742 Sam Rittenberg Blvd
Charleston SC 29407

SUPINSKI, EDWARD M ST
2979 School House Lane
Philadelphia PA 19144
SWISHER, JOHN W ST
919 Clinton Street
Philadelphia PA 19107
SZCZECH, LYNDAANNE M ST
950 Walnut Street
Philadlephia PA 16802
TAGGART, TINA S ST
1000 Walnut Street
Philadelphia PA 19107
TALSANIA, JAY S ST
59 West Willow Grove Avenue
Philadelphia PA 19118
TANDON, MANISH ST
530 Martin Bldg
Philadelphia PA 19107
TANNENBAUM, DAVID S ST
4426 Chestnut Street
Philadlephia PA 19104
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1713 Linden Hill Apartments
Lindenwold NJ 08021
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University Manor
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TESSIER, CHRISTOPHER D ST
603 Catharine Street
Philadelphia PA 19147
THIBOUTOT, DIANE M ST
240 University Manor
Hershey PA 17033
THOMAS, JAMES W ST
4213 Regent Square
Philadelphia PA 19104
THOMAS, NEAL J ST
7901 Henry Avenue
Philadelphia PA 19128
TOMASSONI, GERY F ST
460 Thomas Street
Eynon PA 18403
TONKEN, HEIDI P ST
230 North Craig
Pittsburgh PA 15213
TORNA, PATRICIA A ST
442 Foulke Lane
Springfield PA 19064
TORRETI, MARYELLEN A ST
6718 North Sixth Street
Philadelphia PA 19126
TOUCH, SUZANNE M ST
1000 Walnut Street
Philadelphia PA 19107
TOWNSEND, DEBRA L ST
108 University Manor East
Hershey PA 17033
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650 Hendren Street
Philadelphia PA 19128
TREIMAN, ARTHUR M ST
950 Walnut Street
Philadelphia PA 19107
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610 Arthur Street
Hazleton PA 18201
TROTT, EDWARD A ST
2909 Aspen Circle
Norristown PA 19401
TSE, K EDMUND ST
1000 Walnut Street
Philadelphia PA 19107
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Eight Runnemede Avenue
Lansdowne PA 19050
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3527 Indian Queen Lane
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709 Sugar Bridge Road
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325 North 15th Street
Philadelphia PA 19102
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2590 Cranston Road
Philadelphia PA 19131
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3404 Henry Avenue
Philadelphia PA 19129
VALENTE, ANTHONY F ST
1000 East Broad Street
Hazleton PA 18201
VANDERHOFF, BRUCE T ST
15 Ardsley Road
Yardley PA 19067
VANDUKER, BRADFORD S ST
112 Andrews Avenue
Moorestown NJ 08057
VANELKAN, HEIDI ST
4103 Spruce Street
Philadelphia PA 19104
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Five Chestnut Street
Carbondale PA 18407
VANSTON, VINCENT J ST
3120 West Schoolhouse Lane
Philadelphia PA 19144
VARGAS, HUGO E ST
325 North 15th Street
Philadelphia PA 19102

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711 Edward Lane
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317 South 11th Street
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7876 Spring Avenue
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5547 North Fifth Street
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3909 Pine Street #3
Philadelphia PA 19104
WALKER, MARY A ST
74 University Manor East
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3602 Calumet Street
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108 Harvy Street
Philadelphia PA 19144
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2665 Egypt Road
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2215 Arch Street
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310 East Winter Avenue
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2809 West Queen Lane
Philadelphia PA 19129
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5720 Wissahickon Avenue
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2608 Wolverine Drive
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2662 Wentworth Road
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232 Bainbridge Street
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4701 Pine Street
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3701 Conshohocken Avenue
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2363 Mole Road
Secane PA 19018
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223 East Eighth Avenue
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191 Lynbrook Drive North
York PA 17402
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785 Providence Road
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35 Runyon Road
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1724 Green Street
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18 University Manor
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ANDREWS III, MD, Willard G	Montgomery
ANDRIES, MD, Raymond C	Delaware
ANDRIES, MD, Raymond M	Montgomery
ANDRIOLA, MD, Frank J	Dauphin
ANDRIOLE, MD, Gerald L	Luzerne
ANDRIOLE, DO, James M	Clinton
ANDRIOLE, MD, Joseph P	Lackawanna
ANDRIS, DO, Joseph J	Delaware
ANDROKITES, MD, Alice C	Chester
ANDRONICO, DO, Kenneth C	Bucks
ANDROSKI, MD, John J	Lackawanna
ANDRUCZYK, DO, Eugene	Philadelphia
ANDRZEJEWSKI JR, MD, Chester	Delaware
ANEJA, MD, Krishan K	Lackawanna
ANEJA, MD, Surinder K	Allegheny
ANGELICO, MD, Richard J	Lehigh
ANGELO, MD, John J	York
ANGIULLI, MARCIA	Allegheny
ANGLE, MD, William D	Lycoming
ANGLES, MD, Carmen	Philadelphia
ANGSTADT JR, MD, Paul N	Montgomery
ANGULO, MD, Armand J	Franklin
ANGUS, MD, Leslie R	Montour
ANISTRANSKI, MD, Joseph A	Luzerne
ANKER, MD, Peter M	Dauphin
ANNAN, KINGSLEY	Allegheny
ANNESE, DO, Joseph S	Lancaster
ANNESLEY JR, MD, William H	Delaware
ANNEST, MD, Stephen J	Bradford
ANNI, MD, Jane G O	Dauphin
ANNON JR, MD, Walter T	Philadelphia
ANOLIK, MD, Miriam O	Philadelphia
ANOLIK, MD, Mitchell A	Philadelphia
ANON, MD, Jack B	Erie
ANSARI, MD, Amir H	Allegheny
ANSELMI, MD, Lanning A	Luzerne
ANSON, MD, Peter M	Lehigh
ANTALIK, MD, Paul E	Allegheny
ANTEMANN, MD, Richard W	Cambria
ANTENSON, MD, Charles M	Philadelphia
ANTHONY, MD, Alfred	Somerset
ANTHONY, MD, Andrew M	Blair
ANTHONY, CLINT W	Student
ANTHONY, MD, John A	Montgomery
ANTHONY, MD, Jonathan M	Venango
ANTI, MD, Alvise G	Allegheny
ANTICO, MD, Dominic A	Beaver
ANTKOWIAK, MD, Thomas L	Venango
ANTOGNOLI, MD, William J	Lackawanna
ANTONCIC, MD, Rudolph A	Allegheny
ANTONIADES, MD, John	Philadelphia
ANTONUCCI, MD, Donna L	Montgomery
ANTOON JR, MD, Saleem J	Westmoreland
ANTOS, MD, John M	Bradford
ANTOS, MD, Thomas J	Allegheny
ANTYPAS, MD, Philip G	Allegheny
ANZALONE, MD, Angelo A	Luzerne
AOUN, MD, Kamal H	Venango
APFELBAUM, MD, Jay H	Northampton
APPEL, MD, John W	Philadelphia
APPLEBAUM, RICHARD J	Student
APPLEGATE, DO, David J	Beaver
APPLEGATE, MD, Gerald B	Butler
APPLEGATE, MD, Russel C	Delaware
APPLESTEIN, MD, Bruce	Bucks
APTON, MD, Jeffrey H	Allegheny
AQUILINO, MD, James F	Erie
AQUINO, MD, Edwin A	Dauphin
ARANEDA, MD, Luis O	Blair
ARANGIO, MD, George A	Lehigh
ARANO, MD, Leonardo V	Montgomery
ARANSON, MD, Robert	Philadelphia
ARASTU, MD, Mohammad I	Northampton
ARAVABHUMI, MD, Srinivas	Philadelphia
ARAVENA, MD, Ernesto B	Allegheny
ARAYA, MD, Cleto U	Allegheny
ARAYA, MD, Fernando	Luzerne
ARBITMAN, MD, Michael	Beaver
ARBOGAST JR, MD, John W	Union
ARBOGAST SR, MD, John W	Union
ARCH JR, MD, Francis J	Allegheny
ARD, MD, Robert S	Allegheny
ARDISON, MD, Gary W	York
ARDITO, MD, Joseph M	Delaware

ARENA, MD, Sebastian	Allegheny
ARENAS, MD, Apollo M	Philadelphia
ARENSON, CHRISTINE A	Student
ARENTSEN, MD, Juan J	Philadelphia
ARES, MD, Nilda E	Lebanon
AREZA, MD, Pablo R	Fayette
ARFFA, MD, Robert C	Allegheny
ARGENIO, MD, Sandra L	Montour
ARGENTINE JR, MD, Robert P	Allegheny
ARGER, MD, Peter H	Philadelphia
ARGIRES, MD, James P	Lancaster
ARGUE, MD, Stephen H	Lycoming
ARIAS, MD, Joanne D	Montour
ARIF, MD, Gholam	Bucks
ARISUMI, MD, David N	Allegheny
ARKLESS, MD, Henry A	Philadelphia
ARLUK, MD, Judith I	Allegheny
ARMANIOUS, MD, Adel W	Westmoreland
ARMAO, MD, Joseph J	Delaware
ARMEN, MD, Robert N	Allegheny
ARMENTI, MD, Frederick R	Philadelphia
ARMENTO, MD, Donald F	Philadelphia
ARMFIELD III, MD, Samuel L	Allegheny
ARMITAGE, MD, Harry V	Delaware
ARMOUR, DO, Thomas F	Mercer
ARMOUR, MD, William S	Philadelphia
ARMSTEAD, PHYLLIS	Student
ARMSTRONG, MD, B Irene	Elk/Cameron
ARMSTRONG, MD, Thomas A	Montgomery
ARMSTRONG, MD, Thomas S	Cumberland
ARNAO, MD, James	Philadelphia
ARNDT, MD, James L	Berks
ARNER, MD, Raymond H	Northampton
ARNHEIM, MD, Falk K	Allegheny
ARNOLD, MD, George L	Allegheny
ARNOLD, MD, John J	Clearfield
ARNOLD, LAURA S	Allegheny
ARNOLD, DO, Wayne V	Montgomery
ARONICA, MD, Michael J	Lackawanna
ARONIN, MD, Tsodik	Philadelphia
ARONSON, MD, Jerold M	Philadelphia
ARONSON, MD, Morton L	Allegheny
ARONSON, MD, Susan S	Philadelphia
ARONSTAM, MD, Robert H	Bradford
ARORA, MD, Manju	Delaware
ARORA, MD, Ramesh	Cumberland
ARORA, MD, Subhash C	Lackawanna
AROUH, MD, Albert	Delaware
ARRISUENO, MD, Juan A	Somerset
ARSHT, MD, Edwin D	Delaware
ARTABANE, MD, Thomas A	Lackawanna
ARTHUR, MD, James B	Mckean
ARTIS, MD, Cathy J	Allegheny
ARTUSO, MD, Dominick P	Lackawanna
ARTUSO, MD, Frank B	Allegheny
ARTZ, DO, William J	Philadelphia
ARUMUGARAJAH, MD, Kanagasabapathy	Adams
ASBELL, MD, Sucha O	Philadelphia
ASBURY, MD, Donald W	Allegheny
ASEEM, MD, Wali M	Jefferson
ASH, MD, Richard D	Allegheny
ASH, MD, S Russell	Montgomery
ASHBAUGH, MD, William H	Butler
ASHBY, MD, John D	Franklin
ASHIKARI, ANDREW Y	Allegheny
ASHMAN, MD, George S	Cambria
ASHOK, MD, Puducheri S	Allegheny
ASHTON, WESLEY S	Student
ASHWORTH, MD, Halbert E	Berks
ASIMOS, ANDREW W	Allegheny
ASKAR, MD, F	Philadelphia
ASKIN, MD, Ralph J	Allegheny
ASKIN, MD, Stanley R	Centre
ASKINAS, MD, Alan M	Chester
ASLAM, MD, Azar	Crawford
ASLAM, MD, Mohammad	Schuylkill
ASLAM, MD, Mohammed	Somerset
ASNANI, MD, Mithlesh G	Lehigh
ASO, MD, Orlando A	Carbon
ASPEN, MD, Nelson P	Chester
ASPINALL, MD, Alan R	Westmoreland
ASSANASEN, MD, Benja V	Westmoreland
ASSANASEN, MD, Charin	Westmoreland
ATHANI, MD, Vijay S	Allegheny
ATKIN, MD, David H	Allegheny
ATKINS, DO, Anita H	Montgomery
ATKINS, MD, John L	York
ATKINS, MD, Robert M	York
ATKINS, MD, William R	Philadelphia
ATKINS JR, MD, Joseph P	Philadelphia
ATKINSON, MD, Donald P	Allegheny
ATKINSON, MD, Nolan N	Montgomery
ATLEE, MD, William A	Lancaster
ATNIP, MD, Robert G	Dauphin
ATRI, MD, Srinivas S	Bucks
ATWELL, DO, Grant E	Somerset
ATWELL, MD, Robert B	Allegheny
ATWELL EXEC SEC, SHIRLEY	Butler
ATWELL II, DO, Grant E	Somerset
ATYIA, MD, Seif A	Crawford
AU, MD, Francis C	Philadelphia
AUCH, MD, Ella M	Northampton
AUDAY, MD, Jose H	Philadelphia
AUDINO, MARGARITA L	Allegheny
AUERBACH, MD, Herman L	Luzerne
AUERBACH, DO, Jeffrey C	Wayne/Pike
AUERBACH, MD, Mark H	Northampton
AUERBACH, DO, Robert S	Philadelphia
AUGELLI-HODOR, DO, Linda P	Northampton
AUGHINBAUGH, MD, Thomas H	Clearfield
AUGSBURGER, MD, James J	Philadelphia
AUGUSTINE, MD, Joseph P	Allegheny
AURAND, MD, Eleanor M	Mifflin/Juni
AURANDT, MD, Henry N	Berks
AURE, MD, Horacio S	Allegheny
AUSLANDER, MD, James L	Allegheny
AUSSPRUNG III, H LEON	Student
AUSTIN, MD, Edward M	Allegheny
AUSTIN, MD, George L	Westmoreland
AUSTIN, MD, James A	Allegheny
AUSTRIAN, MD, Robert C	Philadelphia
AVANCENA, MD, Edgardo P	Montgomery
AVART, DO, Herbert N	Philadelphia
AVELLA, MD, Berard N	Berks
AVELLINO, MD, Joseph D	Philadelphia
AVENIA, MD, Ronald J	Columbia
AVERBUCH, MD, Ilya M	Chester
AVERSA, JEFFREY M	Student
AVERSA, MD, Nicholas	Philadelphia
AVERSA JR, MD, Zefferino A	Philadelphia
AVNER, MD, David L	Greene
AWAD, MD, Latif L	Montour
AWAN, MD, Ihsan-Ul H	Allegheny
AWAN, MD, Rashid A	Cambria
AXE, DO, Allen L	Philadelphia
AXELROD, MD, Budd B	Philadelphia
AXELROD, MD, Janice H	Allegheny
AXELROD, MD, Lawrence S	Montgomery
AXELROD, DO, Norman M	Lancaster
AXELROD, MD, Rita S	Philadelphia
AXELSON, MD, Alan A	Allegheny
AXLINE, DAVID R	Allegheny
AYASSO, MD, M Samir	Allegheny
AYDIN, MD, Abed A	Jefferson
AYE, MD, J Thomas	Mercer
AYERLE, MD, Robert S	Philadelphia
AYERS, MD, Lloyd R	Blair
AYLWARD, MD, John J	Chester
AYNARDI, MD, J Marc	Berks
AYOUB, MD, William T	Mifflin/Juni
AYRES, MD, John A	Blair
AYRES, MD, William W	Fayette
AYULO, MD, Marco A	Mercer
AZAR, MD, Albert A	York
AZAR, MICHAEL J	Allegheny
AZAR, MD, Reza R	Philadelphia
AZCONA, MD, Oscar C	Washington
AZER, MD, Magdi S	Cambria
AZIZ, MD, Abdulrab	Allegheny
AZIZKHAN, MD, Reza G	Dauphin

B

BAADE, MD, Ernest A	Mifflin/Juni
BABACZ, MD, Teofil	Chester
BABIN, MD, Roman A	Elk/Cameron
BABU, MD, Vallabhaneni S	Washington
BABULA, MD, Bruce E	Luzerne
BACAJ, MD, Patrick J	Dauphin
BACAK, MD, Joseph F	Northampton
BACASTOW, MD, Merle S	York
BACCASH, MD, Patricia D	Philadelphia
BACCHUS, DO, Fizul H	Clearfield
BACESKI, MD, Deborah A	Somerset
BACHARACH, MD, Benjamin	Philadelphia
BACHARACH, MD, Matthew D	Lancaster
BACHMAN, MD, William H	Lancaster
BACHMAN, WILLIAM R	Student
BACHMANN, MD, Lawrence C	Allegheny
BACKENSTOSE, MD, Daniel L	Dauphin
BACKES, MD, Celso L	Potter
BACON, MD, Richard W	Lancaster
BADAMO, MD, Francis P	Jefferson
BADARACCO, MD, Marie R	Columbia
BADAWI, MD, Radwan A	Lackawanna
BADEEN, MD, Steven J	Berks
BADER, MD, William	Allegheny
BADIALI, MD, S Charles	Washington
BADILLO, MD, Pedro F	Allegheny
BADMAN, MD, Dennis S	Lancaster
BADOLATO, MD, David J	Montgomery
BADWAY, MD, David M	Allegheny
BAER, MD, David G	Bedford
BAER, DAVID N	Student
BAER, GERALD R	Student
BAER, MD, Samuel	Philadelphia
BAERTL, MD, Juan M	York
BAGHAI-NAIINI, MD, Parviz	Allegheny
BAGLEY, MD, Demetrius H	Philadelphia
BAGNICK, MD, Joseph F	Montour
BAHADORI, MD, Reza	Clinton
BAHIA, MD, Jinan O	Dauphin
BAHL, MD, Mohinder M	Allegheny
BAHL, MD, Vijay K	Allegheny
BAHNSON, MD, Robert R	Allegheny
BAIKADI, MD, Madhava	Lackawanna
BAILER, DO, Alan S	Montgomery
BAILEY, MD, James L	Allegheny
BAILEY, MD, Laurel P	Dauphin
BAILEY, MD, Nelson J	Mercer
BAILEY, RICHARD W	Student
BAILEY, MD, Stephen R	Allegheny
BAILEY, MD, William R	Allegheny
BAILEY III, DO, John H	Crawford
BAILEY JR, MD, John H	Crawford
BAILEY JR, MD, Robert S	Montgomery
BAIO, MD, Michael V	Delaware
BAIR, MD, Edward H	Dauphin
BAIR, MD, Jeffrey F	Monroe
BAIR, MD, Robert C	Tioga
BAIR, MD, Victor W	Washington
BAIR, MD, William L	Allegheny
BAIRD, MD, Edward F	Lancaster
BAIRD, MD, James W	Allegheny
BAIRD, MD, Robert J	Lancaster
BAIRD, MD, Robert M	Monroe
BAISAS, MD, Roger C	Bucks
BAJAJ, MD, Rajiv K	Lackawanna
BAJWA, MD, Jagdeep K	Westmoreland
BAJWA, MD, Surinder S	Westmoreland
BAKER, MD, Bobbi D	Cambria
BAKER, MD, Carol C	Allegheny
BAKER, MD, Everett M	Allegheny
BAKER, MD, Graeme C	Erie
BAKER, MD, Jeffrey H	Centre
BAKER, MD, Kenneth M	Montour
BAKER, KYLE A	Allegheny
BAKER, MD, Linda J	Philadelphia
BAKER, MD, Mark S	Centre
BAKER, MD, Marvin P	Butler
BAKER, MD, R J	Allegheny
BAKER, MD, Robert H	Mercer
BAKER, MD, Robert L	Allegheny
BAKER, MD, Roy F	Centre
BAKER, MD, Stephen D	Allegheny
BAKER, MD, Thomas E	Luzerne
BAKER, MD, Walter J	Allegheny
BAKER II, DO, Robert L	Allegheny
BAKER JR, MD, Arthur G	Delaware
BAKER JR, MD, George W	Franklin
BAKER-VAUGHN, MD, Lisa M	Lehigh
BAKEWELL, MD, Frank S	Washington
BAKKEN, MD, William W	Lancaster
BAKSHI, MD, Kalind R	Philadelphia
BAKSHI, MD, Kinnari K	Bucks
BAKST, DO, Barry L	Philadelphia
BAKTH, MD, Shamsher	Allegheny
BALABAN, MD, Donald J	Philadelphia
BALABAN, MD, Selma A	Delaware
BALARAMAN, MD, Govindachetty	Franklin
BALASH, MD, William R	Armstrong
BALASUBRAMANIAN, MD, Easwaran	Philadelphia
BALCHANDANI, MD, Rajkumari B	Philadelphia
BALCITA, MD, Arthur L	Westmoreland
BALCITA JR, MD, Angel B	Westmoreland
BALDERACH, MD, Ronald R	Lawrence
BALDERSTON, MD, Richard A	Philadelphia
BALDERSTON, VIRGINIA M	Allegheny
BALDIA, MD, Liveo B	Columbia
BALDINO, MD, William A	Lackawanna
BALDWIN, MD, Mary M	Allegheny
BALDWIN, MD, Thomas M	Beaver
BALES, MD, Charles R	Erie
BALI, MD, Ajay K	Luzerne
BALIN, MD, Arthur K	Delaware
BALIN, MD, Benjamin R	Delaware
BALIN, MD, Solomon L	Philadelphia
BALIS, MD, Sol	Delaware
BALISTOCKY, MD, Marvin H	Montgomery
BALK, MD, Phillip	Allegheny
BALKANY, MD, Andrew F	Dauphin
BALKANY, MD, Christopher K	Lancaster
BALLANTINE, MD, Thomas V N	Dauphin
BALLANTYNE, MD, James V	Allegheny
BALLARD, MD, Ian M	Montgomery
BALLARD III, MD, James O	Dauphin
BALLEK, MD, Ronald E	Philadelphia
BALLENTINE, MD, George N	Lycoming
BALLS, MD, Kent F	Montgomery
BALMASEDA, MD, Ofelia B	Philadelphia
BALMASEDA, MD, Philip F	Philadelphia
BALOG, MD, Balint	Dauphin
BALOGH JR, MD, Robert J	Lebanon
BALOH, FRANK G	Student
BALOURIS, CONSTANTINE A	Allegheny
BALSARA, MD, Rohinton K	Philadelphia
BALSBAUGH, MD, George T	Dauphin
BALSHI, MD, James D	Northampton
BALSHI, MD, Stephen F	Northampton
BALTAROWICH, MD, Oksana H	Philadelphia
BALTZ, MD, Richard D	Dauphin
BALTZELL, MD, William H	Philadelphia
BALZ, MD, Thomas P	Montour
BAMBERGER, MD, Grant W	Chester
BAMBERGER, MD, John A	Lebanon
BAMONT, MD, Anthony J	Philadelphia
BAMONTE, MD, Edward L	Allegheny
BANCROFT, MD, Edith D	Montgomery
BANCROFT, MD, Peggy Lee	Philadelphia
BANCROFT, MD, Ursula F	Philadelphia
BAND, MD, Philip T	Philadelphia
BANDARANAYAKE, MD, Nisantha M	Westmoreland
BANDARANAYAKE, MD, Piching	Allegheny
BANDERA, MD, Peter B	Montgomery
BANDINI JR, MD, Paul J	Philadelphia
BANDYOPADHYAY, MD, Bharati	Montgomery
BANE, MD, Denis M	Schuylkill
BANERJI, MD, Barun	Luzerne
BANERJI, MD, Sipra	Luzerne
BANEY JR, MD, Charles M	Berks
BANK, MD, Arnold A	Philadelphia
BANK, MD, R Stanley	Dauphin
BANKA, MD, Reena S	Philadelphia
BANKACI, MD, Murat	Westmoreland
BANMILLER, MD, James D	Montgomery
BANNER, MD, Ronald S	Philadelphia
BANNER JR, MD, Don R	Allegheny
BANNING, DO, Richard J	Schuylkill
BANNISTER JR, MD, William B	Lawrence
BANNON, MD, Charles J	Lackawanna
BANOGON, MD, Marietta A	Dauphin
BANSAL, MD, Harinder K	Philadelphia
BANSAL, MD, Surendra K	Allegheny
BANSBACH, MD, Jean M	Philadelphia
BANSBACH, MD, William A	Philadelphia
BANSIDHAR, MD, Bhadrasine	Beaver
BANSON, NORBERTINA L	Allegheny
BANTLEY JR, MD, David S	Philadelphia
BANTLY, MD, Harry C	Jefferson
BANTLY, MD, Victor S	Cambria
BANTOM III, MD, Walter E	Philadelphia
BANZHOFF, MD, Gordon K	Dauphin
BAQUERO-BUENO, MD, Mario R	Washington
BAR, MD, Allen H	Philadelphia
BARAD, MD, Roxana F	Allegheny
BARAFF, MD, Robert	Allegheny
BARAKAT, MD, Adel R	Lackawanna
BARAN, MD, Ernest M	Montgomery
BARANSKI, MD, Edward J	Adams
BARATTA, MD, Pasquale D	Wayne/Pike
BARATZ, MD, Burton H	Philadelphia
BARB, MD, Herman T	Delaware
BARBA, THERESA M	Student
BARBA III, MD, William P	Bucks
BARBER, MD, James J	Allegheny
BARBER, MD, John V	Westmoreland
BARBER, JOSEPH A	Student
BARBER, MD, Joseph C	Erie
BARBER, DO, Kevin G	Philadelphia
BARBER, MD, Lee A	Philadelphia
BARBER, DO, Locke W	Philadelphia
BARBER, MD, Margaret	Philadelphia
BARBIERI, MD, Edward A	Philadelphia
BARBO, MD, Dorothy M	Philadelphia
BARBOUR, MD, Peter J	Lehigh
BARCH, MD, Frank J	Chester
BARCLAY, MD, Clayton C	Schuylkill
BARCLAY JR, MD, Clayton C	Montgomery
BARD, MD, Joseph L	Montgomery
BARDAWIL, MD, Lawrence W	Lehigh
BARDZIL, MD, Joseph W	Washington
BARENBAUM, MD, Daniel H	Philadelphia
BARENBERG, MD, Paul A	Chester
BARG, MD, Ronald B	Montgomery
BARILLA, MD, Donald E	Lehigh
BARISH, STUART S	Student
BARKE, MD, James N	Berks
BARKER, MD, Clyde F	Philadelphia
BARKER, MD, Richard G	Philadelphia
BARLEY, MD, Samuel B	Jefferson
BARLOW, DO, Alfred M	York
BARLOW, MD, Anne L	Montgomery
BARLOW JR, MD, Robert A	Philadelphia
BARMADA, MD, Bicher	Allegheny
BARNA, MD, Nicholas J	Montgomery
BARNABY JR, MD, Arthur J	Philadelphia
BARNES, MD, Anne U	Philadelphia
BARNES, MD, Ben C	Lehigh
BARNES, MD, Denice M	Bucks
BARNES, DO, Donald J	Bucks
BARNES, MD, W Stephen	Centre
BARNES, MD, William J	Allegheny
BARNES, MD, William T	Centre
BARNES, MD, Willis C	Lackawanna
BARNES II, MD, Arthur E	Westmoreland
BARNETT, MD, Alan J	Allegheny
BARNHART, JONATHAN L	Allegheny
BARNHOUSE, MD, David H	Allegheny
BARNOSKI, MD, John F	Dauphin
BAROLAT-ROMANA, MD, Giancarlo	Philadelphia
BARON, MD, Arthur M	Montgomery
BARON, DO, Bruce	Allegheny
BARON, MD, John	Allegheny
BARON, MD, Raymond C	Philadelphia
BARON, MD, Richard J	Philadelphia
BARON, MD, Scott L	Allegheny
BARON JR, MD, Andrew J	Lackawanna
BARONE, MD, Anthony	Lehigh
BARONE, MD, Frances A	Bucks
BARONE, LILLIAN B	Student
BARONE, MD, Samuel F	Allegheny
BARR, MD, Gary A	Allegheny
BARR, MD, Richard G	Delaware
BARR, MD, V Ward	Lancaster
BARR JR, MD, James H	Allegheny
BARRAS, MD, David I	Luzerne
BARRASSE, MD, Linda D	Lackawanna
BARRER, MD, Mitchell J	Bucks
BARRER, MD, Steven J	Montgomery
BARRERA, MD, Anthony M	Allegheny
BARRETT, ANDREW M	Student
BARRETT, MD, George S	Northampton
BARRETT, MD, James P	Berks
BARRETT, MD, John L	Allegheny
BARRETT, MD, John S	Berks
BARRETT, MD, Judith N	Lehigh
BARRETT, MD, Michael J	Philadelphia
BARRETT, MD, Stephen J	Lehigh
BARRETT, MD, William A	Allegheny
BARRINGER, MD, Lydia R	Philadelphia
BARRIOS, MD, Antonio	Philadelphia
BARRIOS, MD, Mario F	Berks

BARRIS, MD, Bruce J	Bucks
BARRIST, MD, Ellis M	Philadelphia
BARRY, MD, Brenda M	Philadelphia
BARRY, MD, William E	Philadelphia
BARRY, MD, William J	Chester
BARSKY, DO, Howard Edwin	Philadelphia
BARSKY, MD, Rosalind D	Philadelphia
BARSOUM, MD, Adib H	Westmoreland
BARSZCZOWSKI JR, MD, Peter J	Lawrence
BARTAL, MD, Sharon A	Philadelphia
BARTGES, MD, John D	Lancaster
BARTH, MD, Maury C	Allegheny
BARTHAUER, LINDA M	Allegheny
BARTHO, MD, Blaine F	Perry
BARTHOLOMEW, MD, William W	Greene
BARTLE JR, MD, Harvey	Montgomery
BARTLETT, MD, Alexandra S	Philadelphia
BARTLETT, MD, Glen S	Dauphin
BARTLETT, MD, Scott P	Philadelphia
BARTLETT JR, MD, Frederick H	Montgomery
BARTLOW, MD, William P	Lycoming
BARTO, MD, Jack W	Cambria
BARTOLANZO, MD, Robert A	Allegheny
BARTOLET, MD, Terry L	Northampton
BARTON, MD, F Jane	Dauphin
BARTON, MD, James C	Franklin
BARTON, MD, John O	Dauphin
BARTON, MD, Mary C	Dauphin
BARTON, MD, Robert L	Lebanon
BARTOS, MD, Joseph E	Northampton
BARTOS, MD, Sylvia A	Washington
BARTUSIS, MD, Mary A	Bucks
BARTUSKA, MD, Doris G	Philadelphia
BARUA, MD, Subrata P	Westmoreland
BARUSEWYCZ, MD, Sr Maria N	Philadelphia
BARZYK, MD, Peter P	Erie
BASAK, MD, Bijan K	Potter
BASH, KAREN	Allegheny
BASHARA, MD, Thomas J	Lawrence
BASHLINE, DO, Bruce S	Dauphin
BASHLINE, MD, Don L	Mercer
BASHLINE, MD, H Woodrow	Mercer
BASHORE JR, MD, Robert M	Lancaster
BASILE, MD, Joseph	Blair
BASKA, MD, John K	Beaver
BASKIN, MD, Andrew J	Chester
BASOM, MD, Donald E	Mifflin/Juni
BASS, MD, Noah S	Allegheny
BASSALY, MD, Rifaat R	Lawrence
BASSETT, MD, James G	Philadelphia
BASSILIOS, MD, Fouad A	Allegheny
BAST, MD, William R	Adams
BASTIAN, MD, Grace A	Philadelphia
BASTIAN, MD, James R	Lycoming
BATCHELDER, MD, Barron M	Berks
BATCHELET, DO, Richard B	Delaware
BATES, MD, James S	Montour
BATES JR, MD, Ollice	Montour
BATHRICK, MD, Charles E	Erie
BATIPPS, MD, Francis W	Philadelphia
BATIPPS JR, MD, Percy O	Delaware
BATLUCK, DO, David J	Lackawanna
BATOFF, MD, Milton A	Philadelphia
BATOK, MD, Gary R	Luzerne
BATORY, MD, Katherine H	Centre
BATRA, MD, Preet M	Philadelphia
BATTAFARANO, MD, Leonard A	Philadelphia
BATTAFARANO, MD, Nicholas C	Chester
BATTAFARANO, RICHARD J	Student
BATTERTON, MD, Thomas D	Philadelphia
BATTISTA, MD, Frank J	Dauphin
BATTS JR, MD, James A	Philadelphia
BATZER, MD, Frances R	Philadelphia
BAUDER, MD, Elizabeth S	Lehigh
BAUER, MD, Frank L	Allegheny
BAUER, MD, Franz P	Cumberland
BAUER, MD, James E	Indiana
BAUER, MD, James E	Armstrong
BAUER, MD, Robert L	Lebanon
BAUER, MD, Thomas L	York
BAUER, MD, William F	Allegheny
BAUERSFELD, MD, S Richard	Allegheny
BAUM, MD, Edgar S	Lehigh
BAUM, MD, Neil B	Venango
BAUM, MD, Sheldon F	Delaware
BAUM, MD, Stanley	Philadelphia
BAUM-BARVIE, MD, Alicia	Westmoreland
BAUMAN, MD, Dorothy H	Allegheny
BAUMAN, MD, Jeanne A	Allegheny
BAUMAN, MD, Thomas W	Elk/Cameron
BAUMANN, MD, Brenda K	Luzerne
BAUMANN, MD, Thomas L	Luzerne
BAUMGARTEL, MD, Ira E	Allegheny
BAUMWELL, MD, Ivan A	Allegheny
BAURER, MD, Frederic M	Philadelphia
BAUSCH, MD, Andrew N	Lehigh
BAUSCH, MD, Richard D	Lehigh
BAUSCH JR, MD, Frederick R	Lehigh
BAUTISTA, MD, Primo V	Westmoreland
BAVER, MD, George A	Montgomery
BAXTER, MD, John A	Montour
BAYANI JR, MD, Eladio Y	Westmoreland
BAYER, DO, Jay D	Franklin
BAYER, MD, Joseph F	Washington
BAYLOR, KATHY E	Student
BAYRI, MD, Mehmet F	Lehigh
BAYUK, MD, John D	Beaver
BAYUK, MD, Julian M	Montgomery
BAZARNIC, MD, Margaret L	Philadelphia
BAZEL, MD, Saeed	Lehigh
BAZMI, MD, Hassan	Allegheny
BAZMI, MD, Neptune K	Allegheny
BAZRON, MD, Herbert	Allegheny
BAZYLAK, MD, Robert A	Crawford
BAZZOUI, MD, Widad	Mckean
BEACH, MD, John E W	Dauphin
BEACHER JR, MD, George W	Lancaster
BEACHLER, MD, John S	Allegheny
BEACHLEY, MD, Michael C	Allegheny
BEACHY, MD, Ivan E	Cumberland
BEACHY, MD, Stanley C	Cumberland
BEALE, MD, Benjamin R	Dauphin
BEALER, MD, John D	Northampton
BEALL, MD, Sandra C	Lycoming
BEALS III, MD, Norman K	Venango
BEAM, DO, Walter D	Allegheny
BEAN, MD, Carl B	Butler
BEANE, MD, Howard C	Dauphin
BEANE, MD, Susan Jo	Philadelphia
BEAR, DO, Robert S	Philadelphia
BEARD, DENISE M	Allegheny
BEARDWOOD, MD, Donald M	Montgomery
BEASLEY, DO, Robert D	Allegheny
BEATON, DO, David L	Erie
BEATTY, 501, Albert C	Philadelphia
BEAUCHAMP JR, MD, Eugene W	Philadelphia
BEAUDREAU, MD, David G	Allegheny
BEAUGARD, MD, Mark E	Chester
BEAUSANG, MD, Thomas	Schuylkill
BEAVEN, MD, Barry J	York
BEAVER, MD, Warren J	Erie
BEBB, MD, Gregory G	Philadelphia
BECERRA-CABAL, MD, Luis I	Montgomery
BECK, MD, Aaron T	Philadelphia
BECK, MD, Allan G	Philadelphia
BECK, MD, Bonny L	Montour
BECK, MD, Christine H	Northampton
BECK, MD, Donald E	Mercer
BECK, MD, Gerald	Erie
BECK, MD, Jan	Bradford
BECK, DO, Jonathan E	Montgomery
BECK, MD, Robert H	Huntingdon
BECK, MD, Sidney	Philadelphia
BECK, MD, Thomas R	Philadelphia
BECK, MD, William C	Bradford
BECK JR, MD, William C	Montgomery
BECK JR, MD, William W	Philadelphia
BECKER, MD, Andrea J	Montgomery
BECKER, MD, Bruce	Columbia
BECKER, MD, Carl K	Lebanon
BECKER, MD, Hilary J	Lancaster
BECKER, MD, Irwin	Philadelphia
BECKER, MD, Joseph M	Philadelphia
BECKER, MD, Keith R	Montour
BECKER, MD, Martin S	Northampton
BECKER, MD, Nancy S	Philadelphia
BECKER, MD, Stephen E	Blair
BECKER, MD, Ward G	Berks
BECKHARD, MD, Sharon A	Philadelphia
BECKLER, MD, Carl	Lancaster
BECKLEY, MD, Robert F	Lycoming
BECKMAN, EVAN M	Student
BECKMAN, DO, Irwin	Allegheny
BECKMAN, JAMES D	Student
BECKMAN, MD, William R	Adams
BECKWITH, MD, William R	Delaware
BEDDINGS, MD, Alejandro	Bucks
BEDFORD, MD, Richard A	Philadelphia
BEDGER JR, MD, Richard C	Westmoreland
BEDI, MD, Harvinder S	Lancaster
BEDNAREK, MD, Joseph M	Philadelphia
BEDNAREK, MD, Thomas F	Bradford
BEDNARSKI, MD, Jeffrey J	Erie
BEDNARZ, MD, Wallace W	Lycoming
BEDRICK, MD, Edward L	Philadelphia
BEDROSSIAN, MD, E Howard	Delaware
BEDROSSIAN JR, MD, Edward H	Delaware
BEE, MD, Daniel H	Indiana
BEEBY, MD, James L	Erie
BEECHAM, MD, Clayton T	Montour
BEEFERMAN, BRUCE F	Allegheny
BEEKEY JR, MD, Cyrus E	York
BEEKLEY, MD, William H	Chester
BEEM, MD, John W	Berks
BEERMAN, MD, Curtis A	Cambria
BEERMAN, MD, Herman	Philadelphia
BEERS, MD, Kenneth L	Blair
BEETEL, MD, Christopher J	Berks
BEG, MD, Mirza M	Philadelphia
BEGG, MD, Frank R	Allegheny
BEGLEY, MD, Christopher J	Blair
BEGUM, MD, Dilwara	Allegheny
BEH, MD, Walter P	Mercer
BEHAR, MD, Robert D	Philadelphia
BEHBEHANIAN, MD, Mahin D	Delaware
BEHJAT, MD, Fa-Ezeh	Philadelphia
BEHLER, SCOTT C	Allegheny
BEHLKE, MD, Richard T	Lehigh
BEHNKE, MD, Andrew J	Allegheny
BEHREND, MD, Bernard	Philadelphia
BEHRENDT, MD, Richard P	Mercer
BEHUN, MD, Joseph M	Allegheny
BEIDLER, MD, Jon G	Franklin
BEIGHE, MD, Denise I	Montgomery
BEILER, MD, David D	Montour
BEITEL JR, MD, Robert J	Lehigh
BEITTEL, MD, James P	Lancaster
BEITTEL JR, MD, Charles R	Dauphin
BEITZEL, MD, James E	Dauphin
BEIZER, MD, Lawrence H	Philadelphia
BEKOE, MD, Seth	Allegheny
BELASCO, MD, Robert N	Montgomery
BELENKO, MD, Michael I	Monroe
BELICH, MD, Stephen C	Beaver
BELIS, MD, Theodore E	Blair
BELK, MD, H Dean	Allegheny
BELL, DO, Alisa	Montgomery
BELL, MD, Ella C	Philadelphia
BELL, MD, H Craig	Montgomery
BELL, MD, Harry J	Philadelphia
BELL, MD, James B	Delaware
BELL, MD, Lawrence D	Beaver
BELL, MD, Louis D	Philadelphia
BELL, MD, Michael C	Beaver
BELL, MD, Randall W	Montgomery
BELL, MD, Richard T	Berks
BELL, MD, Robert L	Chester
BELL, MD, Stephen T	Lancaster
BELL, MD, Steven D	Philadelphia
BELL, MD, Thomas G	Clearfield
BELL JR, MD, C Ray	Lebanon
BELL JR, MD, David M	Washington
BELL JR, DO, Joseph W	Venango
BELL-THOMSON, MD, John	Philadelphia
BELLA, ISABELITA R	Allegheny
BELLA, MD, Paraluman	Butler
BELLA, MD, Romeo H	Lawrence
BELLANCA JR, MD, Guy L	Westmoreland
BELLARMINO, MD, Francis M	Philadelphia
BELLER, MD, Martin L	Philadelphia
BELLES, MD, Terry A	Lycoming
BELLEW, DO, John H	Lehigh
BELLINGER, MD, E Lee	Tioga
BELLINGER, MD, Mark F	Allegheny
BELLIS, MD, John A	Chester
BELLUS, MD, John J	Montgomery
BELMONT, MD, Donald J	Lehigh
BELMONT, MD, Frank A	Perry
BELMONT, MD, Herman S	Philadelphia
BELMONT, MD, Jonathan B	Montgomery
BELMONT, MD, Owen	Philadelphia
BELOVICH, MD, Debbie L	Dauphin
BELSER JR, ROBERT B	Student
BELTZ, MD, William R	Lycoming
BEM, MD, Thomas P	Centre
BEMILLER, MD, Carl	Schuylkill
BEMIS, MD, Charles Eastman	Philadelphia
BENACK, MD, Andrea	Philadelphia
BENACK, MD, Carl A	Allegheny
BENCIE, MD, David J	Cambria
BENCKART, MD, Daniel H	Allegheny
BENDER, MD, Barry L	Clinton
BENDER, MD, George E	Centre
BENDER, MD, Helene L	Allegheny
BENDER, DO, John H	Berks
BENDER, MD, Joseph	Montgomery
BENDER, MD, Richard J	Allegheny
BENDER, MD, Robert R	Lancaster
BENDER, MD, William A	Franklin
BENDER JR, MD, Frank C	Delaware
BENDERSKY, MD, Gordon	Philadelphia
BENDITT, MD, Philip L	Philadelphia
BENDLIN, MD, Arnaldo	Philadelphia
BENE, MD, Catherine H	York
BENEDICT, MD, John H	Dauphin
BENENSON, MD, Ronald S	York
BENESKI, MD, Daniel A	Delaware
BENINATI, MD, Daniel D	Chester
BENITEZ, MD, Francisco W	Blair
BENJAMIN, MD, David R	Erie
BENJAMIN, MD, Ivor	Philadelphia
BENJAMIN, MD, Kenneth W	Philadelphia
BENJAMIN, MD, Marshall E	Philadelphia
BENKINNEY, MD, James A	Philadelphia
BENKO, MD, Stephen T	Cambria
BENKOVIC, MD, Gregory W	Montour
BENNER, MD, John N	Wyoming
BENNER, MD, Priscilla J	Montgomery
BENNER, ROBERT R	Allegheny
BENNER IV, MD, John H	Chester
BENNETT, MD, Brian H	Delaware
BENNETT, MD, Edward V	Bradford
BENNETT, MD, Hugh D	Philadelphia
BENNETT, MD, Joel A	Philadelphia
BENNETT, MD, John A	Philadelphia
BENNETT, MD, John L	Cambria
BENNETT, MD, John T	Montgomery
BENNETT, MD, Leo L	Erie
BENNETT, MARK A	Student
BENNETT, MD, May H	Allegheny
BENNETT, MD, Michael R	Allegheny
BENNETT, NATHAN L	Student
BENNETT, MD, Raymond L	Susquehanna
BENNETT, MD, Richard H	Philadelphia
BENNETT IV, MD, Joseph S	Montgomery
BENNIGHOF, MD, David C	Beaver
BENOIT, MD, Charles H	Montour
BENOIT, DO, Richard A	Luzerne
BENOVITZ, MD, Burton S	Luzerne
BENSHOFF, MD, Albert M	Cambria
BENSHOFF, MD, Arthur M	Cambria
BENSHOFF, MD, Ericha R	Berks
BENSIMHON, MD, Georges J	Northampton
BENSIMHON, MD, Salomon N	Northampton
BENSON, MD, David R	Centre
BENSON, MD, John R	Philadelphia
BENSON, MARGARET L	Allegheny
BENSON, MD, Melody A	Philadelphia
BENSON, MD, William E	Philadelphia
BENSY, MD, Joseph J	Allegheny
BENSY, MD, Oliver R	Allegheny
BENT III, MD, George	Allegheny
BENTIVOGLIO, MD, Lamberto G	Philadelphia
BENTLEY, MD, Eugene A	Chester
BENTON, MD, Owen D	Washington
BENTZ, MD, Charles R	Mckean
BENTZ, MD, Michael S	Dauphin
BENTZ, MD, Ralph A	Dauphin
BENTZ, DO, William J	Allegheny
BENZ, MD, Edward J	Northampton
BENZ, MD, Robert L	Montgomery
BENZ JR, MD, George H	Allegheny
BENZEL, MD, Stanley	Lehigh
BEPLER, MD, Charles R	Delaware
BERARDI, MD, Ronald S	Westmoreland
BERBERICH, MD, Walter F	Westmoreland
BERCELI, SCOTT A	Allegheny
BERD, MD, Irvin B	Delaware
BERENBAUM, MD, Paul L	Philadelphia
BERENHOLZ, MD, Leonard P	Philadelphia
BERES, MD, Joseph C	Philadelphia
BERESKY, MD, Barnabas S	Erie
BERESNY, MD, Gerald M	Centre
BEREZ, MD, Franne R	Westmoreland
BERG, MD, Alan P	Philadelphia
BERG, MD, George	Allegheny
BERG, MD, Karen A	Philadelphia
BERG, MD, Morton D	Philadelphia
BERG, MD, Philip	Philadelphia
BERG, MD, Saul R	Allegheny
BERGELSON, MD, Victor D	Montgomery
BERGER, MD, Alan	Lehigh
BERGER, MD, Alan S	Philadelphia
BERGER, MD, Bruce C	Philadelphia
BERGER, DO, Gary G	Philadelphia
BERGER, MD, Gary W	Lycoming
BERGER, MD, Harvey J	Chester
BERGER, MD, Ira L	Philadelphia
BERGER, MD, Jay B	Northampton
BERGER, MD, Karl	Cambria
BERGER, MD, Malcolm P	Allegheny
BERGER, MD, Marc S	Monroe
BERGER, MD, Norman S	Lackawanna
BERGER, STANLEY R	Student
BERGER, MD, Winfried M	Huntingdon
BERGHAUS, MD, Lydia F	Cumberland
BERGHER, MD, Moises	Philadelphia
BERGMAN, MD, Elisabeth C	Allegheny
BERGMAN, MD, Gary R	Allegheny
BERGMAN, MD, Martin J	Delaware
BERGNES, MD, Manuel A	Montgomery
BERGQUIST, MD, Erick J	Westmoreland
BERING, MD, Joseph P	Lebanon
BERING, MD, Thomas G	Lancaster
BERING JR, JOSEPH P	Student
BERK, MD, David A	Allegheny
BERK, MD, H Ronald	Allegheny
BERK, MD, Henry M	Montgomery
BERK, LAWRENCE B	Allegheny
BERK, MD, Myles M	Allegheny
BERK, MD, Nathaniel G	Philadelphia
BERK, MD, Theodore F	Cumberland
BERKEBILE, MD, Paul E	Allegheny
BERKEY, MD, Richard L	Allegheny
BERKHEIMER, MD, George A	Dauphin
BERKHEISER, MD, Samuel W	Dauphin
BERKMAN, MD, Eugene F	Beaver
BERKMAN, MD, Ronald O	Allegheny
BERKOW, MD, Don A	Lancaster
BERKOW, MD, Robert	Montgomery
BERKOWITZ, MD, Alan R	Lancaster
BERKOWITZ, MD, Henry D	Philadelphia
BERKOWITZ, MD, Morton I	Allegheny
BERKOWITZ, MD, Peter J	Allegheny
BERLEY, MD, Benjamin S	Luzerne
BERLIN, MD, Charles S	Allegheny
BERLIN JR, MD, Cheston M	Dauphin
BERMAN, MD, Arnold T	Philadelphia
BERMAN, MD, Bruce H	Dauphin
BERMAN, MD, David H	Allegheny
BERMAN, MD, Eli	Monroe
BERMAN, MD, Gail O	Montgomery
BERMAN, MD, Howard J	Westmoreland
BERMAN, MD, Ira J	York
BERMAN, JONAS J	Allegheny
BERMAN, MD, Lewis	Allegheny
BERMAN, MD, Michael A	Allegheny
BERNABEI, MD, Joanne Y	Delaware
BERNACKI, DO, Bernard J	Allegheny
BERNARD, MD, John V	Northampton
BERNARDINO, MD, Evelina A	Bucks
BERNARDINO JR, MD, Vitaliano B	Bucks
BERNATH JR, MD, Albert M	Montour
BERNBERG, MD, Lawrence	Chester
BERNETT, MD, Gary B	Delaware
BERNETT, MD, Timothy M	Bradford
BERNHARD, MD, John J	Lehigh
BERNHARD, MD, Robert A	Lancaster
BERNIER, MD, George M	Allegheny
BERNS, MD, Leon L	Philadelphia
BERNSTEIN, MD, A Alexander	Lackawanna

BERNSTEIN, MD, Edward D	Allegheny
BERNSTEIN, DO, Henry H	Bucks
BERNSTEIN, MD, Larry	Philadelphia
BERNSTEIN, MD, Robert	Union
BERNSTEIN, MD, Robert W	Allegheny
BERNSTEIN, MD, Steven A	Westmoreland
BERNSTINE, MD, Earl L	York
BERNSTINE, MD, J Bernard	Philadelphia
BERONILLA JR, MD, Hilarion A	Fayette
BERRY, MD, George J	Allegheny
BERSCHLING, MD, Chester M	Allegheny
BERTA, MD, Julius W	Warren
BERTOLET, MD, Charles B	Berks
BERTOLETTE, MD, Richard D	Berks
BERTOLI, MD, Carol Lee	Philadelphia
BERTOLI, MD, Robert J	Philadelphia
BERTOLINO, MD, John G	Indiana
BERTOZZI, STEFANO M	Student
BERTRAM, MD, Horst N	Lebanon
BERTRAND, BRUCE K	Allegheny
BERTSCH, MD, Albert M	Susquehanna
BERWICK, MD, Evelyn S	Allegheny
BESARAB, MD, Anatole	Philadelphia
BESECKER, MD, Joseph A	Lancaster
BESSELMAN, MD, David M	Dauphin
BESSER, MD, Joseph P	Philadelphia
BEST, MD, John W	York
BESWICK, MD, David R	Luzerne
BETANCOURT, MD, Sergio E	Allegheny
BETESH, MD, Joel S	Delaware
BETTINGER, MD, Robert	Allegheny
BETTON, MD, Gregory W	Blair
BETTS, DO, Brooks	Northampton
BETTS, MD, Eugene K	Philadelphia
BETZ, MD, Louis H	Union
BETZ, MD, Randal R	Philadelphia
BEVAN, MD, Emma B	Philadelphia
BEVERLY, MD, Avery W	Philadelphia
BEVERLY III, MD, Roland S	Philadelphia
BEVERLY JR, MD, Roland S	Philadelphia
BEVILACQUA, MD, Daniel F	Adams
BEVILACQUA, MD, John E	Philadelphia
BEVILACQUA, MD, Lorraine B	Allegheny
BEYER, MD, H Jeanne	Clearfield
BEYER III, MD, Frederick C	Lancaster
BEYER JR, MD, Francis D	Westmoreland
BEYER JR, MD, Karl H	Philadelphia
BHAGAT, MD, Pragna R	Monroe
BHAGAT, MD, Rajesh G	Monroe
BHAGWANANI, MD, Drupadi G	Allegheny
BHARGAVE, MD, Usha A	York
BHARUCHA, MD, Dilip I	Somerset
BHARUCHA, MD, Shernavaz D	Dauphin
BHASKAR, MD, Ambat G	Somerset
BHATIA, MD, Shyamsunder	Montour
BHATNAGAR, MD, Yudhishter M	Clarion
BHATT, MD, Anjali G	Delaware
BHATT, MD, Drupad	Monroe
BHATT, MD, Mukesh D	Northampton
BHATT, MD, Naresh I	Washington
BHATT, MD, Praful U	Clinton
BHAYANI, MD, Shabir A	Mckean
BHE, MD, H Kwan	Carbon
BHUTANI, MD, Vinod K	Philadelphia
BHUTTA, MD, Omar I	Allegheny
BHYUN, MD, Dae Soo	York
BIALAS, MD, Henry N	Berks
BIALAS, MD, Paul A	Warren
BIALAS, MD, Robert F	Delaware
BIANCA III, MD, Vincent C	Lackawanna
BIANCARELLI, MD, Edmund J	Lackawanna
BIANCULLI, MD, Paul D	Allegheny
BIANROSA, MD, John J	Philadelphia
BICHARA, MD, Wahib M	Delaware
BIDULA, MD, Leo P	Allegheny
BIDULA, MD, Maureen M	Allegheny
BIEBER, MD, Larien G	Lancaster
BIEBUYCK, MD, Julien F	Dauphin
BIELE, MD, Flora H	Philadelphia
BIELECKI, MD, William	Susquehanna
BIEMULLER, MD, Martha L	Philadelphia
BIENIEK, MD, Russell B	Erie
BIERER, MD, Edward D	Armstrong
BIERI, MD, John W	Dauphin
BIERMAN, PAUL S	Student
BIERMANN, MD, William A	Philadelphia
BIESINGER, MD, George J	Blair
BIESTER, ELAINE M	Student
BIGELOW, MD, Karen A S	Philadelphia
BIGELOW, MD, Karen D L S	Philadelphia
BIGGANS, MD, Robert P	Philadelphia
BIGGS, DO, Robert H	Northampton
BIGLAN, MD, Albert W	Allegheny
BIGLER, MD, Robert D	Philadelphia
BIGLETE, MD, Leon T	Northmbrland
BIGLEY, MD, Joseph R	Philadelphia
BIGOS, MD, Edward T	Berks
BIKLE, MD, Charles A	Franklin
BIKLE, MD, H Dwight	Adams
BIKOWSKI, MD, Joseph B	Allegheny
BILANIUK, MD, Larissa T	Delaware
BILBAO, MD, Angel	Allegheny
BILDER, MD, M Joan	Clinton
BILKER, MD, Iris J	Philadelphia
BILKO, MD, Thomas E	Luzerne
BILLAS, MD, Anthony	Montour
BILLIG, MD, Ruth A	Philadelphia
BILLITTIER IV, MD, Anthony J	Allegheny
BILSKY, MD, Alan Charles	Philadelphia
BINAKONSKY, MD, Harry S	Allegheny
BINDER, MD, Michael A	Venango
BINDIE, MD, Richard P	Schuylkill
BINGHAM, MD, Peter M	Philadelphia
BINNICK, MD, Steven A	Montgomery
BINNS, MD, Joseph F	Philadelphia
BINNS, MD, Veronica	Fayette
BINSTOCK, MD, Harold	Allegheny
BINZER, THOMAS C	Student
BIRD, MD, Shawn J	Chester
BIRD, DO, William M	Dauphin
BIRDSALL, MD, Thomas M	Philadelphia
BIRK, MD, Catherine M	Allegheny
BIRKEL, MD, Paul A	Beaver
BIRKMEYER, MD, Lynne M	Dauphin
BIRNBAUM, MD, Michael D	Philadelphia
BIRO JR, MD, Frank	Northampton
BIRRELL, MD, Donald G	Allegheny
BISACCO, MD, Stephen J	Blair
BISCOTTI, MD, Mauer T	Luzerne
BISHOP, MD, David W	Blair
BISHOP, MD, Harry C	Philadelphia
BISHOP, MD, Poni S	Bradford
BISHOP, MD, Richard L	Bradford
BISHOP, MD, Robert P	Montgomery
BISHOP, MD, Sarah	Philadelphia
BISHOP, MD, Wayne E	Centre
BISHOW, MD, I Ralph	Philadelphia
BISIGNANI, MD, Gabriella M	Lackawanna
BISORDI, MD, Joseph E	Montour
BISSET JR, MD, James F	Northampton
BITETTO, MD, Nicola	Berks
BITMAN, MD, Harold L	Philadelphia
BITMAN, MD, Joseph	Philadelphia
BITNER, MD, Walter P	Dauphin
BITTENBENDER, MD, Joseph	Columbia
BITTERLY, MD, Thomas J	Montour
BITTINGER, MD, Ralph E	York
BITTNER, MD, Donald E	Lawrence
BIUCKIANS, MD, Edward	Bucks
BIZOUSKY, MD, Franklin S	Jefferson
BIZUP, MD, Thomas	Schuylkill
BJERKE, MD, Richard J	Allegheny
BJORKLUND, MD, Mark D	Dauphin
BLACK, MD, Judith E	Allegheny
BLACK, MD, Martin	Philadelphia
BLACK, MD, Milton H	Allegheny
BLACK, MD, Perry	Philadelphia
BLACK, DO, Samuel J	Butler
BLACK JR, MD, Harry A	Allegheny
BLACK JR, MD, William A	Lackawanna
BLACKBURN, DO, James H	Montour
BLACKBURN, MD, Joseph M	Elk/Cameron
BLACKBURN, MD, Lawrence F	Westmoreland
BLACKBURN JR, MD, Laurence H	Bucks
BLACKLOW, MD, Robert S	Philadelphia
BLACKSMITH, DO, James E	Dauphin
BLACKSMITH, DO, William A	Dauphin
BLACKSMITH JR, MD, Gary L	Cumberland
BLAIR, MD, Albert J	Allegheny
BLAIR, MD, Frank W	Philadelphia
BLAISDELL, MD, C Theodore	Lehigh
BLAISURE, MD, Beverly C	Clearfield
BLAKE, MD, Douglas R	Lehigh
BLAKE, MD, Hu A	Philadelphia
BLAKE, MD, Jeffery I	Erie
BLAKE, MD, Karl E	Allegheny
BLAKE, MD, Monroe O	Bradford
BLAKE, MD, Paul O	Delaware
BLAKE JR, MD, Alton D	Montgomery
BLAKESLEE, DO, Colson E	Jefferson
BLAKLEY, MD, John B	Allegheny
BLANCH, MD, Joseph J	Philadelphia
BLANCHET, MD, Garrett H	Franklin
BLAND, MD, C Brinley	Philadelphia
BLANDINO, MD, David A	Allegheny
BLANK, MD, Ira B	Montgomery
BLANK, MD, Samuel	Philadelphia
BLANNETT, MD, John D	Delaware
BLANZACO, MD, Andre C	Philadelphia
BLASCO, MD, Luis	Philadelphia
BLASIOL, DO, Joseph J	Lehigh
BLASIOLE, MD, Ralph S	Washington
BLASS, MD, David C	Fayette
BLATCHLEY, MD, Donald M	Westmoreland
BLATT, MD, Mark A	Philadelphia
BLAUM JR, MD, Louis C	Bradford
BLAUM SR, MD, Louis C	Luzerne
BLAUSER, MD, Robert B	Berks
BLECHER, MD, Mark H	Philadelphia
BLECKER, MD, David	York
BLEEDEN, MD, Edward M	Delaware
BLEICHNER, MD, John C	Lycoming
BLEIER, MD, Adolph H	Delaware
BLENDER, DO, Burton	Philadelphia
BLENKO, MD, John W	Allegheny
BLESHMAN, MD, Michael H	Chester
BLESSING, MD, Henry G	Philadelphia
BLEWETT, MD, Charles H	Potter
BLEWITT, MD, George A	Philadelphia
BLIDNER, MD, Martin D	Luzerne
BLINDER, MD, Jeffrey S	Lehigh
BLINKOFF, MD, Barry A	Philadelphia
BLIZZARD, MD, John J	Delaware
BLOCH, MD, Robert S	Northampton
BLOCK, MD, Bruce	Allegheny
BLOCK, MD, David S	Philadelphia
BLOCK, MD, Michael A	Armstrong
BLOCK, MD, Robert A	Philadelphia
BLOCK, MD, Robert C	Cambria
BLOCK, MD, Ronald M	Delaware
BLOCK, MD, Steven	Bucks
BLOCKSTEIN, MD, Robert S	Allegheny
BLODGETT JR, MD, Randolph C	Montour
BLOES, MD, Walter S	Lackawanna
BLOISO, MD, Glenn T	Lycoming
BLOM, MD, Bohen M F	Lycoming
BLOM, MD, Johannes	Lycoming
BLOMAIN, MD, E William	Lackawanna
BLOMAIN, MD, Eric W	Lackawanna
BLOOD JR, MD, Joseph B	Bradford
BLOOD JR, MD, Raymond G	Philadelphia
BLOOM, MD, Benjamin H	Philadelphia
BLOOM, MD, Frederick J	Luzerne
BLOOM, MD, Joseph	Philadelphia
BLOOM, MD, Joseph B	Allegheny
BLOOM, MD, Lawrence H	Philadelphia
BLOOM, MD, Marvin A	Westmoreland
BLOOM, MD, Sharon S	Montgomery
BLOOMER, MD, William D	Allegheny
BLOOMGARDEN, MD, Raphael T	Philadelphia
BLORE JR, MD, James P	Bucks
BLOSCHICHAK, MD, Andrew	Schuylkill
BLOSE, MD, Linda K	Northampton
BLOTZER, MD, John W	York
BLOUGH, MD, Herbert A	Philadelphia
BLOUGH, MD, Leland S	Allegheny
BLUE, MD, Vincent P	Bucks
BLUEMLE JR, MD, Lewis W	Philadelphia
BLUESTEIN, HARVEY J	Allegheny
BLUESTEIN, MD, Hazel M	Montgomery
BLUESTONE, MD, Charles D	Allegheny
BLUM, MD, Larry W	Philadelphia
BLUM, MD, Richard H	Luzerne
BLUMBERG, MD, Alexander W	Lycoming
BLUMBERG, MD, Baruch S	Philadelphia
BLUMBERG, MD, Myron L	Philadelphia
BLUME, MD, Robert P	Allegheny
BLUMENFELD, MD, Barry H	Allegheny
BLUMENSCHEIN, MD, Gertrude	Fayette
BLUMENTHAL, MD, Andrew R	Montgomery
BLUMENTHAL, MD, Charles	Philadelphia
BLUMSTEIN, MD, Charles G	Montgomery
BLUMSTEIN, MD, George I	Philadelphia
BLYTHE, MD, Peggy J	Washington
BOAL, MD, Danielle K	Dauphin
BOAL, MD, Erwin S	Beaver
BOAL, MD, Richard J	Dauphin
BOAL JR, MD, John H	Beaver
BOBAK, MD, Leopold	Fayette
BOBAK, MD, Wladyslaw	Fayette
BOBBY, DO, John L	Allegheny
BOBECK, MD, Henry S	Luzerne
BOBECK, MD, John J	Luzerne
BOBECK, MD, Joseph J	Luzerne
BOBEK, MD, Francis B	Columbia
BOBEN, MD, William R	Luzerne
BOBICK, MD, Frank	Carbon
BOBIN, MD, John J	York
BOBRIN, DO, Marshall C	Philadelphia
BOBROW, MD, Joseph S	Somerset
BOCCAGNO, MD, Phillip A	Lackawanna
BOCHER, MD, Jack	Chester
BOCK, MD, Naomi N	Philadelphia
BODE JR, MD, Frederick W	Allegheny
BODEK, MD, Alvin M	Allegheny
BODMER, MD, Meral O	Northmbrland
BODZIAK, MD, Kenneth A	Allegheny
BOEHME, KEVIN G	Allegheny
BOEHMLER, MD, William J	Berks
BOEHNKE, MD, Manfred	Allegheny
BOGDAN, MD, Ann M	Dauphin
BOGDANOFF, MD, Bruce M	Delaware
BOGDEWIC, MD, Thomas A	Allegheny
BOGEN, MD, Craig A	Philadelphia
BOGER, MD, William P	Philadelphia
BOGGS, MD, Stephanie	Philadelphia
BOGNER, MD, Edward W	Northmbrland
BOGUCKI, MD, Edwin I	Delaware
BOGUCKI, FRED R	Student
BOHARAS, MD, Saul	Allegheny
BOHLENDER, MD, George P	Erie
BOHN, MD, Mark W	Luzerne
BOHNENBLUST, MD, Walter R	Schuylkill
BOHNENBLUST JR, MD, Walter R	Berks
BOHNER, MD, Mary F	Allegheny
BOHRI, MD, James D	Carbon
BOICE, MD, G Newton	Allegheny
BOK, MD, John B	Chester
BOLAND, MD, Stanley W	Lackawanna
BOLAND JR, MD, Francis B	Bucks
BOLANOVICH, MD, Lester J	Allegheny
BOLANOWSKI, MD, Deborah J	Bucks
BOLDEN, MD, Mary C	Allegheny
BOLDEN, MD, Patrick T	Perry
BOLDEN, MD, Richard O	Allegheny
BOLES, VELVA	Allegheny
BOLINE, MD, George B	Dauphin
BOLINGER, MD, Mark S	Huntingdon
BOLLINGER, MD, James R	Chester
BOLMARCICH, MD, Virginia D	Delaware
BOLNO, DO, Charles M	Philadelphia
BOLOTIN, MD, Joseph H	Mercer
BOLSTER, MD, Richard H	Chester
BOLTON, MD, Howard A	Allegheny
BOLUS, MD, Charles M	Lackawanna
BONACCI, MD, Richard J	Luzerne
BONACCORSI, MD, Diane T	Berks
BONADIO, MD, Peter M	Allegheny
BONAKDAR-POUR, MD, Akbar	Philadelphia
BONAN, MD, A Ferdinand	Philadelphia
BONANNI, MD, Loretta D	Chester
BONANNI JR, FERNANDO B	Student
BONAVENTURA, MD, Marguerite	Allegheny
BONCHEK, MD, Lawrence I	Lancaster
BONDI, MD, Edward Edge	Philadelphia
BONDI, MD, Frank R	Allegheny
BONDI, MD, Richard P	Allegheny
BONDY, MD, Thomas J	Cambria
BONEKEMPER, MD, Thomas W	Lehigh
BONESSI, MD, James V	Allegheny
BONESSI EXEC SEC, MRS COBY	Washington
BONET, MD, Luis	Allegheny
BONGIOVANNI, DO, Andrew G	Chester
BONI JR, MD, Dino R	Washington
BONIFACE, MD, Dolores J	Allegheny
BONITA, MD, Louis B	Luzerne
BONITA, MD, Raphael	Luzerne
BONNER, MD, Dennis J	Bucks
BONNER, MD, James F	Delaware
BONNER, MD, James J	Berks
BONNER, MD, Mary J	Berks
BONNER, MD, Robert A	Lycoming
BONNER, MD, William F	Bucks
BONNER JR, MD, Francis J	Montgomery
BONO, MD, John	Armstrong
BONONI, MD, Paula A	Montgomery
BONOS III, MD, Charles T	Lehigh
BONTEMPO, MD, Franklin A	Beaver
BONUCCI, MD, Bruno L	Fayette
BOO, MD, Ki T	Lehigh
BOOGAARD, MD, Ronald G	Lebanon
BOOHER, MD, Erin L	Allegheny
BOOK, MD, Morris M	Beaver
BOOKERT, MD, Charles C	Allegheny
BOOKHAMMER, MD, Robert S	Philadelphia
BOOKHART, MD, Ronald C	Philadelphia
BOOKWALTER, MD, John W	Allegheny
BOONE, MD, Edgar A	Mercer
BOONE, MD, Joy L	Mercer
BOONIN, MD, Alan	Luzerne
BOONSWANG, MD, Pricha	Northampton
BOONVISUDHI, MD, Thumrong	Fayette
BOOR, MD, John W	Delaware
BOOTH, MD, George	Allegheny
BOOTH JR, MD, Robert E	Philadelphia
BOOVA, MD, Robert S	Delaware
BORA, MD, Gulderen N	Montgomery
BORAH, MD, Bishnu C	Bucks
BORAN, MD, Robert P	Schuylkill
BORAN, MD, Thomas V	Schuylkill
BORDEN, MD, Anthony G	Philadelphia
BORDEN, DO, Stanley J	Montgomery
BORECKY, MD, David C	Cambria
BORETSKY, MD, Harry	Allegheny
BORETSKY, MD, Robert H	Allegheny
BORGER, MD, Lee J	Warren
BORGIA, MD, Frank A	Allegheny
BORIOSI, MD, Guido D	Lackawanna
BORIS, DO, Walter J	Dauphin
BORJA, MD, Rogelio I	Butler
BORKOVIC, MD, Embrie J	Beaver
BORKOW, MD, Joel E	Cambria
BORKOWSKI, MD, Bernard B	Philadelphia
BORKOWSKI, MD, Winslow J	Philadelphia
BORN, MD, Christopher T	Philadelphia
BORN, MD, Michael W	York
BORNS, MD, Patricia F	Philadelphia
BORNT, MD, Marsha D	York
BORON, MD, Robert J	Clearfield
BORON, MD, Ronald L	Allegheny
BORON, MD, Stella M	Indiana
BOROW, MD, Lawrence S	Philadelphia
BOROW, MD, Sydney	Philadelphia
BOROWSKI, MD, Gregory D	Lackawanna
BOROWSKY, MD, Larry M	Philadelphia
BORRA, MD, Bolliaih	Luzerne
BORRISON, MD, Joseph A	Allegheny
BORTIN, MD, Leonard	Philadelphia
BORTNER, MD, Donald L	York
BORTZ, ALAN D	Allegheny
BORTZ, MD, Donald W	Westmoreland
BORUS, MD, Harry E	Allegheny
BORYS, SUSAN F	Student
BORZUTSKY, MD, Carlos A	Allegheny
BOSACCO, MD, Stephen J	Philadelphia
BOSCHA, MD, Kenneth W	Westmoreland
BOSCHETTI, DO, John	Delaware
BOSCIA, MD, Jerome A	Philadelphia
BOSELLI, MD, Bruce D	Bradford
BOSSE, MD, Milton D	Allegheny
BOTKIN, MD, Lester H	Allegheny
BOTT, MD, Andrew C	Philadelphia
BOUCHARD, MD, Roger	Clearfield
BOUCHER, MD, William F	Lehigh
BOURDAKOS, MD, Nicolas G	Allegheny
BOUVIER, MD, Marianne	Allegheny
BOVE, MD, Frank A	Philadelphia
BOVE, MD, Richard L	Philadelphia
BOWEN, MD, Anne C	Chester
BOWEN, MD, Dale T	Lehigh
BOWEN, MD, John C	Allegheny
BOWEN III, MD, Adelbert	Allegheny
BOWEN JR, MD, Frank W	Philadelphia

BOWEN JR, MD, Thales	Montgomery
BOWER, MD, Harry B	Dauphin
BOWER, MD, James H	Dauphin
BOWER, MD, James N	Lawrence
BOWER, MD, John R	Berks
BOWER, MD, Robert	Philadelphia
BOWER, MD, Robert J	Chester
BOWER, MD, Samuel C	Clinton
BOWER SR, MD, John R	Berks
BOWERS, MD, Barbara A	York
BOWERS, MD, David N	Berks
BOWERS, MD, David W	Lancaster
BOWERS, MD, Leroy W	Blair
BOWERS, MD, Paul A	Philadelphia
BOWERS, MD, Robert M	Tioga
BOWERS, MD, Roger P	Bradford
BOWERS, STEVEN K	Allegheny
BOWES, MD, Donald E	Montour
BOWIE, MD, Morris A	Montgomery
BOWLING, MD, Chetwynd E	Philadelphia
BOWMAN, MD, David H	Blair
BOWMAN, MD, Herbert S	Dauphin
BOWMAN, MD, James E	Philadelphia
BOWMAN, MD, John H	Lancaster
BOWMAN, MD, Michael W	Allegheny
BOWMAN, MD, Robert G	Allegheny
BOWMAN, MD, Sallyann	Philadelphia
BOWMAN JR, MD, Douglas F	Mckean
BOWMAN JR, MD, Thomas E	Dauphin
BOXER, MD, Arthur D	Montgomery
BOXER, LOUIS M	Student
BOYD, MD, Dale W	Schuylkill
BOYD, MD, Kenneth J	Delaware
BOYD, MD, Robert L	Delaware
BOYD, MD, William J	Dauphin
BOYEK, MD, Michael F	Bradford
BOYEK, MD, Timothy J	Chester
BOYER, MD, George S	Lehigh
BOYER, MD, Randal A	Philadelphia
BOYER, MD, Walter E	Venango
BOYKIW, MD, Mark E	Indiana
BOYKIW, MD, Russel A	Clearfield
BOYLAN, MD, James J	Northampton
BOYLAN JR, MD, Raymond J	Allegheny
BOYLE, MD, Bruce C	Westmoreland
BOYLE, MD, Denis A	Delaware
BOYLE, MD, Eileen M	Allegheny
BOYLE, MD, Hugh G	Luzerne
BOYLE, MD, James W	Allegheny
BOYLE, MD, L Eamonn	York
BOYLE, MD, Richard C	Erie
BOYLE, MD, William H	Luzerne
BOYLE JR, MD, Denis A	Delaware
BOYLER, MD, Lawrence J	Franklin
BOYSEN, MD, Homer	Schuylkill
BOZIC, MD, Albert F	Lycoming
BOZIC, MD, William F	Allegheny
BRAAT, KEVIN	Student
BRABAZON, DO, John F	Lancaster
BRABENDER, REBECCA R	Allegheny
BRABSON, MD, Howard W	Beaver
BRACE, MD, Frederick H	Philadelphia
BRACKBILL, MD, Elizabeth J	Berks
BRACKEN, DAVID L	Student
BRACKIN, MD, George G	Bucks
BRACKIN, MD, Phillip S	Montgomery
BRACKIN JR, MD, John T	Montgomery
BRADEN, MD, Geoffrey L	Philadelphia
BRADEN JR, MD, Frank R	Allegheny
BRADER, MD, Eric W	Allegheny
BRADFORD, MD, Bradley J	Allegheny
BRADFORD, MD, John D	Chester
BRADFORD, MD, Paul L	Montgomery
BRADLEY, MD, Betty H	Allegheny
BRADLEY, MD, Samuel M	Cambria
BRADLEY, MD, Vernon F	Blair
BRADLEY, MD, William L	Fayette
BRADLEY JR, MD, Robert H	Philadelphia
BRADLEY JR, MD, William P	Allegheny
BRADSHAW, SUSAN R	Allegheny
BRADSTREET, MD, Richard P	Dauphin
BRADY, MD, Anna M	Philadelphia
BRADY, MD, Douglas F	Westmoreland
BRADY, MD, James P	Philadelphia
BRADY, MD, John C	Luzerne
BRADY, MD, John P	Luzerne
BRADY, MD, Joseph A	Montgomery
BRADY, JOSEPH J	Student
BRADY, MD, Luther W	Philadelphia
BRAFFMAN, MD, Michael N	Philadelphia
BRAGDON, MD, Robert W	Allegheny
BRAGER, ROBERT J	Allegheny
BRAHMAKULAM, MD, Paul M	Mifflin/Juni
BRAHOS, MD, Anthony G	Westmoreland
BRAITMAN, MD, Robert A	Philadelphia
BRAJER, MD, Jason	Philadelphia
BRALLIER, MD, Hugh W	Westmoreland
BRALOW, MD, S Philip	Philadelphia
BRAMOWITZ, MD, Alan D	Allegheny
BRANAS, DO, John A	Lancaster
BRANCA, MD, Paul Anthony	Philadelphia
BRAND, MD, Carol E	Allegheny
BRANDFASS, MD, W Taylor	Delaware
BRANDMAN, MD, Ita S	Philadelphia
BRANDON, MD, John M	Washington
BRANDON, MD, Phyllis K	Armstrong
BRANDSTETTER, MD, Louis H	Allegheny
BRANDT, MD, Craig S	Allegheny
BRANDT, MD, John P	Clinton
BRANDT, MD, Robert I	Beaver
BRANDY, MD, Dominic A	Allegheny
BRANIGAN, MD, Alison E	Montgomery
BRANIN, DO, Bruce K	Lackawanna
BRANNIGAN, MARGARET M	Student
BRANSCUM, MD, George P	Cumberland
BRANT, MD, Carl E	Westmoreland
BRANTNER, MD, Jim N	Mercer
BRASHER, MD, Bruce M	Northampton
BRASILE, DO, Domenick J	Erie
BRASLOW, DO, Daniel	Bucks
BRASLOW, MD, Norman H	Delaware
BRAUER, MD, Marvin D	Dauphin
BRAUN, MD, Jean B	Fayette
BRAUN, MD, Thomas M	Washington
BRAUN III, MD, William P	Northampton
BRAUNEGG JR, MD, Paul W	Dauphin
BRAUNFELD, DO, Robert	Delaware
BRAV, MD, Solomon S	Philadelphia
BRAVEMAN, MD, Bernard L	Allegheny
BRAVETTE, MD, Barry A	Philadelphia
BRAY, MD, John S	Dauphin
BRAY, MD, Joseph B	Chester
BRAY, MD, Joshua C	Montgomery
BRAY, MD, Susan H	Philadelphia
BRAYMAN, MD, Kenneth L	Philadelphia
BRAZEL, MD, Joseph F	Cumberland
BREARLY, MD, Wayne R	Allegheny
BRECHER, MD, Eugene	Philadelphia
BRECHER, MD, Jeffrey A	Bucks
BRECKENRIDGE, MD, John W	Montgomery
BREHM, MD, Hans H	Monroe
BREIN, MD, Kenneth R	York
BREIT, MD, Robert N	Allegheny
BREITE, MD, Herbert J	Bradford
BREITFELD, MD, Volker	Allegheny
BREMER, MD, Harry J	Cambria
BREN, DO, Deborah A	Lehigh
BRENEMAN, MD, John W	Franklin
BRENES, MD, Gilbert	Allegheny
BRENMAN, MD, Arnold K	Philadelphia
BRENNAN, EDWARD J	Student
BRENNAN, MD, James T	Philadelphia
BRENNAN, MD, John P	Luzerne
BRENNAN, MD, Joseph E	Philadelphia
BRENNAN, MD, Joseph J	Lycoming
BRENNAN, MD, Patrick J	Chester
BRENNAN, MD, Richard E	Beaver
BRENNEMAN, MD, Paul G	Bucks
BRENNEMAN, MD, Richard E	Northampton
BRENNEN, MD, Robert F	Lehigh
BRENNER, MD, Barry S	Philadelphia
BRENNER, MD, Louis O	Dauphin
BRENNER, DO, Richard P	Philadelphia
BRENNER, MD, Sophie A	Philadelphia
BRENT, MD, Lawrence B	Allegheny
BRENT, MD, Nancy B	Allegheny
BRERETON, MD, Harmar D	Lackawanna
BRERETON, MD, William F	Erie
BRESLER, MD, Faye T	Allegheny
BRESLER, MD, R Ralph	Philadelphia
BRESLIN, MD, Janet M	Allegheny
BRESLIN, MD, Joseph A	Lancaster
BRESLOW, MD, Irwin H	Philadelphia
BRESS, MD, Alan N	Allegheny
BRESS, MD, James C	Allegheny
BRESSI JR, MD, Thomas E	Montgomery
BREST, MD, Albert N	Philadelphia
BREST, MD, Norman A	Montgomery
BRETHAUER JR, MD, Edward A	Allegheny
BRETT III, MD, George W	Beaver
BRETZ, MD, Karen A	Lehigh
BREVETTA, MD, Richard J	Mercer
BREWER, MD, Richard J	Luzerne
BREWER, MD, Robert H	Lancaster
BREZIN, MD, Joseph H	Philadelphia
BREZNICK, DAVID A	Student
BRICKER, MD, Samuel Q	Franklin
BRICKHOUSE, MD, Herman M	Lycoming
BRICKLEY, MD, Kenneth S	Clinton
BRICKLEY, MD, Richard S	Westmoreland
BRICKNELL, MD, Paul P	Dauphin
BRIDE, DO, Thomas P	York
BRIDENBAUGH, MD, G Alan	Clinton
BRIDENBAUGH, MD, Robert P	Blair
BRIDGMAN, MD, Peter A	Philadelphia
BRIER, MD, Jonathan A	Philadelphia
BRIER, MD, Peter M	Dauphin
BRIGHAM, MD, Marie H	Allegheny
BRIGHTON, MD, Carl T	Philadelphia
BRIGNOLA, MD, Michael P	Philadelphia
BRILL, MD, David R	Montour
BRILL, MD, Francis W	Lackawanna
BRILL, MD, Joseph M	Delaware
BRILLMAN, MD, David A	Allegheny
BRILLMAN, MD, Jon	Allegheny
BRINDISI, MD, Gaetano	Philadelphia
BRINGHURST, MD, Louis S	Chester
BRINK, MD, Earl J	Allegheny
BRINKMEYER, DO, Scott D	Allegheny
BRINZ, MD, Laura A	Jefferson
BRISINI, MD, Patrick D	Cambria
BRISKIN, MD, Jonathan A	Delaware
BRISTER, MD, Randy	Bucks
BRITTON, MD, L Lynne	Dauphin
BRIZUELA, MD, Hernan R	Philadelphia
BROAD, MD, Kathleen M	Dauphin
BROAD, MD, Louis T	Philadelphia
BROAD, MD, Todd H	Bucks
BROADHEAD, MD, Richard	Allegheny
BROBYN, MD, Thomas J	Philadelphia
BROCK, MD, Charlene M	Philadelphia
BROCK, MD, David C	Berks
BROCK, MD, Richard R	Dauphin
BROCKMAN, MD, Ronald J	Montgomery
BROCKMAN, MD, Stanley K	Philadelphia
BROCKMYER, MD, M Lawrence	Erie
BROD, MD, Robert C	Delaware
BRODER, MD, George J	Philadelphia
BRODERSON, MD, Hal S	Philadelphia
BRODIE, MD, Donald E	Bucks
BRODIS, MD, Walter E	Mckean
BRODMERKEL JR, MD, George J	Allegheny
BRODOVSKY, MD, Harvey S	Philadelphia
BRODSKY, MD, Isadore	Philadelphia
BRODSKY, MD, Robert L	Allegheny
BRODSKY, MD, Steven G	Beaver
BRODY, MD, Jerome I	Philadelphia
BRODY, MD, Julia B	Philadelphia
BRODY, MARION B	Student
BRODY, MD, Morris W	Philadelphia
BROENNLE, MD, Albert M	Philadelphia
BROGAN, MD, Edmund J	Philadelphia
BROGAN, MD, John J	Philadelphia
BROGAN, MD, Louis E	Philadelphia
BROHM, MD, Charles G	Jefferson
BROKER, BRIAN J	Student
BROMBERG, MD, Jonathan	Philadelphia
BROMBERG, MICHAEL E	Student
BROMMER, MD, Oliver R	Philadelphia
BRON, MD, Klaus M	Allegheny
BRONFMAN, MD, Alexander	Bucks
BRONFMAN, MD, Howard J	Dauphin
BRONITSKY, MD, Barbara G	York
BRONITSKY, MD, Carl N	Dauphin
BRONSTEIN, MD, Howard D	Philadelphia
BRONSTEIN, MD, Judith B	Philadelphia
BRONSTEIN, MD, Robert M	Philadelphia
BRONSTEIN, MD, Seymour B	Luzerne
BROOK, MD, Gail S	Allegheny
BROOKS, MD, Charles M	Lehigh
BROOKS, MD, Daniel H	Allegheny
BROOKS, MD, Dennis L	Philadelphia
BROOKS, MD, Frank P	Philadelphia
BROOKS, MD, Gerald M	Crawford
BROOKS, MD, Harry R	Dauphin
BROOKS, MD, James L	Greene
BROOKS, MD, Jane F	Wayne/Pike
BROOKS, DO, John E	Clarion
BROOKS, DO, John M	Clarion
BROOKS, MICHAEL J	Student
BROOKS, MD, Robert	Philadelphia
BROOKS, MD, Ronald J	Montgomery
BROOKS, DO, Timothy S	Clarion
BROOKS III, MD, James L	Allegheny
BROOKS JR, MD, Clint E	Delaware
BROPHY, MD, Dow E	Cumberland
BROSCIUS, MD, Benjamin M	Northmbrland
BROSELOW, MD, David D	Philadelphia
BROSKEY, DO, Richard D	Philadelphia
BROSNAN, MD, William J	Philadelphia
BROSOH, MD, Faith A	Philadelphia
BROSS, MD, James E	Montour
BROSTOFF, MD, Leon M	Allegheny
BROSTOFF, MD, Philip	Allegheny
BROTHERSON, MD, Gary T	Erie
BROUARD, YVONNE J	Allegheny
BROUCKE, MD, Ingrid M	Allegheny
BROUDO, MD, Samuel F	Philadelphia
BROUDY, MD, Arnold S	Allegheny
BROUGHER, MD, David E	Allegheny
BROUILLETTE, MD, Douglas E	Allegheny
BROUSSARD, MD, Elsie R	Allegheny
BROWN, MD, A Craig	Erie
BROWN, MD, Andrew J	Allegheny
BROWN, DO, Avrom S	Philadelphia
BROWN, MD, Charles R	Allegheny
BROWN, MD, Christopher L	Lehigh
BROWN, MD, Clark E	Philadelphia
BROWN, MD, Donald C	Westmoreland
BROWN, MD, Doyle H	Bradford
BROWN, MD, Elizabeth B	Delaware
BROWN, MD, Frederick G	Montour
BROWN, MD, Fredric S	Luzerne
BROWN, MD, Gary C	Philadelphia
BROWN, MD, George L	Montgomery
BROWN, MD, H Zane	Lancaster
BROWN, MD, Harold E	Montour
BROWN, MD, J Oliver	Philadelphia
BROWN, DO, Janet L	Chester
BROWN, MD, John E	Venango
BROWN, MD, John L	Clinton
BROWN, MD, John M	Northampton
BROWN, MD, Joy M	Monroe
BROWN, MD, Laurie S	Venango
BROWN, MD, Manson	Venango
BROWN, DO, Marion L	Delaware
BROWN, MD, Mark S	Potter
BROWN, MD, Matthew G	Mercer
BROWN, MD, Michael D	Union
BROWN, MD, Michael E	York
BROWN, MD, Nathan	Chester
BROWN, MD, Ralph R	Indiana
BROWN, MD, Raymond D	Philadelphia
BROWN, MD, Richard J	Lancaster
BROWN, MD, Richard L	Philadelphia
BROWN, MD, Robert B	Allegheny
BROWN, MD, Robert E	Lancaster
BROWN, MD, Robert L	Luzerne
BROWN, MD, Sheila	Northampton
BROWN, MD, Sylvan	Lackawanna
BROWN, MD, William E	Montgomery
BROWN, MD, William E	Mercer
BROWN, WILLIAM F	Student
BROWN 5TH, MD, Thomas W	Bucks
BROWN JR, MD, Frank E	Chester
BROWN JR, MD, James T	Allegheny
BROWN JR, MD, Joseph S	Mifflin/Juni
BROWN JR, MD, Louis A	Philadelphia
BROWN JR, MD, M Evans	Montgomery
BROWN JR, MD, William C	Bucks
BROWN-ABBOTT, MD, Lorna P	Allegheny
BROWN-BIEBER, MD, Dale E	Lebanon
BROWNE, MD, Laurence T	Philadelphia
BROWNGOEHL, MD, Kevin H	Delaware
BROWNGOEHL, MD, Laurie A	Chester
BROWNSTEIN, MD, Bruce K	Philadelphia
BROWNSTEIN, MD, Israel E	Philadelphia
BROWNSTEIN, MD, Phillip K	Philadelphia
BRUBAKER, MD, J Kenneth	Lancaster
BRUBAKER, MD, Jacob H	Lancaster
BRUBAKER, MD, Paul E	Lancaster
BRUBAKER, MD, Warren W	Dauphin
BRUBAKER JR, MD, Herman W	Franklin
BRUCE, MD, William B	Union
BRUCKER, MD, Alexander J	Philadelphia
BRUCKER, MD, Paul C	Philadelphia
BRUNDAGE, MD, John T	Lackawanna
BRUNDAGE, MD, Robert P	Lackawanna
BRUNELLI, MD, William J	Mckean
BRUNETT, PATRICK H	Allegheny
BRUNGO, MD, James J	Allegheny
BRUNGO, MD, John A	Allegheny
BRUNGO, MD, John D	Allegheny
BRUNING III, CARL O	Allegheny
BRUNN JR, MD, Henry M	Allegheny
BRUNNER, MD, Richard A	Philadelphia
BRUNO, MD, Carman S	Allegheny
BRUNO, DO, Elena P	Philadelphia
BRUNO, MD, James R	Luzerne
BRUNO, MD, Jorge C	Allegheny
BRUNO, MD, Leonard A	Philadelphia
BRUNO, MD, Maria A	Westmoreland
BRUNO, MD, Pat J	Northmbrland
BRUNO, MD, Stephen C	Allegheny
BRUNO JR, MD, Joseph N	Luzerne
BRUNO SR, MD, Joseph N	Luzerne
BRUNSKILL, MD, Dennis E	Allegheny
BRUNT JR, MD, Manly Y	Philadelphia
BRUTICO, MD, Anthony C	Lackawanna
BRUTICO JR, MD, Carmen A	Lackawanna
BRUTON, MD, Charles W	Chester
BRUTTS, DENISE E	Student
BRYAN, MD, Frank S	Cumberland
BRYAN, MD, Thomas M	Dauphin
BRYAN JR, MD, John S	Bucks
BRYAN JR, MD, Ross E	Warren
BRYANSMITH, MD, Dale	Philadelphia
BRYANT, MD, David W	Cumberland
BRYANT JR, MD, Winston M	Philadelphia
BRYANT-STEPHENS, MD, Tyra C	Philadelphia
BRYLAWSKI, MD, Michael	Philadelphia
BRYSON, MD, Richard L	Lancaster
BRZOZOWSKI, MD, Lawrence A	Berks
BRZOZOWSKI, MD, Leonard L	Philadelphia
BU, MD, Tae-Hyung	Erie
BUB, MD, Barry	Berks
BUCAN, MD, Michael	Luzerne
BUCAR, MD, John R	Allegheny
BUCCI, MD, Arthur J	Allegheny
BUCH, MD, David L	Bucks
BUCH, MD, Robert R	Lancaster
BUCH, MD, Sandhya Y	Berks
BUCHANAN, MD, Edwin B	Allegheny
BUCHANAN, MD, James L	Allegheny
BUCHANAN, MD, James R	Dauphin
BUCHANAN, MD, William K	Allegheny
BUCHANAN IV, MD, Harry W	Lehigh
BUCHDAHL, MD, Alice J	Allegheny
BUCHER, MD, Robert G	Bucks
BUCHHEIT, MD, William A	Philadelphia
BUCHMAN, MD, David H	Indiana
BUCHMAN, MD, Robert R	Allegheny
BUCK, MD, Ann L	Allegheny
BUCK, MD, Keith K	Armstrong
BUCK, MD, Rudolph L	Allegheny
BUCK, MD, Ruth E	Montgomery
BUCKEY, MD, Joseph T	Luzerne
BUCKINGHAM, MD, Robert B	Allegheny
BUCKINGHAM, MD, Robert C	Dauphin
BUCKLEW, MD, Lawrence A	Allegheny
BUCKLEY, MD, Marina	Wayne/Pike
BUCKLEY, MD, Richard E	Wayne/Pike
BUCKLEY, MD, Roland M	Philadelphia
BUCKLEY, MD, Ronald J	Lehigh
BUCKMAN, MD, Peter Daniel	Philadelphia
BUCKMAN, MD, Samuel T	Luzerne
BUCKO JR, MD, Matthew I	Montgomery
BUCKTHAL, MD, Paul E	Bradford
BUCKWALTER, MD, Jeffrey A	Bucks
BUCKWALTER, MD, Richard A	Montgomery
BUCKWALTER, MD, Victor L	Lancaster
BUCS, MD, Roger G	Dauphin
BUDD, MD, Robert M	Allegheny
BUDENZ, MD, Donald L	Montgomery
BUDURA, MD, Paul	Northampton
BUENAVENTURA, MD, Milagros P	Dauphin

BUENDIA, MD, Antonio V B	Northmbrland
BUENDIA, MD, Mary Lou J	Northmbrland
BUERGER JR, MD, George F	Allegheny
BUERK, MD, Minerva S	Montgomery
BUERKLIN, MD, Ellen M	Philadelphia
BUFFER JR, SAM A	Allegheny
BUFFONE, MD, David A	Jefferson
BUHR, MD, Bruce R	Dauphin
BUISER, MD, Rodolfo A	Mercer
BULATAO, MD, Agapito V	Berks
BULGER, MD, Donald W	Blair
BULGER, MD, Richard H	Blair
BULKLEY, MD, Andrew D	Bucks
BULLARD JR, MD, Ray E	Westmoreland
BULLINGTON, MD, Sunny J	Northmbrland
BULLOCK, MD, Anne C	Philadelphia
BULLUCK, MD, David E	Philadelphia
BULOVA, MD, Stephen I	Philadelphia
BULSECO, MD, Joseph L	Beaver
BULSECO, MD, Patricia J	Allegheny
BUMBAUGH, DO, James H	Allegheny
BUMGARDNER, MD, James L	Bucks
BUNAO, MD, Romulo M	Bradford
BUNDY, MD, Thomas W	Franklin
BUNESE, MD, Horst J	Philadelphia
BUNKER, MD, Mark L	Allegheny
BUNYA, MD, Vathana	Philadelphia
BUNYA, MD, Vathana O	Philadelphia
BUNYOR, MD, Agnes K	Huntingdon
BUONOCORE, MD, Bonnita K	Montgomery
BURAK, MD, William E	Luzerne
BURBRIDGE, MD, Geoffrey R	Erie
BURBRIDGE JR, MD, I Ralph	Erie
BURDA, MD, Marianne L	Allegheny
BURDEN, MD, Samuel S	Montgomery
BURDICK, MD, Mitchell	Erie
BURES, MD, J Conrad	Westmoreland
BURG, MD, Fredric D	Philadelphia
BURGBACHER, MD, James S	Cambria
BURGER, MD, Joseph G	Beaver
BURGER, MD, Regis F	Allegheny
BURGER, MD, Theodore P	Northampton
BURGESS, MD, Geoffrey M	Chester
BURGESS, JUDITH E	Student
BURGET JR, MD, Dean E	Butler
BURGIN, MD, Walter H	Dauphin
BURGOYNE, MD, Andrew S	Bucks
BURINSKY, DO, Ronald L	Berks
BURKE, MD, Christopher A	Allegheny
BURKE, MD, Frank A	Montour
BURKE, MD, James F	Montgomery
BURKE, MD, James M	Philadelphia
BURKE, MD, M Susan	Montgomery
BURKE, MD, Marshall L	Beaver
BURKE III, MD, Charles J	Allegheny
BURKET, MD, Louis C	Blair
BURKET, MD, Ramon C	Blair
BURKETT, MD, Donald E	Cambria
BURKEY, MD, David J	Allegheny
BURKEY, MD, Fred J	Allegheny
BURKHART, MD, Charles B	Montgomery
BURKHOLDER, MD, John A	Allegheny
BURKHOLDER, MD, Thomas O	Lehigh
BURKLE, MD, Joseph S	York
BURKLEY JR, MD, Louis F	Northampton
BURKS, MD, John M	Lycoming
BURLAND, MD, J Alexis	Philadelphia
BURLINGAME, MD, Mark W	Lancaster
BURMEISTER, MD, Charles W	Bucks
BURNETT, MD, George W	Lancaster
BURNS, MD, Donald T	Berks
BURNS, MD, Frank D	Franklin
BURNS, MD, J Robert	Montour
BURNS, MD, Jesse E	Montgomery
BURNS, MD, William T	Dauphin
BURNS JR, MD, Charles N	Luzerne
BURNS SR, MD, Charles N	Luzerne
BURR, JOHN S	Student
BURROS, MD, Harry M	Philadelphia
BURROWS, MD, Stanley B	Philadelphia
BURRY, MD, William C	Monroe
BURSALI, MD, Salahattin	Westmoreland
BURSICK, MD, Daniel M	Allegheny
BURSTEIN, MD, Frank	Philadelphia
BURSTEIN, MD, Stuart S	Allegheny
BUSCH, MD, Michael F	Lehigh
BUSCHER, MD, John R	Allegheny
BUSCHI, MARIE	Student
BUSCHIAZZO, MD, Horacio J	Philadelphia
BUSH, MD, Alton J	Armstrong
BUSH, MD, David C	Montour
BUSH, MD, Herman	Beaver
BUSH, MD, Stephen T	Cambria
BUSH, TODD A	Student
BUSH, MD, William B	Dauphin
BUSH, MD, William M	Berks
BUSHKOFF, MD, Stanley H	Allegheny
BUSHLESS, DIANA L	Allegheny
BUSHWICK, MD, Bruce M	York
BUSHYAGER, MD, Ross M	Montgomery
BUSILLO, MD, Nicholas A	Delaware
BUSIS, MD, Neil A	Allegheny
BUSIS, MD, Sidney N	Allegheny
BUSKO, MD, Carlton W	Lancaster
BUSLER JR, MD, Verne M	York
BUTCHER, MD, Richard J	Montour
BUTCOFSKI, MD, James S	Luzerne
BUTERA, MD, Vincent	York
BUTERBAUGH, MD, Glenn A	Allegheny
BUTERBAUGH, MD, John C	Greene
BUTERBAUGH, JOHN E	Student
BUTKIEWICZ, MD, Bernard L	Lycoming
BUTLER, MD, Anne K	Tioga
BUTLER, MD, Charles H	Chester
BUTLER, MD, Christopher L	Allegheny
BUTLER, MD, Horace G	Monroe
BUTLER, MD, Ivan L	York
BUTLER, LAWRENCE J	Allegheny
BUTLER, MD, Melvin V	Philadelphia
BUTSON, MD, Harry E	Philadelphia
BUTT, MD, Hameed A	Luzerne
BUTT JR, MD, Frank H	Warren
BUTTERFIELD, MD, Spencer L	Allegheny
BUTTERWORTH, MD, Thomas	Berks
BUVINGER, MD, Ralph S	Allegheny
BUXTON JR, MD, Donald R	Dauphin
BUYERS, MD, Robert A	Montgomery
BUZAS, MD, Jerome W	Berks
BUZBY, MD, Franklin S	Philadelphia
BUZBY, MD, Gordon P	Philadelphia
BUZZELLI, MD, Philip B	Allegheny
BYBEL, MD, Ann M	Dauphin
BYER, MD, Harold H	Bucks
BYERS, MD, Joanne S	Allegheny
BYERS, MD, John A	Allegheny
BYERS, KARIN E	Student
BYERS, MD, Robert O	Erie
BYERS III, MD, Gerald T	Allegheny
BYLER, MD, Arthur B	Chester
BYLER, MD, Philip R	Lycoming
BYRNE, MD, Earl B	Montgomery
BYRNE, MD, James E	Northampton
BYRNE, MD, Kevin J	Philadelphia
BYRNE, MD, Robert J	Montgomery
BYRNE, MD, William E	Dauphin
BYRNES, MD, Paul M	Blair
BYRON, MD, Harold J	Montgomery
BYRON, MD, Thomas W	Luzerne
BYUN, MD, Stanley Y	Northmbrland

C

CABALLE, MD, Jose B	Allegheny
CABLE, DO, Joseph A	Schuylkill
CABRERA, MD, Rafael	Washington
CACCESE, MD, David M	Lehigh
CADIEUX, MD, Roger J	Dauphin
CADMAN, MD, Thomas E	Montour
CADY, MD, Joseph B	Bradford
CADY, MD, William W	Bradford
CAFARO, DOLORES P	Student
CAGGIANO, MD, James F	Luzerne
CAGGIANO, MD, John D	Chester
CAHAN, MD, Michael S	Philadelphia
CAHAN, MD, Robert B	Philadelphia
CAHAN, MD, Steven L	Philadelphia
CAHILL, MD, David M	Tioga
CAHILL, MD, James F	Allegheny
CAHILL, MD, John M	Bucks
CAHILL, MD, Thomas J	Montour
CAHN, MD, Milton M	Philadelphia
CAIN, BRENT E	Allegheny
CAIN, JAMES G	Allegheny
CAIN, MD, James P	Montgomery
CAINE, MD, Mark E	Allegheny
CAINE-ROOS, MD, Ruth	Delaware
CALABRESE, JAMIE	Allegheny
CALABRETTA, MD, Arthur M	York
CALABRO, MD, Sal P	Philadelphia
CALANDRA, MD, Gary B	Philadelphia
CALATA, MD, Eliseo R	Berks
CALBOT-SCZEPANSKI, MD, Cynthia L	Montgomery
CALCE, MD, John V	Lycoming
CALDER JR, MD, Joseph R	Lycoming
CALDERON, MD, Amador G	Union
CALDERON, MD, Celia S	Cambria
CALDERON, MD, Dominador C	Cambria
CALDWELL, MD, Douglas R	Lackawanna
CALEB, MD, Mae H	Delaware
CALES, MD, Robert J	Philadelphia
CALESNICK, MD, Benjamin	Philadelphia
CALHOUN, MD, Joseph H	Philadelphia
CALI, DO, Gregory E	Lackawanna
CALIGUIRI, MD, Joseph V	Allegheny
CALIGUIRI, MD, Lawrence A	Allegheny
CALISE, MD, Crescenzo G	Luzerne
CALKINS, MD, Joseph L	Lancaster
CALLAHAN, MD, Ellen M	Philadelphia
CALLAHAN, DO, Michael E	Potter
CALLCOTT-STEVENS, MD, Victor A	Franklin
CALLEN, MD, H Samuel	Lebanon
CALLENBERGER, MD, George J	Lycoming
CALLENBERGER, MD, Ronald W	Tioga
CALLERY, MD, Gerald E	Philadelphia
CALLEY, MD, William D	Clearfield
CALVELO, MD, Manuel G	Allegheny
CAMA, MD, Joseph	Bradford
CAMARDESE-CRANDALL, MD, Tonie L	Berks
CAMBE, MD, Phil C	Erie
CAMBEST JR, MD, Michael A	Allegheny
CAMELE, MD, Robert A	Allegheny
CAMERON, MD, Donald D	Luzerne
CAMERON, MD, Donald Y	Allegheny
CAMINOS, MD, Oliverio W	Allegheny
CAMITTA, MD, Francine D	York
CAMMARANO III, DO, Dominic J	Berks
CAMMARATA, MD, Roy J	Allegheny
CAMNITZ, DO, Leonard	Philadelphia
CAMODY-JOHNSTON, MD, Patricia A	Philadelphia
CAMP, MD, Mark O	Delaware
CAMPAGNA, MD, James T	Allegheny
CAMPAGNA, JOHN A	Allegheny
CAMPANA, MD, Frederick T	Westmoreland
CAMPANA, MD, Joseph F	Lycoming
CAMPANA, MD, Louis F	Lycoming
CAMPANELLA, MD, Stephen D	Allegheny
CAMPAZZI, EARL J	Allegheny
CAMPBELL, MD, Barbara J	Somerset
CAMPBELL, MD, Charles E M	Bucks
CAMPBELL, MD, David B	Dauphin
CAMPBELL, MD, David R	Columbia
CAMPBELL, MD, Ernest W	Columbia
CAMPBELL, MD, G Robert	Beaver
CAMPBELL, JEFFREY W	Student
CAMPBELL, MD, Jennifer H	Allegheny
CAMPBELL, JOSEPH D	Allegheny
CAMPBELL, MD, Kevin M	Delaware
CAMPBELL, MD, Neil P	Bucks
CAMPBELL, MD, Robert E	Philadelphia
CAMPBELL, MD, Robert J	Columbia
CAMPBELL, MD, Robert W	Cambria
CAMPBELL, DO, Thomas M	Luzerne
CAMPBELL, MD, Thomas P	Allegheny
CAMPBELL, MD, Twining F	Montgomery
CAMPBELL, MD, William J	Dauphin
CAMPBELL JR, MD, James M	Centre
CAMPION, PETER S A	Allegheny
CANALS, MD, Joaquin	Montgomery
CANDAL, MD, Mario A	Lehigh
CANDELARIA, MD, Josefina M	Allegheny
CANDER, MD, Leon	Philadelphia
CANDIO, MD, Joseph A	Lehigh
CANE, MD, Martin	Philadelphia
CANFIELD, PATRICIA H	Allegheny
CANINO, MD, Ada Iris	Philadelphia
CANINO, MD, Christopher W	Philadelphia
CANLAS, MD, Jolly B	Northampton
CANN III, MD, Thomas W	York
CANNER, MD, Gary C	Berks
CANNON, MD, Arthur G	Westmoreland
CANNON, MD, Edward J	Philadelphia
CANO, MD, Elmer R	Allegheny
CANTER, MD, Harry E	Allegheny
CANTERNA, MD, Anthony C	Washington
CANTONI, MD, James D	Erie
CANTOR, MD, Ira S	Chester
CANUSO, MD, Nicholas A	Philadelphia
CAPAROSA, MD, Ralph J	Allegheny
CAPLAN, MD, Aaron	Lawrence
CAPLAN, MD, Bernard	Philadelphia
CAPLAN, MD, Howard S	Philadelphia
CAPLAN, MD, Milton L	Lawrence
CAPLAN, MD, Murray S	Philadelphia
CAPLAN, MD, Paul S	Allegheny
CAPOBIANCO, MD, Frank M	Northampton
CAPOBRES JR, MD, Rudolfo M	Washington
CAPONE, MD, Gaetano J	Philadelphia
CAPONE, MD, Ralph A	Westmoreland
CAPONE JR, MD, Raymond A	Allegheny
CAPPA, MD, Robert J	Berks
CAPPELLO, DO, John V	Lehigh
CAPPIELLO, MD, Justin L	Lancaster
CAPPIELLO, MD, William A	Bucks
CAPPOLA JR, MD, Michael T	Philadelphia
CAPPUCCIO, MD, Matthew S	Philadelphia
CAPRINI, MD, Emilia M	Allegheny
CAPUTO, BRIAN J	Allegheny
CAPUTO, MD, Larry A	Philadelphia
CARABASI, MD, R Anthony Iii	Philadelphia
CARABASI, MD, Ralph A	Philadelphia
CARABELLI, MD, Ronald J	Philadelphia
CARABELLO, MD, Charles A	Berks
CARAMANNA, MD, James F	Westmoreland
CARAPELLA, MD, John D	Lehigh
CARAPELLOTTI, MD, Richard A	Philadelphia
CARAZOLA, MD, Joseph H	Washington
CARBAUGH, MD, Howard L	Lehigh
CARBO, DO, Anthony P	Delaware
CARBO, MD, Thomas L	Fayette
CARBONE, MD, Robert J	Erie
CARBONI, MD, Vincent A	Luzerne
CARDAMONE, MD, Ralph A	Allegheny
CARDAMONE, MD, S Joseph	Philadelphia
CARDELL, ANTHONY F	Student
CARDELLINO, MD, Thomas J	Cambria
CARDENAS, MD, Florencio P	Fayette
CARDINAL, MD, Lucien J B	Allegheny
CARDINALE, DO, Joseph P	Dauphin
CARDLIN, MD, Kenneth M	Dauphin
CARDONE, RICHARD A	Student
CARDONICK, ELYCE H	Student
CAREL, MD, Warren D	Philadelphia
CARELLA, MD, Richard J	Montgomery
CARETTI, MD, J William	Westmoreland
CAREY, MD, Edward J	Luzerne
CAREY, MD, Eva S	Allegheny
CAREY, MD, John L	Luzerne
CAREY, MD, John T	Beaver
CAREY, MD, Kevin V	Bradford
CAREY, MD, Philip D	Cumberland
CAREY, MD, William B	Delaware
CARGAN, JONATHAN S	Student
CARHART, MD, Judy A	Dauphin
CARIM, MD, Hyder M	Berks
CARIM, MD, Moiz M	Berks
CARIM, YASMIN H	Student
CARINO, MD, Mariel G	Lackawanna
CARL, MD, Beverly Ann	Allegheny
CARL, MD, David A	Luzerne
CARLE, MD, William J	Lehigh
CARLIN, MD, Elwin S	Montgomery
CARLIN, MD, Gerald J	Allegheny
CARLIN, MD, Hugh M	Northampton
CARLIN, MD, Marie C	Bucks
CARLINI, MD, Charles J	Allegheny
CARLINO, MD, James T	Jefferson
CARLOS, MD, Hector D	Bucks
CARLOW, MD, Joseph F	Chester
CARLSON, MD, Ardyce R	Adams
CARLSON, MD, Gary J	Philadelphia
CARLSON, MD, John E	Berks
CARLSON, MD, John P	Montour
CARLSON, MD, Kenneth E	Beaver
CARLSON, MD, Robert E	Montgomery
CARLSON, MD, Stephen E	Berks
CARLSON, MD, William D	Philadelphia
CARLSON JR, MD, John A	Philadelphia
CARLUCCI, MD, Ronald J	Philadelphia
CARMEN, MD, Thomas F	Allegheny
CARMICHAEL, MD, Paul L	Montgomery
CARMONA, MD, Aldo	Monroe
CARNABUCI, MD, Guy J	Philadelphia
CARNEVAL, DO, Daniel C	Erie
CARNEY, MD, David P	Lehigh
CARNEY, MD, Frank T	Cambria
CARNEY, MD, Paul L	Centre
CAROFF, MD, Romuald J	Cambria
CAROLIPIO, MD, Reynaldo R	Lawrence
CARP, MD, Albert A	Philadelphia
CARP, MD, Leon M	Philadelphia
CARP, MD, Mason J	Dauphin
CARPENTER, MD, Cathy P	York
CARPENTER, MD, Kim L	York
CARPENTER IV, MD, E Joel	Lehigh
CARPENTER JR, MD, John T	Montgomery
CARPINIELLO, MD, Victor L	Philadelphia
CARPOUSIS, AVRA H	Student
CARR, MD, James V	Allegheny
CARR, MD, Rex G	Chester
CARR, MD, William F	Dauphin
CARRELL, MD, Robert L	Allegheny
CARRIER, MD, Judith M	Cambria
CARRIER, MD, Ralph E	Centre
CARRIER, MD, William W	Cambria
CARROLL, DO, Edmund T	Bucks
CARROLL, MD, Laurence E	Lancaster
CARROLL, MD, Nancy E	Allegheny
CARROLL, MD, Robert J	Allegheny
CARROLL, MD, Robert T	Philadelphia
CARROLL, MD, Stanton F	Philadelphia
CARROLL, THERESA M	Student
CARROZZA, MD, Harry D	Philadelphia
CARRUTHERS, MD, Ralph B	Lancaster
CARSON, MD, Donald G	Allegheny
CARSON, MD, John S	Montgomery
CARSON, JON M	Student
CARSON, MD, Thomas E	Warren
CARSON III, MD, John N	York
CARSON JR, MD, Winfield B	Allegheny
CARTAGINESE, MD, Peter	Bradford
CARTER, MD, Daniel J	Allegheny
CARTER, MD, Donald L	Westmoreland
CARTER, MD, Howard A	Cambria
CARTER, MD, J Stephen	Westmoreland
CARTER, MD, Jan O	Allegheny
CARTER, MD, Joseph H	Erie
CARTER, MD, Judith H	Allegheny
CARTER, MD, Thomas L	Huntingdon
CARTER, MD, W Bradford	Philadelphia
CARTER, MD, William A	Lancaster
CARTER JR, MD, Joseph H	York
CARTER JR, MD, William S	Montgomery
CARTWRIGHT, MD, Richard L	Cambria
CARTWRIGHT, SCOTT R	Student
CARTY JR, MD, James B	Montgomery
CARUGATI, MD, Richard K	Allegheny
CARUSO, MD, David M	Elk/Cameron
CARUSO, MD, Garson M	Washington
CARUSO JR, MD, John	Bucks
CARVAJAL, MD, Roberto T	Bucks
CARVER, MD, Joseph R	Philadelphia
CARVER, MD, Margaret A	Fayette
CARY, MD, Gene L	Dauphin
CASADAY, MD, Floyd M	Indiana
CASAL, MD, Rolando A	Dauphin
CASALE, MD, Lawrence F	Cambria
CASALE, MD, Louis J	Bucks
CASE, MD, Philip L	Allegheny
CASE JR, MD, Warren G	Philadelphia
CASELLA, MD, Salvatore R	Montgomery
CASERIO, MD, Rebecca J	Allegheny
CASERTA, MD, Vito M	Mifflin/Juni
CASEY, MD, John D	Philadelphia
CASEY, MD, Kevin	Philadelphia
CASEY, MD, Michael P	Philadelphia
CASEY, MD, Michael P	Allegheny
CASEY, MD, Thomas J	Montgomery
CASH, MD, Stephen L	Philadelphia
CASHDOLLAR, MD, Michael R	Franklin
CASHMAN, MD, William M	Warren
CASPER, MD, Daniel R	Westmoreland
CASSEL, MD, Franklin K	Lancaster
CASSEL, MD, John J	Lehigh
CASSELBERRY, MD, E Josephine	Northampton

CASSELBRANT, MD, Margaretha L	Allegheny
CASSELLI, MD, Helene J	Philadelphia
CASSELMAN, MD, Hyman L	Erie
CASSIDY, MD, Harvey D	Montour
CASSIDY, MD, Joseph A	Blair
CASSIDY, MD, Richard J	Montour
CASSIDY, MD, William J	Philadelphia
CASSOFF, MD, Richard G	Allegheny
CASSONE, MD, Gary J	Lackawanna
CASTAGNA, MD, Armand	Philadelphia
CASTALDO, MD, John E	Lehigh
CASTALDO, MD, William A	Lehigh
CASTEEL, LINDA L	Student
CASTEL, MD, Jose M	Montgomery
CASTELLANO, MD, George D	Jefferson
CASTELLANO, MD, Thomas J	Luzerne
CASTELLI, MD, Dario D	Allegheny
CASTELLI II, MD, Peter J	Mercer
CASTELLON, MD, Lourdes	Cambria
CASTELLON-VOGEL, MD, Carlos H	Cambria
CASTERLINE, MD, Charlotte L	Luzerne
CASTERLINE, MD, Peter F	Luzerne
CASTIGLIONE, MD, Angelo	Allegheny
CASTILLENTI, MD, Guy A	Allegheny
CASTILLO, MD, Francisco A	Westmoreland
CASTILLO, MD, Jose	Philadelphia
CASTILLO, MD, Manuel M	Allegheny
CASTILLO, MD, William M	Allegheny
CASTLE, MD, Charles A	Lancaster
CASTLE, MD, William N	Allegheny
CASTOR, MD, Louis H	Philadelphia
CASTOR, STANLEY A	Student
CASTRINA JR, MD, Frank P	Cumberland
CASTRO, MD, Arturo F	Allegheny
CASTRO, MD, Augusto D	Allegheny
CASTROVINCI, MD, Robert V	Philadelphia
CASWELL, MD, Horace T	Philadelphia
CATALANO, MD, Anthony C	Northmbrland
CATALANO, MD, Kathleen F	Westmoreland
CATALANO JR, MD, Louis W	Westmoreland
CATENA, MD, Elizabeth P	Allegheny
CATENA, MD, Michael R	Allegheny
CATENA JR, MD, William P	Allegheny
CATLIN, MD, Robin J O	Berks
CATTANO, MD, Charles J	Philadelphia
CATTIE, MD, Vincent J	Philadelphia
CATTON, MD, Domenic J	Blair
CATTON, MD, Raymond M	Chester
CAUFFMAN, MD, William J	Bucks
CAUTILLI, MD, Richard A	Montgomery
CAVAN, MD, Albina B	Luzerne
CAVAN, MD, John F	Luzerne
CAVANAUGH, MD, Michael F	Montgomery
CAVANAUGH JR, MD, Francis J	Allegheny
CAVAROCCHI, MD, Nicholas C	Philadelphia
CAVASINA, MD, Mary M	Washington
CAVE, MD, Sergil L	Philadelphia
CAVENDER, MD, John C	Susquehanna
CAVOTO, MD, Michael J	Indiana
CAWOG, MD, Antoine F	Westmoreland
CAWTHERN, MD, Thomas H	Centre
CECCARELLI, AMERIGO N	Allegheny
CECH, MD, Rosanne	Lackawanna
CEDERSTROM, MD, Janice J	Philadelphia
CEDRONE, MD, Francine Anne	Philadelphia
CEFARATTI, MD, Michael D	Berks
CELANI, MD, Victor J	Lehigh
CELEBRE, MD, Joan A	Montgomery
CELIO, MD, Lee A	Philadelphia
CELKO, MD, David A	Allegheny
CELLINI, MD, L Luke	Delaware
CENEDELLA, MD, Stephen C	Venango
CENTRONE, DO, Robert A	Delaware
CEPEDA, MD, Elvessa P	Philadelphia
CEPULO, MD, Andrew J	Allegheny
CERA JR, MD, Peter J	Montour
CERCIELLO, MD, Mark J	Lehigh
CERCONE, MD, Ronald G	Allegheny
CERIMELE, MD, Nicholas A	Cambria
CERNE, MD, Andrew J	Westmoreland
CERON, MD, Gabriel	Wayne/Pike
CERRA, MD, Carmine J	Monroe
CERRI, MD, Hugo J M	Allegheny
CERTA, MD, Kenneth M	Philadelphia
CERTO, MD, Salvatore A	Allegheny
CERUL, MD, Maurice S	Allegheny
CERVONE, MD, Paul N	Allegheny
CESARE, MD, Joseph G	Lackawanna
CESTELLO, MD, Robert J	Allegheny
CEVALLOS, MD, Eduardo A	Bucks
CHABRA, MD, Mohan L	Allegheny
CHABY, DO, Jeffrey H	Lancaster
CHADAGA, MD, P C S	Delaware
CHADDAH, MD, Ashok	Washington
CHADWICK, MD, Harold H	Bradford
CHAFFEE, MD, John S	Erie
CHAI, MD, Chiu L	Bucks
CHAI, SUNGJI	Student
CHAIT, MD, Arnold	Philadelphia
CHALAL, MD, Gerald S	Philadelphia
CHALAL, MD, Kenneth	Philadelphia
CHALFANT, MD, John C	Fayette
CHALFANT, MD, Richard S	Allegheny
CHALLINOR, MD, S Boyd	Allegheny
CHAMBERLAIN, MD, William H	Bucks
CHAMBERS, MD, Bryan P	Philadelphia
CHAMBERS, MD, Christopher V	Philadelphia
CHAMBERS, MD, Theodore P	Allegheny
CHAMOVITZ, MD, Bruce N	Beaver
CHAMOVITZ, MD, Irvin	Allegheny
CHAMOVITZ, MD, Jerome	Allegheny
CHAMOVITZ, MD, Robert	Allegheny
CHAN, MD, Anne K	Philadelphia
CHAN, CELINA A	Student
CHAN, MD, Daniel M	Franklin
CHANDRA, MD, Dinesh N	Allegheny
CHANDRA, MD, Prasanta C	Philadelphia
CHANDRA, MD, Ramesh R	Allegheny
CHANDRA-MOHAN, MD, Avverahalli M	Luzerne
CHANDRAN, MD, Girija	Cambria
CHANDRAN, MD, Gopalaswamy	Cambria
CHANDRASEKARAN, MD, Ramamurti	Allegheny
CHANDRASEKARAN, MD, Sannasie	Westmoreland
CHANG, MD, Alexander C S	Allegheny
CHANG, MD, Byung D	Perry
CHANG, MD, Charles H	Westmoreland
CHANG, MD, Che-Yi	Northampton
CHANG, MD, Chris C	Dauphin
CHANG, MD, Chun S	Luzerne
CHANG, MD, Clayton W	Montgomery
CHANG, MD, Duck-Kyu	Cumberland
CHANG, MD, Helena R	Philadelphia
CHANG, MD, In-Ho	Lehigh
CHANG, MD, James D	Philadelphia
CHANG, MD, Kun T	Philadelphia
CHANG, STANLEY L	Allegheny
CHANGCO, MD, Alvaro N	Washington
CHANNAPATI, MD, Thippeswamy	Butler
CHANNICK, MD, Bertram J	Philadelphia
CHANTZ, MD, Daneil J	Allegheny
CHAPA, MD, Sukumar M	Clarion
CHAPIS, MD, Nicholas J	Montgomery
CHAPLIN, MD, Stanley S	Philadelphia
CHAPMAN, MD, Albert L	Dauphin
CHAPMAN, MD, Christopher N	Northampton
CHAPMAN, MD, John H	Montour
CHAPMAN, MD, William L	Allegheny
CHAPPELKA, MD, Alfred R	Philadelphia
CHARABATI, MD, Jay	Luzerne
CHAREPOO, MD, Khashaiar	Warren
CHARKES, MD, N David	Philadelphia
CHARLES, KRISTINE A K	Student
CHARLES, MD, Robert S	Montgomery
CHARLESWORTH, MD, Ernest E	Venango
CHARLSON, MD, Murray T	Allegheny
CHARLTON, MD, Brian L	Bradford
CHARLTON, MD, Glenn B	Mercer
CHARNEY, MD, Richard H	Bucks
CHARNY, MD, Charles W	Philadelphia
CHASE, MD, Harold F	Philadelphia
CHASE, MD, Jeffrey S	Philadelphia
CHASE, MD, William D	Centre
CHASLER, MD, Nicholas L	Washington
CHASTENEY III, MD, Edward A	Philadelphia
CHAT, MD, Emanuel	Philadelphia
CHATHA, MD, Iftikhar A	Mercer
CHATREE-DUANGNET, MD, Chad	Lawrence
CHATZINOFF, MD, Martin	Montgomery
CHAUDHARY, MD, Safdar I	Butler
CHAUDHRI, EIRUM I	Student
CHAUDHRI, MD, Munawar S	Delaware
CHAUDHRY, MD, Aziz	Philadelphia
CHAUDHRY, MD, Mohammad A	Monroe
CHAUDHRY, MD, Rahat M	Allegheny
CHAUDHRY, MD, Sakina A	Monroe
CHAUDHRY, MD, Sanjay	Berks
CHAUHAN, MD, Ambaram V	Allegheny
CHAVERN, MD, Hugh E	Westmoreland
CHAVES, MD, Fernando	Somerset
CHAVIN, MD, Kenneth D	Philadelphia
CHAWLA, MD, Harish C	Bucks
CHAWLA, MD, Shanta	Bucks
CHAWLUK, MD, John B	Philadelphia
CHAYAPRUKS, MD, Prayun	Greene
CHEADLE, MD, Margaret J	Tioga
CHEEVER, MD, Francis S	Allegheny
CHEHADE, MONIF KHALED	Allegheny
CHEKKA, MD, Balachandra R	Erie
CHELEN, CARL J	Student
CHELIUS, MD, Alan B	Berks
CHEN, MD, Chih-Hung	Northampton
CHEN, MD, Chijen	Delaware
CHEN, MD, George T H	Westmoreland
CHEN, MD, Henry Y	Venango
CHEN, MD, Hsien-Bin	Cambria
CHEN, MD, Juh-Huey	Lehigh
CHEN, MD, Mao H	Philadelphia
CHEN, MD, Wei-Fan	Philadelphia
CHEN, MD, William Y	Clearfield
CHENEY, MD, Maryalice	Philadelphia
CHENG, MD, Chun-Pin	Allegheny
CHENG, MD, David T L	Westmoreland
CHENG, MD, Harvey S	Lehigh
CHENG, MD, Lawrence C	Lehigh
CHENG, MD, Mei-Chang	Bradford
CHENGAPPA, MD, Palecanda P	Allegheny
CHENSEE, MD, Jasper G	Berks
CHEPKO, MD, Margaret I	Allegheny
CHEPONIS, MD, George B	Allegheny
CHERIAN, MD, George R	Jefferson
CHERNEGA, MD, Joy	Philadelphia
CHERNER, MD, Rachmel	Philadelphia
CHERNEY, MD, Paul J	Philadelphia
CHERNOFF, MD, Arthur	Philadelphia
CHERNOFF, MD, Benjamin	Philadelphia
CHERNOFF, MD, Robert W	Delaware
CHERNUS, MD, Steven A	Franklin
CHERRY, MD, Louis J	Jefferson
CHERRY, MD, Scott M	York
CHERRY, MD, Steven B	Cumberland
CHERUP, MD, E David	Allegheny
CHESEN, MD, David	Philadelphia
CHESIN, MD, Carole M	Allegheny
CHESNICK, MD, Steven R	Montgomery
CHESTNUT, MD, Wendell	Philadelphia
CHETLIN, MD, Sherwood M	Allegheny
CHETLIN, MD, Stuart H	Allegheny
CHETT, MD, Nicholas J	Berks
CHEUNG, MD, Hoo J	Blair
CHEYNEY II, MD, James B	Montgomery
CHHIBBER, MD, Geeta	Philadelphia
CHI, MD, Nungja	Philadelphia
CHIAVACCI, MD, Eugene J	Lackawanna
CHIAVACCI, MD, Wayne E	Lackawanna
CHICKLO, MD, James M	Franklin
CHIDI, MD, Joseph C	Potter
CHIKARMANE, MD, Ajit M	Luzerne
CHIKARMANE, MD, Kalpana A	Luzerne
CHILDS, MD, Elizabeth R	Allegheny
CHILDS, MD, James E	Armstrong
CHILDS, MD, John N	Philadelphia
CHILDS, MD, Marion C	Chester
CHILDS, MD, Robert W	Luzerne
CHILDS, MD, Usha M	Philadelphia
CHIN, MD, Byoung Kwon	Bucks
CHINITZ, MD, Joel L	Philadelphia
CHIRIELEISON, MD, Rocco F	Berks
CHISDAK, MD, Michael W	Bradford
CHISUM, MD, Melvin J	Philadelphia
CHITALE, MD, Vidyadhar S	Delaware
CHIVUKULA, MD, Aruna	Bucks
CHLEBOWSKI, JAMES E	Allegheny
CHLUDZINSKI, MD, Ronald W	Allegheny
CHMIELEWSKI, MD, Robert E	Philadelphia
CHO, MD, Doo W	Blair
CHO, MD, Jay J	Dauphin
CHO, MD, Jong S	Fayette
CHO, MD, Sang Y	Philadelphia
CHO, MD, Yong D	Washington
CHOBY, MD, John J	Bucks
CHODROFF, MD, Charles H	York
CHOGICH, MD, John C	Delaware
CHOI, MD, Byong L	Bucks
CHOI, MD, Kwang Y	Crawford
CHOI, MD, Mark	Montour
CHOI, MD, Samuel K	Bradford
CHOI, MD, Sang Y	Franklin
CHOI, MD, Sean H	Allegheny
CHOI, MD, Tohshik	Montgomery
CHOLAPRANEE, MD, Rewat	Allegheny
CHOLLAK JR, MD, Joseph P	Luzerne
CHOLLAK SR, MD, Joseph P	Luzerne
CHOMSKY, MD, David E	Philadelphia
CHONG, MD, Daniel C	Allegheny
CHOONG, MD, Shung S	Schuylkill
CHOPRA, MD, Raj P	Columbia
CHOPRA, MD, Ramesh K	Blair
CHORAZY, MD, Anna J	Allegheny
CHORAZY, MD, Zdzislaw J	Beaver
CHOTINER, MD, Bennett	Dauphin
CHOUGH, MD, Andrew C B	Allegheny
CHOWDARY, MD, Raj P	Lehigh
CHOWDHRY, MD, Zafar I	Armstrong
CHOWDHURY, MD, A Rab	Berks
CHREMOS, MD, Athanassios N	Philadelphia
CHRIST, MD, Nicholas J	Berks
CHRIST, MD, Peter J	Berks
CHRISTENSEN, MD, David W	Berks
CHRISTENSON, MD, Catherine M	Beaver
CHRISTIAN, MD, Horace D	Allegheny
CHRISTIAN, MD, Robert	Allegheny
CHRISTIANSEN, MD, Kjell H	Montgomery
CHRISTIANSON, MD, Alan D	Westmoreland
CHRISTIDES, MD, Stephan A	Philadelphia
CHRISTIE, MD, Karl B	Allegheny
CHRISTIE, DO, Peter N	Delaware
CHRISTIE, MD, Thomas	Chester
CHRISTINE, DO, Craig R	Lehigh
CHRISTMAN, MD, James C	Franklin
CHRISTMAN, MD, Willard W	Northmbrland
CHRISTOFERSEN, MD, Mark Rau	Philadelphia
CHRISTOFORATOS, MD, Demetrius	Luzerne
CHRISTOFORETTI, MD, Russell J	Washington
CHRISTOU, MD, Aristotle A	Philadelphia
CHRISTY, MD, Michael G	Allegheny
CHRISTY, MD, Wallace C	Allegheny
CHRZANOWSKI, MD, Robert T	Delaware
CHU, MD, Ann M	Philadelphia
CHU, MD, Donald	Philadelphia
CHU, MD, Jennifer	Philadelphia
CHU, MD, Winston	Erie
CHUA, MD, Chong V	Montgomery
CHUENSUMRAN, MD, Ongart	Allegheny
CHUENSUMRAN, MD, Rajani S	Allegheny
CHUGHTAI, MD, Arshad I	Allegheny
CHUGHTAI, MD, Mubashar S	Allegheny
CHUN, ANDREW B	Student
CHUN, MD, Sae-Il	Philadelphia
CHUN, MD, Yoon-Taek	Monroe
CHUNG, MD, C Kun	Lackawanna
CHUNG, MD, Chin D	Lawrence
CHUNG, MD, Chin-Yong	Erie
CHUNG, MD, Edward K	Philadelphia
CHUNG, GAKYUNG	Student
CHUNG, MD, Hack R	Montgomery
CHUNG, MD, Hi-Young	Luzerne
CHUNG, MD, Ki Y	Allegheny
CHUNG, MD, Kwang H	Allegheny
CHUNG, MD, Whan S	Philadelphia
CHUNG, MD, Yoon Jin	Westmoreland
CHUNN, MD, Livingston	Philadelphia
CIACCI, MD, Vincent W	Chester
CIANCIULLI, MD, Francis D	Delaware
CIANFRANI, MD, Peter M	Bucks
CIANNI, MD, Ronald J	Lackawanna
CIARALLO, LYDIA R	Allegheny
CIAROLLA, MD, David A	Allegheny
CIAVARELLI, MD, Anthony G	Montgomery
CIBIK, MD, Lisa M	Washington
CICCARELLI, MD, Clem A	York
CICCARELLI, MD, Harold E	Allegheny
CICCARELLI, MD, Lee M	Lycoming
CICCHIELLO, MD, James R	Northmbrland
CICCHINO, MD, Frank E	Allegheny
CICCO, MD, Robert C	Allegheny
CICCONE, MD, Patrick E	Montgomery
CICCOTELLI, MD, Aldo A	Schuylkill
CICCOTTI, MD, Michael G	Philadelphia
CICHELLI, MD, Andrew V	Philadelphia
CICHON, MD, Philip J	Allegheny
CIENCIVA, MD, Rosemaria J	Elk/Cameron
CIESIELKA, MD, Kenneth	Allegheny
CIGANIC, MD, Ratimir R	Allegheny
CIGNETTI, MD, Franklin E	Allegheny
CINBERG, MD, Leonard A	Philadelphia
CINCALA, DO, Robert P	Allegheny
CINCO, MD, Victorio B	Chester
CINCOTTA, MD, Janet F	Dauphin
CINCOTTA, MD, Joseph A	Dauphin
CINELLI, MD, Cleto G	Berks
CIOTOLA, MD, Augustine A	Luzerne
CIOTOLA, MD, Joseph G	Luzerne
CIOTOLA, MD, Thomas J	Luzerne
CIPOLLA, MD, Charles F	Lycoming
CIPOLLINA, MD, Carmela M	Luzerne
CIRELLI, MD, Mario G	Philadelphia
CIRELLI, MD, Rosemary A	Philadelphia
CIRIGLIANO, MD, Daniel A	Philadelphia
CIRILLO, VICKI A	Student
CIROTTI, MD, Joseph J	Montgomery
CITRO, MD, Laurence A	Berks
CITRONE, MD, Peter J	Allegheny
CITTI, MD, John G	Luzerne
CIVITARESE, DO, Frank A	Allegheny
CIVITARESE, MD, Louis R	Allegheny
CLADEL JR, MD, Charles E	Dauphin
CLADER, MD, Stanley C	Montgomery
CLAIR, MD, Theodore W	Montgomery
CLANCY, MD, Michael	Philadelphia
CLARE, MD, David W	Allegheny
CLARE, MD, Henry E	Delaware
CLARK, MD, Ann K	Westmoreland
CLARK, DANIEL C	Allegheny
CLARK, MD, Donald L	Philadelphia
CLARK, MD, Edward L	Philadelphia
CLARK, MD, Grant C	Columbia
CLARK, MD, James E	Delaware
CLARK, MD, John K	Philadelphia
CLARK, MD, Joseph M	Lebanon
CLARK, MD, Lawrence M	Clarion
CLARK, MD, M Dorcas	Indiana
CLARK, MD, Peter D	Lycoming
CLARK, RICHARD R	Student
CLARK, MD, William H	Allegheny
CLARKE, MD, Ann E	Montgomery
CLARKE, MD, Catherine F	Montgomery
CLARKE, MD, Charles E	Allegheny
CLARKE, MD, Ellen M	Philadelphia
CLARKE, MD, Franklyn R	Bucks
CLARKE, MD, Frederick T	Northampton
CLARKE, MD, James A	Luzerne
CLARKE, MD, John R	Philadelphia
CLARKE, MD, Leon E	Philadelphia
CLARKE, MD, Robert H	Allegheny
CLASSEN, MD, Charles H	Montgomery
CLAUHS, MD, Ronald P	Chester
CLAUSS, MD, Thomas F	Lackawanna
CLAY, MD, Bettie W	Chester
CLAYTON, DO, John S	Chester
CLAYTON, MD, Richard J	Chester
CLAYTON, MD, Thomas D	Chester
CLAYTON JR, MD, Samuel T	Dauphin
CLEARFIELD, MD, Harris R	Philadelphia
CLEARFIELD, MD, Ronald J	Westmoreland
CLEARFIELD, DO, William N	Luzerne
CLEAVER, MD, Clarence P	Columbia
CLEAVER, MD, Dorothy M	Montgomery
CLEAVER, MD, E Eugene	Montgomery
CLELAN, MD, George M	Lancaster
CLELAND, MD, James W	Delaware
CLEMENS, MD, Jonathan L	Lancaster
CLEMENS, MD, Thomas M	Lebanon
CLEMENT, MD, Gordon S	Montgomery
CLEMENT, MD, John A	Montour
CLEMENTS, MD, David H	Westmoreland
CLEMENTS, MD, Harry H	Allegheny

CLEMENTS, MD, James K	Washington
CLEMENTS, MD, William W	Montgomery
CLERF, MD, Louis H	Philadelphia
CLEVELAND, MD, Albert F	Delaware
CLEVENGER, MD, Robert W	Allegheny
CLEVER, MD, John E	Allegheny
CLIFFE, MD, Charles M	Allegheny
CLIFFORD, MD, F David	Warren
CLIPP, MD, Samuel W	Bucks
CLOHECY, MD, Robert J	Allegheny
CLOSE, MD, Richard A	Berks
CLOSKEY, MD, Gregory M	Montgomery
CLOSSON, MD, Edward W	Philadelphia
CLOUGH, MD, Douglas F	Allegheny
CLOUSE, MD, Richard M	Butler
CLUTE, HOLLY L	Student
CLUTZ, MD, Paul A	Franklin
CLYMAN, MD, Byron	Montgomery
CLYMER JR, MD, Robert H	Berks
COADY, MD, Mary L	Montgomery
COAR, MD, George R	Luzerne
COATES JR, MD, John B	Chester
COBB, MD, Blaine W	Bradford
COBB, MD, Charles F	Allegheny
COBBS, ELIZABETH J	Student
COBERN, MD, Charles B	Cambria
COBETTO, MD, Bernard H	Westmoreland
COBLENTZ, MD, Robert H	Allegheny
COCCO, MD, Alex M	Mercer
COCHRAN, MD, Bryce C	Jefferson
COCHRAN, MD, James F	Northampton
COCHRAN, MD, Terence A	Lackawanna
COCHRAN, MD, William C	Montgomery
COCHRAN, MD, William J	Montour
CODARIO, MD, Ronald A	Philadelphia
COFF, MD, Philip M	Bucks
COFFEY, DAVID A	Allegheny
COFFEY, MD, Robert Jay	Allegheny
COFFEY, MD, William F	Philadelphia
COFFMAN, MD, Kaohlin M	Lycoming
COGEN, MD, Frederick C	Montgomery
COGLEY, MD, Richard L	Erie
COHAN, MD, Gary R	Philadelphia
COHEN, MD, Abraham L	Montgomery
COHEN, MD, Allan M	Chester
COHEN, MD, Archibald C	Butler
COHEN, MD, Arnold W	Philadelphia
COHEN, MD, Bernard I	Allegheny
COHEN, MD, Bruce A	Berks
COHEN, BRUCE F	Student
COHEN, MD, Cathy S	Allegheny
COHEN, MD, David A	Philadelphia
COHEN, MD, David E	Montgomery
COHEN, MD, David J	Philadelphia
COHEN, MD, David L	York
COHEN, MD, Donald L	Mercer
COHEN, MD, Edwin E	Lycoming
COHEN, MD, Eric B	Philadelphia
COHEN, MD, Erwin A	Philadelphia
COHEN, MD, H Elliott	Philadelphia
COHEN, MD, H Emmanuel	Philadelphia
COHEN, MD, Harry W	Philadelphia
COHEN, DO, Herman F	Philadelphia
COHEN, MD, Howard R	Cumberland
COHEN, MD, Ira J K	Allegheny
COHEN, MD, J Stanley	Philadelphia
COHEN, JACK B	Allegheny
COHEN, MD, Jacob H	Montgomery
COHEN, MD, Jacob J	Philadelphia
COHEN, MD, Jeffrey H	Allegheny
COHEN, MD, Jeffrey K	Allegheny
COHEN, MD, Kenneth D	Philadelphia
COHEN, MD, Larry K	Allegheny
COHEN, MD, Leonard M	Allegheny
COHEN, MD, Martin A	Bucks
COHEN, MD, Merrill A	York
COHEN, MD, Merton E	Northampton
COHEN, MD, Meyer A	Philadelphia
COHEN, MD, Michael M	Philadelphia
COHEN, MD, Milton H	Mifflin/Juni
COHEN, MD, Norman F	Allegheny
COHEN, MD, Norman F	Philadelphia
COHEN, MD, Norman N	Philadelphia
COHEN, MD, Paul A G	Philadelphia
COHEN, MD, Peter Z	Allegheny
COHEN, RANDOLPH B	Student
COHEN, MD, Raphael M	Philadelphia
COHEN, MD, Robert	Bradford
COHEN, MD, Robert A	Allegheny
COHEN, MD, Robert M	Philadelphia
COHEN, MD, Robert V	Philadelphia
COHEN, MD, Rodney S	Philadelphia
COHEN, MD, Rona S	Philadelphia
COHEN, MD, Samuel	Indiana
COHEN, MD, Samuel F	Montgomery
COHEN, MD, Sarle H	Philadelphia
COHEN, MD, Sherwood V	Philadelphia
COHEN, MD, Stanley	Philadelphia
COHEN, MD, Stanley N	Philadelphia
COHEN, MD, Theodore B	Philadelphia
COHEN, DO, William L	Delaware
COHEN, MD, William W	Erie
COHICK, MD, Bruce S	Dauphin
COHLER, MD, Alan	Montgomery
COHN, MD, Aaron I	Allegheny
COHN, MD, Burton H	Dauphin
COHN, MD, C Harold	Berks
COHN, MD, Edwin M	Philadelphia
COHN, MD, Herbert E	Philadelphia
COHN, MD, Jeffrey B	Philadelphia
COHN, MD, John R	Philadelphia
COLAIACO, MD, Victor I	Mercer
COLANGELO, MD, Anthony	Lawrence
COLANGELO, MD, Francis R	Allegheny
COLANTONI, MD, William	Washington
COLAO, DO, Dominic J	Allegheny
COLASANTE, MD, Anthony D	Northampton
COLASANTE, ONA M	Student
COLATRELLA, MD, Anthony M	Allegheny
COLAVINCENZO, MD, John W	Beaver
COLBERG, MD, James E	Philadelphia
COLBURN JR, MD, Harold L	Philadelphia
COLCHER, MD, Irving S	Montgomery
COLCHER, MD, Robert E	Montgomery
COLDREN, MD, Robert L	Dauphin
COLE, MD, Charles E	Allegheny
COLE, MD, Charles E	Lycoming
COLE, MD, Dennis G	Erie
COLE, DO, Derhymere L	Mercer
COLE, MD, Jack E	Northampton
COLE, MD, James M	Montour
COLE, MD, K Niki	Philadelphia
COLE, MD, Richard A	Erie
COLE EXEC DIR, MD, Richard S	Westmoreland
COLELLA, MD, Joseph J	Beaver
COLELLA, MARK S	Allegheny
COLEMAN, MD, Donald K	Northampton
COLEMAN, MD, Ernest H	Centre
COLEMAN, MD, Linda L	Montour
COLEMAN, MD, Marcia J	Philadelphia
COLEMAN, MD, Martin R	Delaware
COLEMAN, MD, Thomas H	Lackawanna
COLEMAN JR, MD, Ernest H	Dauphin
COLEMAN-BRACKEN, DO, Barbara A	Delaware
COLETTA, MD, Anthony V	Philadelphia
COLETTA, MD, Daniel J	Bucks
COLL, MD, Milton E	Montgomery
COLLER, MD, Daniel H	Dauphin
COLLEY, MD, Alfred L	Philadelphia
COLLEY, MD, Arthur T	Montour
COLLEY, MD, John L	Allegheny
COLLIER, MD, Paul E	Allegheny
COLLIER, MD, Thomas F	Dauphin
COLLINS, MD, Clyde A	Lackawanna
COLLINS, MD, Kenneth P	Chester
COLLINS, MD, Lawrence A	Allegheny
COLLINS, MD, Leonard R	Lycoming
COLLINS, MARGARET A	Allegheny
COLLINS JR, MD, Richard F	Allegheny
COLLURA, MD, Paul T	Lancaster
COLMENAR, MD, Antonio B	Philadelphia
COLMENARES, MD, Ruperto F	Berks
COLODNY, MD, Stephen M	Allegheny
COLOMBO, MD, James L	Delaware
COLOMBO, MD, John M	Delaware
COLOSI, MD, Nicholas A	Montgomery
COLT, MD, Henri G	Allegheny
COLTMAN, MD, Arthur B	Philadelphia
COLTON, MD, Nathan H	Philadelphia
COLVIN, MD, Meda K	Philadelphia
COLVIN, MD, Victor G	Bedford
COMBER, PAUL G	Student
COMER, MD, Nathan L	Philadelphia
COMEROTA, MD, Anthony J	Philadelphia
COMESS, MD, Raymond R	Berks
COMSTOCK, MD, Lloyd K	Allegheny
CONAHAN, MD, Bernardin Q	Bucks
CONAHAN JR, MD, Joseph B	Monroe
CONAWAY, MD, Bruce E	Allegheny
CONCANNON, MD, Joseph P	Allegheny
CONCILUS, MD, Frank	Allegheny
CONCOOL, MD, Barry M	Bucks
CONDON, MD, Robert H	Delaware
CONDRON, MD, Brian P	Lancaster
CONE, MD, Alexander S	Allegheny
CONGEDO, MD, Carol Z	Allegheny
CONKLIN, MD, James E	Allegheny
CONKLIN, MD, Stanley D	Bradford
CONKLIN, MD, William T	Allegheny
CONLIN, MD, Edward F	Mercer
CONLY, MD, Frank L	Clinton
CONN, MD, Frank W	Bedford
CONN, MD, William V	Allegheny
CONNAUGHTON, MD, James F	Chester
CONNAUGHTON, MD, Patrick N	Lancaster
CONNELL, MD, Janet T	Chester
CONNELL, MD, Mark O	Bradford
CONNELL, MD, Thomas A	Philadelphia
CONNELLY, MD, Michael E	Mercer
CONNER, MD, Gary J	Allegheny
CONNER, MD, George H	Lebanon
CONNER, MD, J Hubert	Chester
CONNER, MD, Kenneth B	Dauphin
CONNERTON, MD, George E	Berks
CONNOLE, MD, John F	Blair
CONNOLLY, MD, David P	Allegheny
CONNOLLY, MD, Steven M	Allegheny
CONNOLLY, DO, William S	Schuylkill
CONNOLLY JR, MD, John M	Bucks
CONNOR, COLLEEN M	Student
CONNOR, DO, Janetta V	Philadelphia
CONNOR, DO, Joseph P	Philadelphia
CONNOR, MD, Robert W	Montgomery
CONNOR, MD, Susan A	Clarion
CONNORS, MD, Charles F	Lackawanna
CONNORS JR, MD, Earl K	Bucks
CONRAD, MD, Donald C	Dauphin
CONRAD, MD, James L	Bucks
CONRAD, MD, Joseph E	Schuylkill
CONRAD, MD, Rebecca S	Philadelphia
CONRAD, MD, Wayne R	Lancaster
CONRADY, MD, William E	Beaver
CONROY, DO, Ellen D	Delaware
CONROY, DO, James F	Philadelphia
CONROY, DO, Jane K	Dauphin
CONROY, MD, John J	York
CONROY, MD, Joseph V	Montgomery
CONROY, MD, Joseph V	Philadelphia
CONROY JR, DO, John D	Dauphin
CONSALVO, MD, John A	Luzerne
CONSEVAGE, MD, Mary P	Dauphin
CONSOLI, MD, Deborah P	Berks
CONSTANTINE, MD, Ginger D	Delaware
CONSTANTINE, MD, Jay J	Delaware
CONTE, MD, Anthony A	Beaver
CONTE, MD, Robert R	Westmoreland
CONTESSA, MD, Benjamin J	Lackawanna
CONTI, DO, Joseph J	Mercer
CONTINO, MD, John A	Philadelphia
CONTRACTOR, MD, Farhad M	Allegheny
CONWAY, MD, Cyril F	Lycoming
COOK, MD, David G	Philadelphia
COOK, MD, David R	Allegheny
COOK, MD, Donald H	Chester
COOK, MD, Gregory D	Centre
COOK, MD, Nicholas A	Northampton
COOK, MD, Pamela J	Allegheny
COOK, MD, Ralph W	Fayette
COOK, MD, Randall C	Westmoreland
COOK, MD, Richard A	Fayette
COOK, MD, Richard P	Bucks
COOK, MD, Rosemary A	Philadelphia
COOK, MD, William L	Delaware
COOK, MD, William R	Allegheny
COOKE JR, MD, Alfred J	Lancaster
COOKSEY, MD, Stephen H	Allegheny
COOLER, MD, Stewart	Philadelphia
COOLIDGE, MD, William A	Tioga
COONEL, MD, Pauline	Philadelphia
COOPER, MD, Colleen A	Monroe
COOPER, MD, David J	Chester
COOPER, MD, David R	Luzerne
COOPER, MD, Donald R	Philadelphia
COOPER, MD, Edward I	Philadelphia
COOPER, MD, Edward S	Philadelphia
COOPER, MD, Emmett M	Lancaster
COOPER, MD, Harold B	Schuylkill
COOPER, MD, Harry S	Philadelphia
COOPER, MD, Helen C	Luzerne
COOPER, MD, Homi S	Erie
COOPER, MD, Jean W	Philadelphia
COOPER, MD, Jeanne A	Allegheny
COOPER, MD, Joseph E	Luzerne
COOPER, MD, Joseph H	Delaware
COOPER, MD, Kenneth L	Lycoming
COOPER, MARJORIE R	Student
COOPER, MD, Mark W	Philadelphia
COOPER, MD, Martin	Philadelphia
COOPER, MD, Maureen A	Montour
COOPER, MD, Max M	Philadelphia
COOPER, MD, Murray S	Montgomery
COOPER, MD, William H	Montour
COOPER, MD, William M	Allegheny
COOPER, MD, Wynne B	Allegheny
COOPER III, MD, Herbert K	Lancaster
COOPER JR, MD, E Newbold	Delaware
COOPER JR, MD, Herbert K	Lancaster
COOPER JR, LESLIE T	Student
COOPER JR, MD, Paul N	Allegheny
COOPERMAN, MD, Jay S	Chester
COOPERMAN, MD, Lee H	Lehigh
COOPERSTEIN, MD, Lawrence A	Allegheny
COOPERSTEIN, DO, Mark S	Lancaster
COOPEY, MD, F Donald	Lebanon
COORAY, MD, Charles N	Allegheny
COOVER, MD, Leonard R	Erie
COPE, MD, Constantin	Philadelphia
COPE, MD, David A	Berks
COPE, MD, Donald I	Butler
COPE, MD, Edwin S	Carbon
COPELAN, MD, Herbert W	Philadelphia
COPELAND, MD, Adrian D	Philadelphia
COPELAND, MD, Charles E	Allegheny
COPELAND, MD, Nathaniel H	Philadelphia
COPPERMAN, MD, Gertrude	Philadelphia
COPPES, MD, Charles D	Philadelphia
COPPOLO, MD, Bernard L	Elk/Cameron
COPPOLO JR, MD, Bernard L	Indiana
COPPULA, MD, Robert J	Washington
COPPULA, MD, William F	Allegheny
CORALLO, MD, Diane M	Montgomery
CORAZZA, MD, Leo J	Luzerne
CORBA, MD, Joseph S	Allegheny
CORBETT, MD, John M	Lawrence
CORCINO JR, MD, Baltazar L	Clearfield
CORCORAN, MD, Albert W	Allegheny
CORCORAN, MD, John J	Lancaster
CORDAS, DO, Michael	Northmbrland
CORDERO, MD, Edgar C	Allegheny
CORDERO, MD, Hermelinda	Luzerne
CORDOBA, MD, Diego R	Armstrong
COREN, MD, Gary S	Philadelphia
COREY, MD, Peter J	Luzerne
COREY, MD, Stephen H	Allegheny
CORFF, MD, Meyer	Philadelphia
CORKHILL JR, MD, Eric A	Montgomery
CORMAN, MD, Lev A	Philadelphia
CORMAN, MD, Paul M	Centre
CORNACCHIA, DO, Damian J	Delaware
CORNACCHIONE, DO, Mario J	Luzerne
CORNELIUS, MD, Jack R	Allegheny
CORNELL, MD, James F	Lehigh
CORNELL, MD, Lynne L	Erie
CORNES, MD, Cleon L	Allegheny
CORNFIELD, MD, Dennis B	Philadelphia
CORNISH, MD, James W	Montgomery
CORNMAN III, MD, Henry D	Montgomery
COROSO, MD, Joseph G	Allegheny
CORPUZ JR, MD, Marcelo B	Allegheny
CORRADO, MD, Gail C	Montgomery
CORRADO, MD, Michael L	Philadelphia
CORRADO JR, MD, Albert V	Allegheny
CORRADO JR, MD, Cataldo F	Fayette
CORRAL, MD, Celestino F	Allegheny
CORRATO, ROBERT R	Student
CORREA-MEYER, MD, Paulo M	Delaware
CORRIGAN, MD, Dominic F	Montgomery
CORSELLO, MD, Guy R	Allegheny
CORSELLO, MD, Whitney C	Allegheny
CORSON, MD, Hampton P	Cambria
CORSON, MD, Joseph K	Philadelphia
CORSON, MD, Stephen L	Philadelphia
CORSON, MD, Thomas C	Columbia
CORTES JR, MD, Candido T	Crawford
CORTEZA, MD, Benjamin A	Columbia
CORTINOVIS, MD, Charles R	Washington
CORVASCE, MD, Joseph M	Philadelphia
CORWIN, MD, Douglas T	Washington
COSGROVE, DOUGLAS S	Student
COSGROVE, MD, James L	Allegheny
COSHAREK, MD, Robert F	Allegheny
COSSROW, MD, Joel I	Beaver
COSTA, MD, Frank	Allegheny
COSTA, MD, Jose M	Jefferson
COSTA, MELANIE E	Allegheny
COSTA, MD, Ronald E	Huntingdon
COSTA-GRECO, MD, Maria A	Allegheny
COSTANTINO, MD, George N	Bucks
COSTANZA, MD, Agatha H	Northampton
COSTARINO, MD, Andrew T	Philadelphia
COSTELLO, MD, Ralph M	Westmoreland
COSTELLO JR, MD, John M	York
COSTLOW, MD, James S	Allegheny
COTLER, MD, Jerome M	Philadelphia
COTLER, MD, Marc D	Montgomery
COTSARELIS, MD, George	Montour
COTTLE, MD, Betty L	Blair
COTTLE, MD, Harold R	Blair
COTTON, ERIC K	Allegheny
COTTONE, MD, Benjamin J	Lackawanna
COTTRELL, MD, David C	Northmbrland
COUCH, MD, F Boyd	Westmoreland
COUCH, MD, James B	Philadelphia
COULTER, MD, Clinton R	Clarion
COUNCELL, MD, Richard B	Allegheny
COURSIN, MD, David B	Lancaster
COURTNEY, MD, Drew E	Lebanon
COURTNEY, MD, William B	Westmoreland
COUSINS JR, MD, James L	Philadelphia
COUSOUNIS, MD, Gerry T	Philadelphia
COVALESKY, MD, Veronica Ann	Philadelphia
COVALLA, MD, John R	Clearfield
COVELL, MD, John B	Clinton
COVERDALE, MD, Edward J	Bucks
COVERDALE, MD, Paul J	Bucks
COVERDALE III, MD, Edward J	Bucks
COVEY, MD, John K	Centre
COVINGTON, MD, Darell T	Monroe
COWAN, MD, Thomas W	Allegheny
COWDERY, MD, Susan L	Philadelphia
COWEN, DO, Lee Andrew	Philadelphia
COWEN, DO, Stephen P	Philadelphia
COWGER, MD, David	Clinton
COWITZ, MD, Bernard	Philadelphia
COWLEY, MD, Allen W	Dauphin
COX, MD, James L	Philadelphia
COX, MD, Paul A	Cumberland
COX, MD, Ralph L	Fayette
COYLE, MD, John J	Luzerne
COYLE, MD, Robert M	Allegheny
COYLE, MD, Sophie J	Allegheny
COYLE, MD, William A	Delaware
COYNE, MD, Richard J	Philadelphia
COYNE, MD, Veronica E	Bucks
COZEN, MD, Bennett H	Montgomery
COZINE, MD, Richard A	Lycoming
COZZA JR, MD, Michael R	Beaver
COZZARELLI, MD, James D	Montgomery
COZZONE, DO, Monica L	Luzerne
CRAGO, MD, H Robert	Mercer
CRAIG, MD, Ann M	Philadelphia
CRAIG, DONNA J	Allegheny
CRAIG, MD, Paul C	Berks
CRAIG, MD, Richard A	York
CRAIN, MD, Richard H	Beaver
CRAKE, MD, Roger F	Columbia
CRAM, MD, Robert H	Delaware
CRAMER, MD, Arnold J	Montgomery
CRAMER, DO, David I	Centre
CRAMER, MD, Michelle E	Montgomery
CRAMP, MD, Lloyd L	Berks
CRAMTON, MD, David C	Luzerne
CRANDALL, MD, Theodore L	Allegheny
CRANDALL III, MD, Richard A	Lancaster
CRANE, MD, A Reynolds	Philadelphia

CRAVETZ, MD, Howard	Montgomery
CRAWFORD, MD, Cheryl A	Allegheny
CRAWFORD, MD, Donald G	Dauphin
CRAWFORD, MD, Dudley D	Dauphin
CRAWFORD, MD, George A	Franklin
CRAWFORD JR, MD, Ralph W	Blair
CREAMER, MD, Thomas Edward	Philadelphia
CREECH, MD, Richard H	Philadelphia
CREEVY, MD, William R	Philadelphia
CREIGHTON JR, MD, Daniel K	Mifflin/Juni
CREPPS JR, MD, Joseph T	Westmoreland
CREPS, STEVEN R	Allegheny
CRETEKOS, MD, Constantine J	Allegheny
CRETELLA, MD, Thomas S	Columbia
CREWS, DO, Nan I	Lebanon
CRIDER, MD, Donald B	Blair
CRIEP, MD, Leo H	Allegheny
CRILL, MD, Norman C	Lancaster
CRILLEY, DO, Pamela Ann	Philadelphia
CRISOSTOMO, GERMAN V	Allegheny
CRISPEN, MD, James F	Dauphin
CRISPEN, MD, John W	Adams
CRISPINO, MD, Charles M	Allegheny
CRISTOL, MD, James L	Philadelphia
CRITS, MD, Harry J	Montgomery
CRITTENDEN, MD, Donald W	Bucks
CRIVARO, MD, Michael A	Montgomery
CROCK, MD, Frederick W	Allegheny
CROCKETT, MD, Barbara A	Delaware
CROCKETT, DOUG E	Allegheny
CROFT, CAROL L	Student
CROLEY, MD, James T	Schuylkill
CROLL, MD, Millard N	Philadelphia
CROMPTON, MD, Richard E	Luzerne
CRONIN, MD, Dennis W	Philadelphia
CRONKEY, MD, Joseph E	Lackawanna
CRONLEY, MD, Shea Ann	Philadelphia
CROOKE, MD, Stanley T	Philadelphia
CROSBY, ELAINE P	Allegheny
CROSS JR, MD, Samuel	Armstrong
CROSSETT, MD, Lawrence S	Philadelphia
CROTEAU, MD, J Russell	Dauphin
CROTHERS, MD, W Gifford	Delaware
CROUSE, MD, George W	Westmoreland
CROVATTO, MD, Arthur C	York
CROWLEY, MD, Patricia A	Allegheny
CROWTHER, MD, Robert J	Montour
CROYLE, MD, Ray W	Westmoreland
CROYLE EXEC, SEC, Mrs Luann	Armstrong
CRUCIANI JR, MD, Dominick A	Lackawanna
CRUDO, MD, Chito M	Westmoreland
CRUFT, MD, George E	Philadelphia
CRUM, MD, George E	Allegheny
CRUMRINE, MD, Richard S	Beaver
CRUZ, MD, Alexander C	Montgomery
CRUZ, MD, Alice M	Greene
CRUZ, MD, Edgardo S	Lehigh
CRUZ, MD, Maria L	Tioga
CRUZ, MD, Rogelio A	Erie
CRUZ, MD, Trinidad T	Greene
CRUZ JR, MD, Moises B	Potter
CRUZ-ALVAREZ, MD, Rebeca E	Philadelphia
CRYER, MD, Theodore H	Franklin
CRYSTLE, MD, C Deans	Lancaster
CSIKOS, MD, David A	Cambria
CSIR, MD, Floyd M	Erie
CUBE, MD, Henry M	Somerset
CUBLER, MD, Edward W	Schuylkill
CUCINOTTA, MD, Salvatore	Philadelphia
CUDDEBACK, MD, Thomas J	Allegheny
CUDDY, MD, Vincent D	Beaver
CUISON, MD, Navora G	Delaware
CUISON, MD, Sergio Q	Delaware
CULBERTSON, MD, Clayton E	Washington
CULF, MD, Norris K	Philadelphia
CULIG, MD, Carl A	Allegheny
CULLEN, MD, Esker W	Centre
CULLEN, MD, Milton L	Philadelphia
CULLEY, MD, Andrew W	Beaver
CULOTTA, MD, Dominic A	Bucks
CULP, MD, Robert T	Venango
CULYBA, MD, Michael J	Beaver
CUMMINGS III, MD, Cary	Dauphin
CUNNANE, MD, Mary F	Philadelphia
CUNNINGHAM, MD, J David	Montgomery
CUNNINGHAM, MD, John R	Erie
CUNNINGHAM, MD, Peter L	Northampton
CUNNINGHAM, MD, Scott K	Allegheny
CUNNINGHAM, MD, William L	Washington
CURCI, MD, Joseph J	Bucks
CURCIO III, MD, Frederick D	Dauphin
CURLEY, MD, Henry E	Allegheny
CURLEY, DO, John F	Philadelphia
CURRAN, MD, Marilyn R	Montgomery
CURRID, MD, Aideen M	Montour
CURRIE, MD, Philip W	Westmoreland
CURRIE, MD, Richard J	Philadelphia
CURRIER, GLENN W	Allegheny
CURRY, MD, Thomas A	Schuylkill
CURTI, MD, Brendan D	Dauphin
CURTIN, MD, Andrew J	Montour
CURTIN, MD, Charles T	Lackawanna
CURTIN, MD, Eugene A	Lackawanna
CURTIN, MD, Hugh D	Allegheny
CURTIN, MD, John J	Philadelphia
CURTIS, MD, James L	Montour
CUSHING, MD, William J	Allegheny
CUSTER, MD, Christopher C L	Mifflin/Juni
CUSTER, DIANE E	Student
CUSTER, MD, Richard P	Philadelphia
CUSTODIO, MD, Edgardo C	Lehigh
CUTHBERT-HARDEE, MD, Kay	Montgomery
CUTLER, MD, Charles	Montgomery
CUTLER, MD, Irvin	Philadelphia
CUTLER, MD, Neil	Philadelphia
CUTLER, MD, Robert S	Chester
CUTLER, MD, Stanley M	Allegheny
CUTRY, MD, Joseph J	Potter
CUTULY, MD, Eugene	Allegheny
CWIK, MD, John C	Cambria
CYGAN, MD, David J	Allegheny
CYMERMAN, MD, Frank R	Allegheny
CYNN, MD, Won S	Philadelphia
CYPHER, MD, Ronald L	Butler
CZARNECKI, MD, Casimir	Philadelphia
CZARNECKI, MD, Dorothy G	Philadelphia
CZARNECKI, MD, Nancy S	Philadelphia
CZUBA, MD, Michael T	Greene
CZWALINA, DO, Robert	Luzerne

D

D'ELIA, MD, Frank L	Delaware
DABB, MD, Richard W	York
DABBACK, MD, Dewitt T	Chester
DACOSTA, MD, Joao B	Allegheny
DADDARIO, MD, Richard T	Bucks
DADPARVAR, MD, Simin D	Philadelphia
DAFFNER, MD, Richard H	Allegheny
DAFTARY, MD, Sudhir R	Lawrence
DAGEN, MD, J Edward	Cumberland
DAGEN, DO, Rose M	Franklin
DAGHESTANI, MD, Aiman N	Crawford
DAGHIR, MD, John N	Westmoreland
DAGOSTINO, MD, Frank J	Northampton
DAGOSTINO, MD, Valentino	Luzerne
DAHLE, DO, Ralph E	Dauphin
DAHLEM, MD, Stephen T	Philadelphia
DAHMUS, MD, Robert R	Dauphin
DAIL, MD, Eric M	Erie
DAILEY, MD, Edward G	Dauphin
DAILEY, MD, Ellen E	Erie
DAIT, MD, Jose E	Carbon
DAITER, MD, Donald	Philadelphia
DAJANI, MD, Taher A	Armstrong
DAKIN, MD, Theodora P	Westmoreland
DAKNIS, CHARLES B	Student
DALBY, MD, Patricia L	Allegheny
DALE, MD, Anthony D	Philadelphia
DALE II, MD, Leonard E	Tioga
DALE JR, MD, Hiram T	Northampton
DALEY, MD, Marvin C	Lancaster
DALLABRIDA, MD, Marguerite R	Northmbrland
DALONZO, MD, Walter A	Philadelphia
DALRYMPLE, MD, W Howard	Delaware
DALY, MD, Christopher J	Allegheny
DALY, MD, David G	Berks
DALY, MD, John M	Philadelphia
DALY, MD, Michael J	Allegheny
DALY, MD, Thomas J	Montgomery
DALY JR, MD, James F	Dauphin
DALY JR, MD, Richard H	York
DAMATO, MD, Samuel L	Lancaster
DAMATO, THOMAS A	Student
DAMAZO, MD, Elpidio D	Beaver
DAMAZO, MD, Natividad S	Beaver
DAMESHEK, MD, H Lee	Allegheny
DAMIANO, DO, John A	Lancaster
DAMIANO, MD, Robert E	Chester
DAMICO, ANTHONY V	Student
DAMJANOV, MD, Ivan	Philadelphia
DAMORE, MD, David L	Mercer
DAMSKER, MD, Jeffrey I	Philadelphia
DANAIE, MD, Nosratollah	Allegheny
DANCA, MD, Alfred F	Luzerne
DANDREA, MD, Raymond L	Cambria
DANEK, DO, John J	Washington
DANESHRAD, SHAHROKH	Allegheny
DANFORTH, MD, Nicholas	Montour
DANG, HANH V	Student
DANGELO, MD, Carl F	Lehigh
DANGELO, MD, George J	Erie
DANGELO, MD, Robert	Allegheny
DANGIO, MD, Giulio J	Philadelphia
DANIELE, MD, Joseph Q	Erie
DANIELS, BRET A	Student
DANIELS, MD, Dan	Jefferson
DANIELS, MD, Maurice N	Montgomery
DANIELS, MD, Michael O	Cumberland
DANISHANKO, MD, Albert G	Luzerne
DANKMYER, CHRISTOPHER C	Student
DANKMYER, MD, Frederick L	Schuylkill
DANKO, MD, Eugene T	Allegheny
DANNEKER, MD, Dale A	Centre
DANNENBURG, MD, Arthur M	Philadelphia
DANOFF, MD, David M	Montgomery
DANOFF, MD, Mike	Allegheny
DANTON, DO, Jack Alan	Philadelphia
DANTONIO, MD, James A	Allegheny
DANYO, MD, J Joseph	York
DANZI, MD, Joseph T	Bradford
DANZIS, DO, Jeffrey J	Bucks
DAPAR, RHYS V	Allegheny
DARKES, MD, William	Schuylkill
DARNALL, MD, Jeffrey T	Delaware
DARNELL, MD, Richard I	Bucks
DAROWISH, DO, Charles E	Dauphin
DARWISH, MONA	Student
DAS, MD, Arunava	Fayette
DASCHER JR, MD, John J	Montgomery
DASH, MD, Nilima	Allegheny
DASHE, MD, Myer M	Berks
DASTUR, MD, Khurshed J	Allegheny
DATNER, ELIZABETH M	Student
DATTA, MD, Tapan D	Westmoreland
DATTILO, MD, James T	Allegheny
DAUGHERTY, MD, Donald	York
DAULER, MD, Thomas P	Centre
DAURIA, MD, Thomas M	Fayette
DAVE, MD, Deepak V	Philadelphia
DAVENPORT, MD, Arthur B	Wyoming
DAVID, MD, Irving B	Allegheny
DAVID, MD, Jeffrey W	Armstrong
DAVIDES, MD, Kyriakos C	Allegheny
DAVIDHEISER, SHARON I	Student
DAVIDSON, MD, Cary A	Monroe
DAVIDSON, DO, James P	Clearfield
DAVIDSON, MD, Jay H	Philadelphia
DAVIDSON, MD, Paul R	Lancaster
DAVIDSON, MD, Raymond P	Allegheny
DAVIDSON, MD, Richard S	Philadelphia
DAVIDSON, MD, Steven J	Philadelphia
DAVIDSON, MD, Wallace L	Montgomery
DAVIDSON, MD, William R	Dauphin
DAVIDSON JR, MD, William R	Lebanon
DAVIE, MD, Frank M	Westmoreland
DAVIES, MD, Robert J	Delaware
DAVIES, MD, Thomas E	Tioga
DAVILA, MD, Juan Elias	Philadelphia
DAVIS, MD, Allan S	Lancaster
DAVIS, MD, Bolivia T	Philadelphia
DAVIS, MD, Bruce C	Monroe
DAVIS, MD, C Nelson	Philadelphia
DAVIS, MD, Daniel T	Luzerne
DAVIS, DO, David J	Bucks
DAVIS, MD, Dennis	Washington
DAVIS, MD, Donald D	Allegheny
DAVIS, MD, Duane E	Montour
DAVIS, MD, Earl C	York
DAVIS, MD, Earle R	Allegheny
DAVIS, MD, Edward W	Montgomery
DAVIS, MD, George B	Luzerne
DAVIS, MD, H Robert	Cumberland
DAVIS, MD, Harold J	Lackawanna
DAVIS, MD, Harriet J	Bucks
DAVIS, MD, Helen A P	Westmoreland
DAVIS, MD, Irene B	Lancaster
DAVIS, MD, J Mostyn	Montour
DAVIS, MD, James H	York
DAVIS, MD, James K	Cambria
DAVIS, MD, John W	Philadelphia
DAVIS, MD, Murray C	Tioga
DAVIS, NEAL M	Student
DAVIS, MD, Raymond C	Susquehanna
DAVIS, MD, Richard A	Philadelphia
DAVIS, MD, Richard L	Dauphin
DAVIS, MD, Robert A	Bucks
DAVIS, MD, Robert E	Allegheny
DAVIS, MD, Robert H	Dauphin
DAVIS, MD, Robert M	York
DAVIS, MD, Sidney	Union
DAVIS, MD, Stephen J	Dauphin
DAVIS, MD, Stuart M	Tioga
DAVIS, TAMMI D	Student
DAVIS, MD, Thomas G	Philadelphia
DAVIS, MD, Thomas S	Dauphin
DAVIS, MD, Toye G	Chester
DAVIS, MD, William F	Wayne/Pike
DAVIS, MD, William L	Franklin
DAVIS, MD, William S	Dauphin
DAVIS JR, MD, Edward T	Beaver
DAVIS JR, MD, Robert V	Lackawanna
DAVIS JR, MD, Rollin V	Allegheny
DAVITCH, MD, Leonard S	Philadelphia
DAVNE, MD, Sanford H	Philadelphia
DAVOLI, MD, Robert L	Westmoreland
DAWGERT, MD, F Dennis	Lackawanna
DAWSON, MD, Michael H O	Schuylkill
DAWSON, MD, Reese E	Allegheny
DAY, MD, Nancy S	Philadelphia
DAY, STEPHEN D	Allegheny
DAY JR, MD, Richard W	Allegheny
DAY JR, MD, Robert E	Montgomery
DCRUZ, MD, Joseph F	Blair
DE, MD, Nirmal K	Philadelphia
DEAN, JAMES L	Student
DEAN, MD, Robert J	Allegheny
DEANGELO SR, MD, Gregory A	Potter
DEARDORFF, MD, Charles L	Lancaster
DEAROLF III, MD, Walter W	Montgomery
DEAS, MD, Thomas C	Philadelphia
DEBENEDICTIS, MD, Kenneth J	Berks
DEBERARDINIS, MD, Camillo T	Philadelphia
DEBIAS, MD, Dennis A	Westmoreland
DEBIASSE, MD, Timothy A	Westmoreland
DEBOER, MD, John L	Monroe
DEBONIS, MD, Charles S	Luzerne
DEBONIS-OREILLY, MD, Maryellen	Westmoreland
DECARLO, MD, John P	Philadelphia
DECARLO, DO, Peter J	Lancaster
DECARO, MD, Joseph A	Delaware
DECARO, MD, Matthew V	Philadelphia
DECASPERIS, MD, Anthony J	Philadelphia
DECASTRO, MD, Miguel A	Philadelphia
DECASTRO, MD, Nieves D	Philadelphia
DECESARE, DO, Raymond C	Monroe
DECHERNEY, MD, William A	Philadelphia
DECILLIS, MD, Arthur P	Allegheny
DECKER, MD, Frances L	Montour
DECKER, MD, John P	Philadelphia
DECKER, MD, Peter G	Luzerne
DECKER, MD, Richard L	Erie
DECKER, MD, Steven E	Montgomery
DECOSKEY, MD, Darla K	Philadelphia
DECOSMO, MD, Vincent J	Westmoreland
DECOU, DO, Marcy J	Philadelphia
DECURTIS, MD, George M	Luzerne
DEDHIA, MD, Champak	Luzerne
DEE, MD, Cecilio C	Mckean
DEEB, MD, Ramon J	Lehigh
DEEB, MD, Ziad L	Allegheny
DEES-PORCH, MD, Frances	Delaware
DEFABO, FRANCIS L	Student
DEFEO, MD, Joseph W	Bucks
DEFRANCESCO, MD, Charles A	Westmoreland
DEFRANCISCO, MD, Lance C	Blair
DEFRANCISCO, MD, Mary E	Montgomery
DEFRANCO, MD, Joseph M	Erie
DEFRANK, MD, Frank N	Monroe
DEGENNARO, MD, Louis P	Lackawanna
DEGENNARO, MD, Patrick J	Luzerne
DEGREEN, MD, Hyatt P	Lancaster
DEGREGORIO, MD, Nicholas	Allegheny
DEGREGORY, DO, Thomas R	Westmoreland
DEGROOF, MD, Ellen P L	Bucks
DEGUCHI, MD, Mario	Chester
DEHAAS, MD, David R	Washington
DEHART, MD, David A	Allegheny
DEHORATIUS, MD, Raphael F	Philadelphia
DEHORATIUS, MD, Raphael J	Philadelphia
DEIBERT, MD, Edward B	Northampton
DEICHERT, MD, Robert G	Monroe
DEILY, MD, Raymond E	Northampton
DEIMEL, MD, Joseph F	Erie
DEIN, MD, Robert A	Montgomery
DEININGER, MD, Arthur G	Crawford
DEININGER, MD, John T	Philadelphia
DEISHER, MD, Samuel W	York
DEITCH, MD, Bernard	Philadelphia
DEITCH, MD, Marc W	Philadelphia
DEITRICK, MD, John E	Montour
DEITRICK, MD, Richard E	Allegheny
DEITRICK III, MD, George A	Philadelphia
DEITRICK JR, MD, George A	Northmbrland
DEITZ III, MD, George W	Montgomery
DEITZLER, MD, Margaret M	Philadelphia
DEJESUS, MD, Robert	Westmoreland
DEJESUS JR, MD, Roman Y	Beaver
DEJOSEPH, MD, Robert L	Luzerne
DEKKER, MD, Andrew	Allegheny
DEKONING, MD, Johannes L	Blair
DEKRET, MD, Jeffrey J	Philadelphia
DEKRUIF, MD, Hendrik	Crawford
DELA TORRE, MD, Henry G	Jefferson
DELACRUZ, MD, Apolinar D	Montgomery
DELACRUZ, MD, Silvestre S	Dauphin
DELAFUENTE, MD, Carlos F	Dauphin
DELAPLANE, MD, James M	Philadelphia
DELASALAS, MD, Ernesto M	Bedford
DELAURENTIS, MD, Dominic A	Philadelphia
DELBIANCO, MD, Paul R	Allegheny
DELCASTILLO, MD, Juan J	Northmbrland
DELCONTE, MD, Anthony	Allegheny
DELCORE, RANDY G	Student
DELEEUW, MD, Henry W	Allegheny
DELEHANTY, MD, Thomas J	Luzerne
DELEO, MD, Caesar A	Lackawanna
DELEO, MD, Nicholas V	Lackawanna
DELEON, MD, Manuel R	Allegheny
DELERME, MD, Augusto N	Blair
DELERME-MORILLO, MD, Jacquelyn W	Blair
DELGADO, MD, Juan F	Northmbrland
DELGADO, MD, Tomas E	Philadelphia
DELGATTO, MD, Louis J	Columbia
DELGAUDIO, MD, Walter	Luzerne
DELGRIPPO, MD, Gerard A	Clinton
DELGRIPPO JR, GERARD A	Student
DELGUERCIO, MD, Edmund T	Delaware
DELICH, MD, John P	Elk/Cameron
DELLA ROSA JR, MD, John J	Luzerne
DELLINGER, MD, Robert K	Berks
DELOGLOS, MD, Gust	Allegheny
DELONE JR, MD, Charles A	Dauphin
DELONE JR, MD, Francis X	Delaware
DELONG, MD, Brian S	Dauphin
DELONG, MD, Philip L	Bucks
DELONG, MD, Stephen R	Allegheny
DELONG JR, MD, William G	Philadelphia
DELORENZO JR, MD, Donald P	Franklin
DELP, MD, Charles W	Schuylkill
DELP, MD, Richard U	Columbia
DELP, MD, William T	York
DELP JR, MD, Charles W	Montgomery
DELROSARIO, MD, Vivencio G	Dauphin
DELROSSI, MD, Anthony J	Philadelphia
DELSERONE, MD, Eugene W	Allegheny
DELVECCHIO, MD, Fredesuinda P	Bucks
DELVECCHIO, MD, Leonard M	Berks
DELVECCHIO JR, MD, Leonard M	Mifflin/Juni
DEMARCO, MD, Carlo M	Philadelphia
DEMARCO, MD, James C	Delaware

DEMARCO, MD, John J	Erie
DEMARCO, MD, Lucinda	Montgomery
DEMARIA JR, MD, Peter A	Philadelphia
DEMARIO JR, MD, Ralph C	Lackawanna
DEMARTINI, MD, Andrea F	Allegheny
DEMASI, MD, Leon G	Philadelphia
DEMASI, MD, Pantaleone	Philadelphia
DEMASI, MD, Rocco J	York
DEMATTEIS, MD, James A	Erie
DEMBY, MD, Dennis M	Butler
DEMEDIO, MD, Gabriel A	Allegheny
DEMEZZA, MD, Angelo	Westmoreland
DEMICHELE, MD, Joseph	Philadelphia
DEMICHELE, MICHAEL A	Student
DEMILIO, MD, Mary T	York
DEMILIO, MD, Terrance A	Westmoreland
DEMKO, MD, Joseph N	Lackawanna
DEMOPOULOS, MD, James T	Philadelphia
DEMOS, MD, Jack	Allegheny
DEMOURA, MD, Jamilo B	Philadelphia
DEMPSEY, MD, Daniel T	Philadelphia
DEMPSEY, MD, Eugene C	Philadelphia
DEMPSEY, MD, William J	Lackawanna
DEMPSHER, MD, John	Chester
DEMUTH, MD, Cynthia T	Dauphin
DEMUTH, MD, William W	Dauphin
DEMUTH JR, MD, William E	Cumberland
DENARO, MD, Anthony T	Luzerne
DENBY, MD, Robert A	Berks
DENCH JR, MD, Edward H	Centre
DENDE, DO, Paul F	Lackawanna
DENGLER, MD, Ernest H	Berks
DENIER, MD, James M	Luzerne
DENIS, MD, Leonard J	Lackawanna
DENIZARD, MD, Carl E	Philadelphia
DENLINGER, MD, John K	Lancaster
DENNEHY, MD, John J	Montour
DENNEMEYER, MD, James E	Philadelphia
DENNIS, MD, James B	Columbia
DENNIS, MD, William J	Philadelphia
DENT, MD, Thomas L	Montgomery
DENTE, MD, Joseph B	Lackawanna
DENVER, MD, Stanley D	Allegheny
DEOCERA, MD, Rodolfo M	Bucks
DEOL, MD, Jasbir S	Northampton
DEPACE, MD, Nicholas L	Philadelphia
DEPAMPHILIS, MD, Hy J	York
DEPAOLI, MD, Rosemary T	Montour
DEPASQUALE, MD, Samuel C	Luzerne
DEPAULA, MD, Carl J	Philadelphia
DEPETRO, JOSEPH J	Allegheny
DEPIETRO, FRANK R	Allegheny
DEPILLIS, MD, Vincent J	Montgomery
DEPRISCO, DO, John	Philadelphia
DEQUEVEDO, MD, Robert F	Monroe
DERASSE, MD, Alain R	Northampton
DERASSE, MD, Judith R	Northampton
DERATZOU, BENJAMIN	Allegheny
DERENZO, MD, Aurelio G	Philadelphia
DEREWITZ, MD, Daniel L	York
DERHAM, MD, Robert J	Philadelphia
DERIENZO, MD, Umberto A	Washington
DERIVAN, MD, Albert T	Delaware
DERIVAS, MD, Carmela F	Montgomery
DERKAY, MD, Craig S	Allegheny
DERKRIKORIAN, MD, Hagop L	Delaware
DERMAN, SETH G	Allegheny
DEROJAS, MD, Juan J	Luzerne
DERON, DO, Scott J	Lancaster
DERR, MD, Craig A	Berks
DERR, MD, Frederick S	Union
DERR, DO, Jose F	Columbia
DERR, MD, Russell H	Lancaster
DERRICK, MD, Bruce M	Bucks
DERSH, MD, Jerome	Berks
DERSHAW, MD, Bruce B	Bucks
DERSHAW, MD, Samuel	Philadelphia
DERSTINE, MD, Ralph L	Montgomery
DERUSSO, DEANNA M	Student
DERUSSO, GREG	Student
DESAI, MD, Ajit M	Philadelphia
DESAI, MD, Anil G	Mifflin/Juni
DESAI, MD, Anil G	Philadelphia
DESAI, MD, Ansuya M	Montgomery
DESAI, MD, Arundev D	Lackawanna
DESAI, MD, Arvind D	Lackawanna
DESAI, MD, Bharati P	Westmoreland
DESAI, MD, Jitendra M	Allegheny
DESAI, MD, Kashmira A	Lackawanna
DESAI, MD, Kiritkumar T	Philadelphia
DESAI, MD, Meena B	Lackawanna
DESAI, MD, Mohan G	Montgomery
DESAI, MD, Praful V	Westmoreland
DESAI, MD, Saryu J	Allegheny
DESAI, MD, Shirishkumar B	Fayette
DESAI, MD, Shivraj J	Montgomery
DESANCTIS JR, MD, Joseph J	Berks
DESANTIS, MD, Joseph G	Philadelphia
DESANTIS, MD, Luigi	Bucks
DESANTIS, MD, Peter L	Mercer
DESANTOLA, MD, Joseph R	Philadelphia
DESANTOS, MD, Marcelino A	Bucks
DESHMUKH, MD, Narayan	Bradford
DESHPANDE, MD, Asha S	Warren
DESHPANDE, MD, Sharadchandra	Erie
DESHPANDE, MD, Smita V	Lehigh
DESHPANDE, MD, Vilas K	Lehigh
DESIMONE, MD, Gregory G	Delaware
DESIMONE, MD, John S	Westmoreland
DESIO, MD, Felix J	Bradford
DESJARDINS, MD, George P	Berks
DESSEN, MD, Edgar L	Luzerne
DESTEFANO, MD, Louis M	Delaware
DETHOFF, MD, John C	Berks
DETRE, MD, Thomas	Allegheny
DETUERK, MD, John J	Philadelphia
DETULLIO, MD, Anthony E	Philadelphia
DETWEILER, DO, Robert O	Montgomery
DETWEILER, DO, Thelma M	Beaver
DETWEILER, MD, Thomas C	Montgomery
DETWEILER EXEC SEC, JOHN S	Bucks
DEUBNER, MD, David C	Philadelphia
DEUNE, EAGEN G	Allegheny
DEUTSCH, MD, Joel	Philadelphia
DEUTSCH, MD, Melvin	Allegheny
DEUTSCH JR, MD, E Thomas	Chester
DEVABHAKTUNI, MD, Raghu V	Luzerne
DEVAN, MD, W Todd	York
DEVANI, MD, Shyamsunder H	Carbon
DEVAUGHN, MD, Gerald L	Philadelphia
DEVENNEY, MD, John E	Montgomery
DEVENUTO JR, MD, Joseph J	Bucks
DEVINE, MD, Jean K	Montgomery
DEVINE, MD, Michael F	Montgomery
DEVINE, MD, Peter J	Philadelphia
DEVINE, MD, Terence M	Bradford
DEVINEY, MD, John P	Montgomery
DEVITA, MD, Dennis M	Mifflin/Juni
DEVITA, MD, Michael L	Mifflin/Juni
DEVITTORIO, MD, Armond A	Jefferson
DEVLIN, MD, Albert E	Jefferson
DEVLIN, MD, Joseph T	Philadelphia
DEVRIES, MD, Egbert J	Allegheny
DEVRIES, MD, Jan R J	Somerset
DEWAR, MD, William R	Wayne/Pike
DEWAR III, MD, William R	Wayne/Pike
DEWIS, MD, Lester S	Chester
DEX, MD, Walter J	Lehigh
DEYOUNG, MD, Edward M	Philadelphia
DEYSHER, DO, David P	Mifflin/Juni
DHADUK, MD, Vithalbhai D	Lackawanna
DHAGAT, MD, Satishchandra	Beaver
DHALIWAL, MD, Ranjit S	Erie
DHAWAN, MD, Neelam	Allegheny
DHAWAN, MD, Ram L	Allegheny
DHAWER, MD, Virender P S	Cambria
DHEEN, MD, Mohamed H R	Lawrence
DIAKIW, MD, John	Lackawanna
DIAMANTONI, MD, Stephen G	Lancaster
DIAMOND, MD, B Franklin	Montgomery
DIAMOND, MD, Daniel L	Allegheny
DIAMOND, MD, Mark	Allegheny
DIAMOND, MD, Sidney J	Delaware
DIAZ, MD, Filadelfo T	Montgomery
DIAZ, MD, Floriel P	Carbon
DIAZ, MD, Jovencio J	Lebanon
DIAZ, MD, Renato T	Luzerne
DIBAGNO, MD, Geno J	Allegheny
DIBATTISTE, MD, Peter M	Philadelphia
DIBELLO, MD, Angelo M	Philadelphia
DIBELLO JR, JOSEPH N	Student
DIBENEDETTO, MD, Thomas D	Lehigh
DIBERT, MD, Lawrence W	Blair
DICECCO, MD, Michael A	Allegheny
DICKENS, MD, Helen O	Philadelphia
DICKEY, MD, Robert F	Montour
DICKINSON, MD, Peter A	Allegheny
DICKSON JR, MD, Thomas B	Lehigh
DICKSTEIN, MD, Benjamin	Philadelphia
DICOLA, MD, Nancy M	Allegheny
DICONCETTO, MD, Joseph A	Northampton
DICUCCIO, MD, Nicholas W	Clinton
DICUCCIO, MD, William A	Butler
DIDDLE, MD, Kenneth W	Westmoreland
DIDONATO, MD, Richard R	Huntingdon
DIDONATO, MD, Robert	Montgomery
DIEHL, MD, Daniel L	Lancaster
DIENER, MD, Ian L	Montgomery
DIENHART, MD, Karl J	Bradford
DIESENHOUSE, MD, Michael C	Philadelphia
DIETEMAN, MD, David F	Erie
DIETER, MD, Kevin F	Delaware
DIETLY, MD, Robin Z	Allegheny
DIETRICH, DO, Leonard M	Berks
DIETRICH, DO, Malcolm H	York
DIETRICH, DO, Marcia C	Berks
DIETRICH, SCOTT A	Student
DIETRICH, MD, Warren C	Northampton
DIETRICH, MD, William S	Dauphin
DIETRICK, MD, Richard F	Montgomery
DIETRICK, MD, Ronald A	Blair
DIEZ, MD, Charles M	Allegheny
DIGERGORIO, MD, Guerino J	Chester
DIGIACOMO, MD, Oscar P	Philadelphia
DIGIACOMO, MD, Paul R	Lebanon
DIGIACOMO JR, MD, Philip J	Montgomery
DIGILIO, MD, Victor A	Philadelphia
DIGIOVANNI, MD, Alphonse J	Delaware
DIGIOVANNI, MD, Anthony J	Delaware
DIGIOVANNI, MD, Robert J	Delaware
DIGIOVANNI, MD, Vincent J	Luzerne
DIGREGORIO, DO, Eileen R	Bucks
DIILIO, MD, Richard P	Allegheny
DIIORIO, MD, Emil J	Northampton
DILANGALEN, MD, Lina F	Allegheny
DILCHER, MD, Robert H	Lehigh
DILEO, MD, Dominic W	Fayette
DILEONARDO, MD, Mario	Philadelphia
DILIBERTO, DO, Thomas A	Delaware
DILLINGER, MD, Ellen M	Allegheny
DILLON, MD, Daniel J	Allegheny
DILLON, MD, Richard S	Montgomery
DIMAGGIO, MD, Olivia T	Delaware
DIMARCO, MD, Ross F	Allegheny
DIMARINO, MD, Anthony J	Philadelphia
DIMASI, DO, Robert E	Erie
DIMAURO, MD, Cynthia L	Allegheny
DIMEDIO, MD, Joseph A	Delaware
DIMICK, MD, Dean F	Lehigh
DIMILILER, MD, Ismail	Northmbrland
DIMOIA, MD, Margaret M	Bucks
DIMONTE, MD, Diane K	Chester
DIMUN, MD, Michael F	Allegheny
DINARDO, MD, Laurence J	Philadelphia
DINATTI III, LOUIS A	Allegheny
DINEEN, MD, Francis A	Allegheny
DINICOLA, MD, Arthur N	Schuylkill
DINON, MD, Louis R	Philadelphia
DINSMORE, MD, Harry H	Jefferson
DINUBILE, MD, Nicholas A	Philadelphia
DINULOS, MD, Baltazar T	Lebanon
DINULOS, MARYBETH	Student
DION, MD, Harry S	Philadelphia
DIORIO, MD, James P	Luzerne
DIORIO, MD, Norina M	Luzerne
DIPPERY, MD, Lee M	Blair
DIPPOLITO, MD, Anthony D	Northampton
DIRENZO, MD, Dennis P	Berks
DIRIENZO, MD, Enrico J	Bucks
DIRIENZO, ROSALINDA A	Student
DIRNBERGER, DO, Thomas	Schuylkill
DIROCCO, MD, Vincent P	Philadelphia
DISALVO, MD, Barbara A	Northampton
DISALVO, MD, Eugene I	Northampton
DISHART, MD, Paul W	Allegheny
DISICK, MD, Solomon	Centre
DISILVESTRO, MD, Helen E	Philadelphia
DISILVESTRO JR, MD, John M A	Philadelphia
DISILVIO, MD, Thomas V	Lackawanna
DISIMONE, MD, Ronald E	Philadelphia
DISTEFANO, MD, Berardino	Erie
DISTEFANO, MD, Grimaldo C	Philadelphia
DITMAR, MD, Mark F	Lancaster
DITMARS, MD, Douglas D	Northampton
DITOPPA, DO, Louis A	Allegheny
DITTMAN, MD, Thomas H	Luzerne
DITTMAR, MD, Stuart W	Franklin
DITTRICH, DO, Richard J	Philadelphia
DITUNNO, MD, John F	Philadelphia
DIWAN, MD, Kanta	Delaware
DIWAN, MD, Satyendra K	Delaware
DIX, LISA M	Student
DIX JR, MD, Robert C	Union
DIXIT, MD, Niranjan D	Fayette
DIXON, MD, Harold L	Philadelphia
DIXON, MD, Richard H	Centre
DIXON, MD, Robert E	Mifflin/Juni
DIZON, MD, Gaudencio S	Carbon
DJERASSI, MD, Isaac	Philadelphia
DLIN, MD, Barney M	Philadelphia
DLUTOWSKI, MD, Bernard J	Philadelphia
DLUZANSKY, MD, James J	Blair
DO, SI V	Student
DOAN, MD, Huynh Trieu	Philadelphia
DOBISH, MD, Mark P	Franklin
DOBKIN, MD, Larry A	Allegheny
DOBLE II, MD, Henry P	Mercer
DOBLER, MD, James C	Allegheny
DOBLER, MD, Lee C	Allegheny
DOBROTA, MD, John S	Bucks
DOBROWOLSKI, MD, Norbert F	Allegheny
DOCKTOR, MD, John W	York
DODD, MD, Stephen I	Mifflin/Juni
DODDS, MD, H Thomas	Delaware
DODGE, MD, Herbert C	Philadelphia
DODSON, MD, Donald L	Northampton
DOE, MD, Robert G	Lancaster
DOEBLER, MD, Robert W	Allegheny
DOEFF, MD, Jan W	Montgomery
DOENECKE, MD, Arthur L	Lancaster
DOERFLER JR, MD, Frederick B	Armstrong
DOFT, MD, Bernard H	Allegheny
DOHERTY, DO, John M	Delaware
DOHERTY, MD, Joseph C	Westmoreland
DOHERTY JR, MD, Henry J	Montgomery
DOHERTY JR, MD, John H	Lackawanna
DOHERTY SR, MD, John H	Lackawanna
DOHNER, ERIC A	Student
DOJA, MD, Mohammad S	Allegheny
DOKKO, YONI	Allegheny
DOLAN III, MD, James J	Clinton
DOLECKI, MICHAEL	Student
DOLENCE, MD, Danielle	Allegheny
DOLFMAN, MD, Victor	Philadelphia
DOLINSKAS, MD, Carol A	Philadelphia
DOLL JR, MD, Robert B	Lehigh
DOLPHIN, MD, John M	Philadelphia
DOLPHIN, MD, Murray	Luzerne
DOLSKY, MD, Richard L	Montgomery
DOMALESKI, MD, Alfred F	Potter
DOMAT, MD, Imad	Allegheny
DOMERACKI, MD, Frank R	Montgomery
DOMESEK, MD, James M	Montgomery
DOMINGO, MD, Orville H	Delaware
DOMIT, MD, John	Allegheny
DOMON, MD, Charles M	Philadelphia
DONAHOE, MD, Michael T	Franklin
DONAHOO, MD, James S	Philadelphia
DONAHUE, MD, John R	Montgomery
DONALD, MD, Delmar J	Montgomery
DONALDSON, MD, David H	Allegheny
DONALDSON, MD, James B	Philadelphia
DONALDSON, MD, William F	Allegheny
DONAN, MD, Anderson W	Mercer
DONAT, TERRY L	Student
DONATELLI, MD, John M	Allegheny
DONCASTER, MD, Richard M	Westmoreland
DONDE, MD, Dilip M	Cambria
DONDE, MD, Mrunalini D	Cambria
DONEKER, MD, Thomas G	Northampton
DONER, DO, Ivan A	Philadelphia
DONLEY JR, MD, Charles M	Allegheny
DONLY, MD, Donovan L	Berks
DONNELLY III, MD, Edward J	Allegheny
DONNELLY JR, MD, Joseph C	Berks
DONNER, MD, Marda E	Philadelphia
DONNER, MD, William T	Montgomery
DONOFRIO, MD, Robert J	Allegheny
DONOFRIO, MD, Romeo R	Chester
DONOVAN, MD, Byron L	Westmoreland
DONOVAN, MD, Francis C	Allegheny
DONOVAN, MD, J Ward	Dauphin
DONOVAN, MD, John J	Allegheny
DONOVAN, MD, Robert J	Allegheny
DONOVAN, MD, Robert S	Berks
DONROVICH, MD, Paul J	Cambria
DOO, MD, Gerald K	Adams
DORAZIO, MD, Dominick J	Lancaster
DORAZIO, MD, Edward A	Philadelphia
DORAZIO, MD, Nicholas J	Chester
DORAZIO, DO, Ronald J	Delaware
DORFMAN, MD, Alan M	Philadelphia
DORFMAN, MD, Charles E	Erie
DORFMAN, MD, Murray L	Delaware
DORIAN, MD, Alan L	Montgomery
DORKO, MD, Carl J	Dauphin
DORMAN, MD, Gordon	Philadelphia
DORMAN, MD, Sanford A	Northampton
DORMANS, MD, Adrian A	Luzerne
DORNENBURG, MD, James R	Allegheny
DOROSHOW, DO, Larry P	Philadelphia
DORR, MD, Susan J	Allegheny
DORSCH, MD, Carole A	York
DORSCH JR, MD, Raymond M	Lebanon
DORSEY, MD, James T	Lehigh
DORST, MD, Stanley K	Allegheny
DORTCH, MD, Joseph	Philadelphia
DORVAL, MD, Jane T	Philadelphia
DORVILLE, MD, Fabio L	Northampton
DORWART, MD, Bonnie B	Philadelphia
DOSHI, MD, Kirti K	Philadelphia
DOSHI, MD, Nalini N	Allegheny
DOSHI, MD, Narendra S	Allegheny
DOSHI, SALIL V	Allegheny
DOSSETT, MD, John H	Dauphin
DOSTAL, MD, Julie A	Luzerne
DOTO JR, MD, Joseph B	Northampton
DOTSEY, MD, Michael T	Clearfield
DOTTERER, MD, Christine S	Northmbrland
DOTTERWAY, MD, Blanche E	Westmoreland
DOTTOR, MD, Albinka J	Lehigh
DOTTS EXEC SEC, CAROL	Chester
DOUDS, MD, Howard N	Allegheny
DOUGHERTY, MD, Francis M	Schuylkill
DOUGHERTY, MD, Malvin J	Philadelphia
DOUGHERTY, MD, Michael J	Delaware
DOUGHERTY, MD, Ralph N	Allegheny
DOUGHERTY III, DO, John E	Dauphin
DOUGHTY, DO, Paul F	Beaver
DOUGLAS, MD, Donald D	Lycoming
DOUGLAS, LESLIE D	Allegheny
DOUGLASS, MD, Paul H	York
DOUPE, MD, David W	Erie
DOUWES, MD, Karel	Philadelphia
DOVNARSKY, MD, James H	Philadelphia
DOVYDAITIS, MD, Romas	Lackawanna
DOW, MD, Charles J	Philadelphia
DOWDELL, MD, Paul J	Mercer
DOWINSKY, MD, Steven K	Philadelphia
DOWLING, MD, John J	Philadelphia
DOWLING, MD, Robert A	Allegheny
DOWLUT, MD, Mohammad N	Blair
DOWNES, MD, John J	Philadelphia
DOWNEY, MD, Mark P	Philadelphia
DOWNIE, MD, Robert W	Montgomery
DOWNING, MD, Stephen W	Philadelphia
DOWNING, MD, Timothy M	Crawford
DOWNS, DO, Carolyn R	Bucks
DOWNS, MD, Ronald K	Northampton
DOWRAY, MD, Ramesh	Bucks
DOYLE, MD, Alfred P	Allegheny
DOYLE, MD, Faye R	Chester
DOYLE, MD, John J	Allegheny
DOYLE, MD, Russell G	Chester
DRACOS, MD, Frank J	Monroe
DRAGAN, MD, George A	Allegheny
DRAGANESCU, MD, John M	Philadelphia
DRAGANN, DO, Raymond D	Lancaster
DRAGANOSKY, MD, Eugene A	Bucks
DRAGO, DO, John P	Dauphin
DRAIN, MD, Randall T	Philadelphia
DRANOV, MD, Jonathan	Centre
DRAPER, MD, Nelle E	Philadelphia
DRAPIEWSKI, MD, John F	Luzerne
DRAPIEWSKI, MD, Vincent A	Luzerne
DRATCH, MD, Michael B	Philadelphia

DRATLER, MD, Marvin B Crawford
DRATMAN, MD, Cathy K Philadelphia
DREAZEN, MD, Jonathan R Berks
DREER, MD, Aaron M Philadelphia
DREHER, MD, Robert H Northampton
DREIBELBIS, MD, William H Centre
DREIFUS, MD, Leonard S Philadelphia
DRENCHKO JR, MD, Peter Indiana
DRENNEN JR, MD, James K Butler
DRESSEL JR, MD, Christopher J Lackawanna
DREW, MD, Frances L Allegheny
DREYFUS, MD, Richard Erie
DREZNER, MD, Malcolm E Bucks
DRIBAN, DAVID E Student
DRINKER, MD, Henry M Philadelphia
DRISCOLL, MD, Genevra Z Montgomery
DRISCOLL, MD, Robert A Crawford
DRISCOLL, DO, Robert W Montgomery
DRIZIN, MD, Gary S Montgomery
DROBNER, WILLIAM Student
DROSEY, MD, Louise A Luzerne
DROZDIAK, MD, Russell A Indiana
DRUCKEMILLER, MD, William H Erie
DRUCKMAN, MD, Stephen M Lebanon
DRUFFNER, MD, Charles R Lackawanna
DRUFFNER JR, MD, Lewis C Lackawanna
DRUMMOND, MD, Denis S Philadelphia
DRY, MD, Frederick A Lehigh
DSILVA, MD, Henry I Bucks
DUA, MD, Jayant K Chester
DUA, MD, Rup K Allegheny
DUANE, MD, Thomas D Northampton
DUBBS, MD, Alfred W Lehigh
DUBEY, MD, Saroj K Erie
DUBIN, MD, William R Philadelphia
DUBLIN, MD, George J Philadelphia
DUBNER, MD, Paul F Allegheny
DUBOIS, JON S Student
DUBOWITZ, MD, Leslie Schuylkill
DUBROW, DO, Calvin M Montgomery
DUCA, MD, Peter R Philadelphia
DUCHIN, MD, Harvey E Philadelphia
DUCKETT JR, MD, John W Philadelphia
DUDA, MD, Andrew M Berks
DUDECK, MD, Carl R Butler
DUDEK, MD, Robert P Luzerne
DUDEK, MD, William C Philadelphia
DUDENHOEFER, MD, Frederick J Erie
DUDICH, MD, Michael S Montgomery
DUDZINSKI, DO, John E Erie
DUE, MD, Christopher F York
DUEMLER, MD, Scott K Lehigh
DUER, MD, Nathan B Greene
DUERKSEN, MD, Roger L Allegheny
DUFENDACH, MD, John H Adams
DUFFIELD, MD, Thomas E Philadelphia
DUFFY, MD, Clyde F Allegheny
DUFFY, MD, Ruth E Chester
DUFFY, MD, Scott S Berks
DUGAN, MD, Charles T Allegheny
DUGAN, MD, Thomas M Erie
DUGAN JR, MD, Thomas M Beaver
DUGGAN, MD, James H Allegheny
DUGGAN JR, MD, Francis J Dauphin
DUGGER, MD, Dorothy E Philadelphia
DUKE III, MD, Bruce E Cambria
DUKER, MD, Daniel G Allegheny
DULA, MD, David J Montour
DULABON, MD, David A Erie
DULABON, MD, George M Allegheny
DULCEY JR, MD, John J Bucks
DULL, MD, James A Westmoreland
DUMARAN, MD, Delfa G Montgomery
DUMAS, MD, Peter A Philadelphia
DUMAS, MD, Peter R Montgomery
DUNAGIN, MD, William G Venango
DUNAY, DO, Darlene A M Lackawanna
DUNCAN, MD, James R Allegheny
DUNCAN, MD, Ralph E York
DUNCAN, MD, Theodore G Philadelphia
DUNCOMBE, MD, Michael P Erie
DUNDORE JR, MD, William C Allegheny
DUNFEE, ROBIN A Student
DUNKLE, MD, David B Dauphin
DUNMIRE, MD, Lester A Allegheny
DUNN, MD, David D Erie
DUNN, MD, David W Crawford
DUNN, MD, Geoffrey P Erie
DUNN, MD, Jeanette C Philadelphia
DUNN, MD, Jeffrey M Philadelphia
DUNN, MD, Jerome Lehigh
DUNN, MD, Joseph P Venango
DUNN, MD, Lewis J Philadelphia
DUNN, DO, Lori Dauphin
DUNN, MD, Philip F Huntingdon
DUNNE, MD, Anne P Montour
DUNNE, MD, Gay D Centre
DUNNE, MD, James H Centre
DUNNING, MD, E Ruth Monroe
DUNSMORE, MD, Lillian D Chester
DUNSMORE, MD, Richard A Chester
DUPLER, MD, Donald A Philadelphia
DUPONT, MD, Jean-Rene Delaware
DUPONT JR, MD, Philip J Clearfield
DUPREE, MD, Beth B Philadelphia
DUPREY, MD, James G Lancaster
DURAN, MD, Carlos Dauphin
DURANT, MD, John R Philadelphia
DURBACK, MD, Mark A Northampton
DURBECK, MD, Donald C Dauphin
DURBIN, MD, Dennis R Philadelphia
DURISEK, MD, George S Dauphin
DURKAN, MD, Gerald Allegheny
DURKIN, MD, James B Delaware
DURKIN, MD, Martin J Montgomery
DURKIN, MD, Maureen L Adams
DURNING, MD, Clifton M Chester
DURNING, MD, Robert P Allegheny
DUROCHER, MD, John R Philadelphia
DURRWACHTER, MD, Robert J Lycoming
DURST, MD, Linda S Philadelphia
DUSINBERRE, MD, Robert Y Tioga
DUTHINH, VUONG Student
DUTTA, MD, Tarit K Allegheny
DVORKIN, MD, Daniel Chester
DWORETZ, MD, Arthur Allegheny
DWORKIN, DO, Gerald Eli Philadelphia
DWYER, MD, John H Allegheny
DY, MD, Ernesto Y Elk/Cameron
DY, MD, Victor C Northampton
DYE, MD, Robert E Dauphin
DYKYJ, MD, Roman Philadelphia
DYKYJ JR, MD, Roman Philadelphia
DYNAN, MD, James E Montgomery
DYREYES, MD, Roberto R Lebanon
DYSON, MD, William L Philadelphia
DZWONCZYK JR, MD, John Philadelphia

E

EAGEN, MD, Jeremiah W Lackawanna
EAGER, MD, J Michael Berks
EAGLE, MD, Ewa L Delaware
EAGLE, MD, Perry A York
EARICK, MD, Michael E Erie
EARLE, MD, Martin F Allegheny
EARLY, MD, Calvin B Franklin
EARLY JR, MD, Robert F Berks
EARLY SR, MD, Robert F Lebanon
EARNEST, MD, Tamar D Lehigh
EASLER, MD, Richard E Allegheny
EASTLAND, MD, Theodore W Berks
EATER JR, MD, Charles L Mifflin/Juni
EATON, MD, David A Northampton
EATON, MD, Edward H Dauphin
EBAUGH, MD, Duane W Northampton
EBERHART, MD, Joseph C Bucks
EBERLEIN, MD, Walter R Philadelphia
EBERLY, MD, David E Delaware
EBERSOLE, MD, John H Lancaster
EBERSOLE, MD, Thomas M Berks
EBERZ, MD, Dennis A Allegheny
ECHENBERG, MD, Robert J Northampton
ECHIKSON, MD, Edward H Montgomery
ECKBERG, MD, John J Erie
ECKEL, MD, Timothy B Columbia
ECKELS, DO, Dennis L Cambria
ECKENRODE, MD, Joseph L Lancaster
ECKER, MD, Andrew M Montgomery
ECKER, MD, Malcolm L Philadelphia
ECKER JR, MD, Herbert A Lycoming
ECKER SR, MD, Herbert A Lycoming
ECKERT, MD, Robert T Butler
ECKROTH, MD, Richard N Lebanon
EDBERG, MD, Sanford H Allegheny
EDDINGER, MD, Leo C Lehigh
EDELMAN, MD, Barry J York
EDELMANN, MD, Christine A Allegheny
EDELSON, MITCHELL I Student
EDELSTEIN, MD, Abe J Cambria
EDELSTEIN, MD, Merle P Montgomery
EDELSTEIN, MD, Norman L Allegheny
EDER JR, MD, George E York
EDGE, MD, Fred C Fayette
EDINGTON, MD, John M Philadelphia
EDMISTON, MD, Robert B Dauphin
EDMONSTON, MD, George F Armstrong
EDMUNDOWICZ, MD, Alphonse C Dauphin
EDMUNDS, MD, Elizabeth H Berks
EDMUNDS JR, MD, L Henry Philadelphia
EDWARDS, MD, Arthur M Jefferson
EDWARDS, MD, George E Dauphin
EDWARDS, MD, Mary D Allegheny
EDWARDS, MD, William M Allegheny
EDWARDS, MD, William P Venango
EELKEMA, MD, Elizabeth A Allegheny
EFFERSON-BONACHEA, NANCY D Allegheny
EFFINGER-KASSOW, MD, Ellin B Philadelphia
EGAN JR, MD, Richard J Allegheny
EGBERT, MD, E Wayne Delaware
EGGLER, MD, Betsey A Mifflin/Juni
EGLESTON, MD, L Allan Westmoreland
EGLICK, MD, Paul G Philadelphia
EGOVILLE, MD, Charles R Philadelphia
EHLER, MD, Joan G Allegheny
EHLY, MD, George W Cumberland
EHMANN, MD, Carl W Bucks
EHRHART, MD, Kenneth W York
EHRLER, MD, August H Erie
EHRLICH, MD, Clifford L Montgomery
EHRLICH, MD, Dion R Montgomery
EHRLICH, MD, Frank E Philadelphia
EHRLICH, MD, George E Philadelphia
EHRLICH, MD, Jeffrey N Philadelphia
EHRLICH, MD, Leonard D Montgomery
EICHER, MD, Wendell P Bucks
EICHLER, MD, George R Northampton
EICHMAN, MD, Mary R Philadelphia
EICHMILLER, MD, John P Allegheny
EICHNER, MD, Lambert G Delaware
EILER, MD, William A Allegheny
EISEMAN JR, MD, Paul C Westmoreland
EISEN, MD, Carole L Delaware
EISEN, MD, Howard B Allegheny
EISENBEIS JR, MD, Carl H Allegheny
EISENBERG, MD, Floyd P Montgomery
EISENBERG, MD, Richard B Erie
EISENFELD, MD, Bernard R Philadelphia
EISENHOWER, MD, Edward A Lancaster
EISENKEIT, MD, Aron Allegheny
EISENSTADT, MD, Norman Philadelphia
EISLER, MD, Robert L Butler
EISMAN, MD, Sylvan H Philadelphia
EISNER, MD, Abraham G Lackawanna
EISNER, MD, Henry Philadelphia
EISNER, MD, Joel W Chester
EISNER, MD, Steven B Lackawanna
EISTER, MD, Ronald N Lycoming
EKBERG, MD, Norman L Montour
EL-ATTRACHE, MD, Mamdouh F Westmoreland
ELANCHENNY, MD, Indranee Chester
ELATTAR, MD, Anas A Allegheny
ELATTRACHE, MD, Selim Allegheny
ELCOCK, MD, Claudius A Philadelphia
ELDAIEF, MD, Daisy S Montgomery
ELDER, MD, E Glenn Northampton
ELDER, MD, Jay E Jefferson
ELEFANT, MD, Howard L Philadelphia
ELES, DO, Gustav R Allegheny
ELFMAN, MD, Louis K Philadelphia
ELFVIN, MD, Myra J Philadelphia
ELHILLAL, MD, Mohammad F Westmoreland
ELIADES, MD, William Philadelphia
ELIAS, MD, Farid J Westmoreland
ELIAS, MD, Stanton B Allegheny
ELICKER, MD, John E Delaware
ELIGATOR, MD, Julian Allegheny
ELISCO, DO, Anthony J Lawrence
ELKIN, DO, Richard J Lancaster
ELKOUSS, MD, Guillermo C Philadelphia
ELKUS, MD, Robert M Philadelphia
ELLEN, MD, Stephen J Philadelphia
ELLENBERGER JR, MD, Carl Lebanon
ELLENBERGER JR, MD, Thomas R Cambria
ELLENZWEIG, MD, Morris S Fayette
ELLER, MD, Andrew W Allegheny
ELLIS, BRIAN D Student
ELLIS, MD, Carol L Philadelphia
ELLIS, MD, David J Delaware
ELLIS, MD, David M Montgomery
ELLIS, MD, David W Lebanon
ELLIS, MD, George L Allegheny
ELLIS, MD, H Lenwood Philadelphia
ELLIS, MD, Kris L Allegheny
ELLIS, MD, Lawrence D Allegheny
ELLIS, MD, Richard A Philadelphia
ELLIS, MD, William Philadelphia
ELLIS EDD EXEC DIR, U BERKLEY Montgomery
ELLIS IV, MD, John H Luzerne
ELLIS JR, MD, Leander T Philadelphia
ELLISON, MD, Ervin Lancaster
ELLISON, MD, James H York
ELLISON, MD, Julius Philadelphia
ELLISON, MD, Maryjane Allegheny
ELLISON, MD, Neil M Montour
ELLISON JR, MD, Richard T Montgomery
ELMALEH, MD, Miriam K Philadelphia
ELSTNER, MD, Howard L Allegheny
ELSTON, SCOTT C Student
ELVIR, MD, Ramon Warren
ELYADERANI, MD, Morteza K Beaver
ELZENEINY, MD, Ismail H Northampton
EMANUEL, MD, Abraham Beaver
EMANUEL, MD, E Stephen Delaware
EMANUELSON, MD, Richard G Lackawanna
EMERSON, MD, John A Venango
EMERY, BRIAN E Allegheny
EMERY, MD, Robert C Northampton
EMES, MD, William R Berks
EMILI, STEFANO Student
EMKEY, MD, Kenneth D Berks
EMKEY, MD, Ronald D Berks
EMMERLING, MD, John F Allegheny
EMMETT, MD, Gary A Philadelphia
EMMOLO, MD, Alfonse A Venango
EMPER, MD, William D Montgomery
ENANY, MD, Albert K Fayette
ENCKE, MD, Ted K Allegheny
ENDERS, MD, John G Franklin
ENDRES, MD, Jay E Warren
ENDRES, MD, Warren H Lehigh
ENEA, NED A Student
ENGEL, MD, Gilson C Philadelphia
ENGEL, MD, Robert Luzerne
ENGINEER, MD, Erach H Philadelphia
ENGLAND, MD, Kenneth B Blair
ENGLE, MD, Eugene K Lancaster
ENGLE, MD, Harold H Lebanon
ENGLE, MD, Joseph H Franklin
ENGLISH, MD, Carroll A Montgomery
ENGLISH, MD, Dennis H Allegheny
ENGLISH, MD, James B Blair
ENGLISH, MD, Joseph G Lycoming
ENGLISH, MD, O Spurgeon Philadelphia
ENGLISH, MD, Richard B Luzerne
ENGLISH, MD, Robert S Fayette
ENGLISH III, JOSEPH C Student
ENGLISH JR, MD, Walter E Clinton
ENGSTROM, MD, Paul F Philadelphia
ENNIS, DO, John A Bucks
ENNIS, MD, Michael F Allegheny
ENRIQUEZ, MD, Danilo L Allegheny
ENRIQUEZ, MD, Teresita E Allegheny
ENTERLINE, MD, David S Lehigh
ENTERLINE, MD, Horatio T Philadelphia
ENTINE, MD, Joseph H Philadelphia
ENTWISTLE, MD, Nelson L Dauphin
ENZMAN, DO, Patricia M Lehigh
EPERJESSY, MD, Ernest Z Cambria
EPISCOPIO, MD, Joseph V Northampton
EPPINGER, MD, Mary A Allegheny
EPSTEIN, MD, Alan L Philadelphia
EPSTEIN, MD, Herman Philadelphia
EPSTEIN, MD, Isadore S Philadelphia
EPSTEIN, MD, J David Philadelphia
EPSTEIN, MD, Paul E Philadelphia
ERB, MD, Kathleen M Erie
ERB JR, MD, William H Delaware
ERBSTEIN, MD, Robert A Allegheny
ERDEK JR, MICHAEL A Student
ERDMAN II, MD, William J Philadelphia
EREMUS, MD, Joseph L Philadelphia
ERICKSEN, MD, Arthur N Berks
ERICKSON, MD, Elmer W Allegheny
ERICKSON, MD, Eric R Allegheny
ERICKSON, MD, Ray B Clarion
ERICSSON, MD, Francis S Warren
ERKES, MD, Neal Philadelphia
ERMOLD, MD, Donald R Berks
ERNSTOFF, MD, Brian Marshall Philadelphia
ERSLEV, MD, Allan J Philadelphia
ERSNER, MD, Arthur R Montgomery
ERSNER, MD, Jack S Philadelphia
ERSOZ, MD, Clara J Allegheny
ERTEL, MD, D Gregory Lycoming
ERVIN, MD, Carl E Dauphin
ERVIN, MD, Lawrence M Blair
ERWAY, MD, Preston M Tioga
ERWIN, MD, Henry K Northampton
ESBENSHADE II, MD, John H Lancaster
ESCALANTE, MD, Elizabeth N Lackawanna
ESCARO, MD, Danilo U York
ESCARTE, MD, Deogracias E Philadelphia
ESCOLL, MD, Philip J Philadelphia
ESGUERRA JR, MD, Pablo R Fayette
ESHBACH, MD, Ted B Dauphin
ESHELMAN, MD, Joseph C Fayette
ESHELMAN JR, MD, Guy R Lancaster
ESHLEMAN, MD, D Rohrer Lancaster
ESHLEMAN, DO, Jere R Lycoming
ESHLEMAN, MD, John D Lancaster
ESHLEMAN, MD, S Kendrick Lancaster
ESKENAZI, MD, Marko M Philadelphia
ESKENDRI, MD, Nasser Beaver
ESKEY, CLIFFORD J Allegheny
ESKIN, MD, Bernard A Philadelphia
ESKIN, MD, David J Montgomery
ESKRIDGE, MD, Timothy H York
ESLER JR, MD, James W Lehigh
ESPENKOTTER, UNA M Student
ESPER, DO, Alan N Erie
ESPER, DO, Gary F Erie
ESPER, DO, James M Erie
ESPER, DO, Robert J Erie
ESPER, DO, Roger A Erie
ESPER, DO, Ronald A Erie
ESPER, DO, William A Erie
ESPINOSA, MD, Manuel H Northampton
ESPOSITO, MD, Frances S Philadelphia
ESPOSITO, MD, Francis A Allegheny
ESPOSITO, MD, John C Delaware
ESPOSITO, MD, Joseph P Dauphin
ESQUENAZI, MD, Alberto Philadelphia
ESSIG, MD, Michael J Westmoreland
ESTLUND, MD, Gregory J Philadelphia
ESTRADA, MD, Alberto G Northampton
ESTRADA, MD, Fernando P Northampton
ESTRADA, MD, Juan M Allegheny
ETNOYER, MD, John J Lancaster
ETTENGER, MD, Allen B Huntingdon
ETTENGER, MD, Morris S Philadelphia
ETTENSON, MD, John S Bucks
ETTER, MD, Russel H York
ETTINGER, MD, Jeffrey B Philadelphia
ETTINGER, DO, Susan D Montgomery
ETTLINGER, MD, Robert A Dauphin
ETZEL, KATHLEEN D Allegheny
ETZI, SUSAN Student
EULIANO JR, MD, John J Erie
EULIANO SR, MD, John J Erie
EVANGELISTA, MD, Cleofe P Bucks
EVANGELISTA, MD, Jesus S Washington
EVANGELISTA, MD, Simplicio E Montgomery
EVANKO, MD, David A Butler
EVANS, MD, Brian G Philadelphia
EVANS, MD, Charles M Lancaster
EVANS, MD, Cynthia K Allegheny
EVANS, MD, David B Cumberland
EVANS, MD, David M Cambria
EVANS, MD, Donald E Allegheny
EVANS, MD, Harold H Union

EVANS, MD, Hayden O	Montgomery
EVANS, MD, Hilary	Cambria
EVANS, MD, James F	Montour
EVANS, DO, John C	Centre
EVANS, MD, John J	Carbon
EVANS, MD, Jonathan L	Butler
EVANS, MD, Joseph B	Philadelphia
EVANS, MD, Leonard E	Allegheny
EVANS, MD, Randolph R	Allegheny
EVANS, MD, Richard S	Allegheny
EVANS, MD, Robert L	York
EVANS, MD, Terry L	Westmoreland
EVANS, MD, Thomas M	Allegheny
EVANS, MD, William G	Indiana
EVANS EXEC SEC, ROBERT W	Dauphin
EVANS II, MD, Lewis C	Bradford
EVARTS, MD, C Mccollister	Dauphin
EVEN, MD, Leroy M	Wayne/Pike
EVERETT, MD, William G	Allegheny
EVERHART, MD, Charles W	Mifflin/Juni
EVERHART, MD, Wilson C	Dauphin
EVES, MD, John H	Bucks
EWALD, MD, John L	Allegheny
EWING, MD, Agnew R	Chester
EWING, MD, Charles H	Montgomery
EWING, MD, Fred L	Crawford
EWING, MD, James H	Philadelphia
EWING, MD, Madeleine Q	Philadelphia
EYERLY, MD, Robert C	Montour
EYLER, MD, J Albert	Bedford
EYLER, MD, Paul W	Lancaster
EYSTER, MD, M Elaine	Dauphin
EYVAZZADEH, MD, Camille	Northampton

F

FABENS, MD, Elizabeth L	Philadelphia
FABER, MD, Frederick S	Dauphin
FABER, MD, Kalman	Philadelphia
FABER, MD, Mark R	Delaware
FABI, MD, Mario N	Lackawanna
FABI, MD, Mark B	Philadelphia
FABIANI, MD, Joseph A	Philadelphia
FABINYI, MD, Geza T	Blair
FABIUS, MD, Raymond J	Delaware
FABRY, MD, Edward I	Allegheny
FACKLER, MD, Emerson F	Dauphin
FADDEN, MD, Robert J	Beaver
FAGELMAN, MD, Kerry M	Dauphin
FAGENHOLZ, MD, S Allen	Erie
FAGER, MD, Charles B	Dauphin
FAGER, MD, Joseph S	Dauphin
FAGERBURG, MD, Rodger E	Lackawanna
FAGIOLETTI, MD, Robert J	Washington
FAHL, MD, James C	Monroe
FAHMY, MD, Wasfy F	Chester
FAILLA, MD, Jack P	Allegheny
FAIRBROTHER, MD, Maureen E	Dauphin
FAIRBROTHER, MD, Paul F	Dauphin
FAIRFIELD, MD, James C	Montgomery
FAIRMAN, MD, Ronald M	Philadelphia
FAIRWEATHER, MD, Jack L	Union
FAJARDO, MD, Arturo A	Lycoming
FAKHRAEE, MD, Sayyed M	Philadelphia
FALASCA, DO, Thomas D	Erie
FALCHEK, MD, Joseph B	Mifflin/Juni
FALCO, MD, Frank G	Bucks
FALCO, FRANK J E	Student
FALCON JR, MD, Joseph R	Allegheny
FALCONE, MD, Domenico	Lehigh
FALES, MD, Catherine H	Philadelphia
FALGUERA, MD, Dominador Q	Delaware
FALIK, MD, Ruth	Allegheny
FALINO, DO, Michele J	Bucks
FALK, MD, Arthur E	Montgomery
FALK, MD, Edward C	Mercer
FALK JR, MD, Robert B	Lancaster
FALKENBERG, MD, K Jorg	Bradford
FALKENSTEIN II, MD, Richard C	Dauphin
FALKER, MD, John M	Montgomery
FALL, MD, Michael H	Blair
FALLAHNEJAD, MD, Manoucher	Philadelphia
FALLON III, MD, Edward C	Berks
FALONE, DO, Thomas	Philadelphia
FALOR, MD, Stanley E L	Greene
FALUDI, MD, Georgina	Philadelphia
FAN, MD, Young C	Venango
FANG, MD, Peter J W	Franklin
FANNING, DO, John M	Delaware
FARACE, MD, Joseph L	Northampton
FARAGALLA, MD, Ramses I	Franklin
FARALLI, MD, Victor J	Lebanon
FARB, MD, Stanley N	Montgomery
FARBER, MD, Barry M	Philadelphia
FARBER, MD, David N	Berks
FARBER, MD, Emanuel P	Philadelphia
FARBER, MD, Eric B	Berks
FARBER, MD, Harold F	Philadelphia
FARBER, MD, Harold I	Berks
FARBER, MD, John L	Philadelphia
FARBER, MD, Martin	Philadelphia
FARIES JR, MD, George B	Dauphin
FARKAS, MD, Andrew A	Jefferson
FARKAS, MD, Barry L	Allegheny
FARKAS, MD, Robert W	York
FARMATI, MD, Oscar	Crawford
FARMER, MD, Harold E	Montgomery
FARMER, MD, John L	Lancaster
FARMER, MD, Lenore	Allegheny
FARMER, MD, Robert C	Fayette
FARNER, LOUISE A	Student
FARNEY, MD, Esther S	Allegheny
FARNON, MD, Christa U	Philadelphia
FARO, ALBERT	Allegheny
FARR, MD, James	Carbon
FARRAH, DO, Victor B	Crawford
FARRAR JR, MD, George E	Philadelphia
FARRELL, MD, Dorothy A	Luzerne
FARRELL, MD, Edward L	Allegheny
FARRELL, MD, Peter E	Lehigh
FARRELL, MD, Robert E	Lackawanna
FARRELL, MD, Timothy P	Dauphin
FARRELL, MD, William J	Lackawanna
FARRY, KIMBERLY M	Student
FASANO, DO, Charles P	Union
FASCIANA, MD, Guy M	Luzerne
FASS, MD, Barry D	Philadelphia
FASSL, MD, Joseph J	Lehigh
FAST, MD, Willis B	Bucks
FATIGATI, MD, Mario J	Allegheny
FATULA, MD, George M	Jefferson
FATUR, MD, Leo M	Allegheny
FAUNCE III, MD, James G	Bucks
FAUST, MD, Donald S	Berks
FAUST, MD, Elizabeth B	Delaware
FAUST, MD, Herbert A	Chester
FAVA, MD, George E	Lebanon
FAVAZZA, MD, Frank W	Northampton
FAVETTA, MD, Marcel M	Luzerne
FAVINI, MD, Josephine L	Lackawanna
FAVINI, MD, M Peter	Lackawanna
FAVINO, MD, C James	Montour
FAWCETT, MD, James L	Allegheny
FAYE, MD, Robyn B	Philadelphia
FAYNBERG, MD, Mark G	Philadelphia
FAYNBERG, MD, Nora	Montgomery
FAZIOLI, MD, Lawrence A	Beaver
FEAR, MD, Jesse G	Columbia
FEASTER, MD, Marshall M	Berks
FECZKO, MD, William A	Allegheny
FEDDER, MD, Stephen L	Philadelphia
FEDEL, MD, Gina M	Allegheny
FEDELE, MD, Charles R	Bradford
FEDER, MD, Michael J	Philadelphia
FEDERICI, BENIGNO D	Student
FEDERICI, MD, Valerio J	Philadelphia
FEDERMAN, MD, Jay L	Delaware
FEDERMAN, MD, Marc R	Philadelphia
FEDEROFF, MD, Susan T	Allegheny
FEDOR, MD, Maria T	Montgomery
FEDORCHAK, MD, Arlene M	Philadelphia
FEDYSHIN, MD, Peter J	Allegheny
FEE JR, MD, William H	Venango
FEEHAN, MD, Patrick R	Lancaster
FEEMAN, MD, Theresa J	Erie
FEES JR, MD, Arch W	Blair
FEHNEL, MD, Stephen H	Berks
FEICHT, DO, Charles M	Beaver
FEICK, MD, Ralph H	Berks
FEIG, MD, Stephen A	Philadelphia
FEIGEN, MD, Michael	Clearfield
FEIGLEY, MD, Donald M	Bucks
FEIN, DO, Howard K	Montgomery
FEINBERG, MD, David H	Northampton
FEINBERG, MD, Kalmen A	Schuylkill
FEINBERG, MD, Michael J	Philadelphia
FEINBERG, MD, Michael P	Philadelphia
FEINER, MD, Larry A	Chester
FEINGOLD, MD, Joseph L	Delaware
FEINMAN, DO, Larry J	Bucks
FEINSMITH, MD, Norman	Philadelphia
FEINSTEIN, MD, Alex	Lancaster
FEINSTEIN, MD, Michael A	Montgomery
FEINSTEIN, MD, Peter A	Luzerne
FEINSTEIN, MD, Theodore A	Philadelphia
FEIST, MD, John H	Allegheny
FEITL, MD, Marianne E	Philadelphia
FELDAN, MD, Paul E	Philadelphia
FELDER, MD, Herman	Allegheny
FELDMAN, MD, Arthur M	Philadelphia
FELDMAN, MD, Ella S	Philadelphia
FELDMAN, MD, Julian D	Philadelphia
FELDMAN, MD, Larry B	Lehigh
FELDMAN, MD, Nathaniel S	Philadelphia
FELDMAN, MD, Stewart L	Allegheny
FELDMEIER, MD, Curtis J	Beaver
FELDSTEIN, MD, Brad	Philadelphia
FELGAR, RAYMOND E	Allegheny
FELICE, MD, Civie D	Allegheny
FELIX, MD, Dionisio	Philadelphia
FELLERMAN, MD, Herbert	Luzerne
FELLIN, MD, Chris W	Schuylkill
FELLIN, MD, Rudolph S	Luzerne
FELTWELL JR, MD, Peter M	Allegheny
FENCEL, MD, Richard M	Dauphin
FENDRICK, MD, A Mark	Philadelphia
FENLIN JR, MD, John M	Philadelphia
FENN, MD, Patricia A	Montgomery
FENNER, MD, Henry E	Lycoming
FENSTER, MD, Martin M	Philadelphia
FEO, MD, Louis G	Philadelphia
FERER, MD, Walter C	Crawford
FERGUSON, MD, Daniel	Luzerne
FERGUSON, MD, Donald G	Allegheny
FERGUSON, MD, Gary M	Allegheny
FERGUSON, MD, Robert H	Westmoreland
FERGUSON, MD, Roger J	Allegheny
FERGUSON, MD, Thomas G	Allegheny
FERGUSON JR, MD, Albert B	Allegheny
FERGUSON JR, MD, Guerrant H	Philadelphia
FERGUSON JR, MD, Theodore J	Allegheny
FERLAN, MD, Lawrence	Allegheny
FERNANDES D'SOUZA, MD, Margaret C	Philadelphia
FERNANDEZ, MD, Eduardo I	Lycoming
FERNANDEZ, MD, Oscar V	Erie
FERNANDEZ, MD, Werner M	Bucks
FERNANDO, MD, Michael F	Blair
FERNANDO, MD, Neville A	Erie
FERNSLER, MD, Sarah J	Lehigh
FERRARA, MD, Joseph D	Bucks
FERRARA, MD, Vincent L	Philadelphia
FERRARO, MD, Angelo S	Philadelphia
FERRARO, MD, Francis T	Allegheny
FERRARO, LINDA A	Student
FERRARO, MD, Michael M	Luzerne
FERRARO, MD, Patrick J	Lackawanna
FERRARO, MD, Robert J	Erie
FERREIRA, MD, Arturo J	Philadelphia
FERRENTINO, MD, Frank L	York
FERRERO, MD, Bruce R	Allegheny
FERRETTI, DO, Silvia M	Erie
FERRI, MD, Henry G	Allegheny
FERRIER, MD, Melvin C	Centre
FERRIGNO JR, MD, Carmen J	Columbia
FERRIS, MD, Joseph M	Erie
FERRONI, MD, Joseph S	Delaware
FERRY, MD, Gerald W	Berks
FERRY, MD, Nicholas J	Bucks
FERSON, MD, Peter F	Allegheny
FESCINA, MD, Joseph V	Luzerne
FETCHKO, MD, Alexander M	Allegheny
FETTER, MD, Ferdinand	Philadelphia
FETTERMAN, MD, Henry H	Lehigh
FETTEROLF, MD, Donald E	Allegheny
FETTEROLF, MD, Michael L	Venango
FETZER, MD, Arthur E	Lehigh
FEUDALE, MD, Richard F	Schuylkill
FEUSSNER, MD, James W	Philadelphia
FICKE, MD, J Ronald	Philadelphia
FIDELER, MD, Richard	Dauphin
FIDEN JR, MD, William J	Beaver
FIEDLER, MD, James J	Philadelphia
FIEDLER, MD, Roy W	Allegheny
FIEHLER, MD, Paul C	Allegheny
FIELD, MD, Howard L	Philadelphia
FIELD, MD, John M	Dauphin
FIELD-MUNVES, MD, Ellen M	Lehigh
FIELDING, MD, Julia R	Allegheny
FIERER, MD, Robert R	Dauphin
FIERGANG, DEAN L	Student
FIERRO, DO, Vincent S	Erie
FIESCHKO, MD, Julie T	Lebanon
FIESEHER, MD, James G	Allegheny
FIGLIN, DO, Joshua M	Centre
FIGUEROA, MD, William G	Philadelphia
FIGURA, MD, Judith H	Allegheny
FIKRI, MD, Erden	Cambria
FILE, MD, James C	Mercer
FILER, MD, Robert B	York
FILER, MD, Wanda D P	York
FILIP, MD, John R	Montgomery
FILIPEK, MD, Steele W	Allegheny
FILIPEK, MD, Walter J	Northampton
FILIPPONE, MD, Edward J	Philadelphia
FILKINS, MD, Karen	Allegheny
FILLMAN, MD, John B	Huntingdon
FILMYER JR, MD, Edward A	Philadelphia
FILOSA, MD, Robert J	Montgomery
FINCH, MD, Alberta M	Monroe
FINCH, MD, Frank G	Lehigh
FINDER, MD, Marc J	Cambria
FINE, MD, Daniel	Allegheny
FINE, MD, Edward M	Crawford
FINE, MD, Eric W	Philadelphia
FINE, MD, Robert	Montgomery
FINE, MD, Robert M	Allegheny
FINEBERG, MD, Charles	Philadelphia
FINEGOLD, MD, Aaron N	Allegheny
FINEGOLD, MD, Joseph	Allegheny
FINEGOLD, MD, Richard A	Allegheny
FINEGOLD, MD, Wilfred J	Allegheny
FINEMAN, MD, William	Philadelphia
FINESTONE, MD, Albert J	Philadelphia
FINESTONE, MD, Israel	Philadelphia
FINESTONE, MD, Stephen C	Allegheny
FINGERET, MD, Arnold E	Allegheny
FINGERUT, MD, Jerald C	Montgomery
FINGO, MD, Albert J	Montgomery
FINK, MD, Gordon Bernard	Philadelphia
FINK, MD, Jack W	Montgomery
FINK, MD, Paul J	Philadelphia
FINK JR, MD, Albert H	Delaware
FINK JR, MD, Howard E	Dauphin
FINKELHOR, MD, Howard B	Allegheny
FINKELSTEIN, MD, Amy H	Philadelphia
FINKELSTEIN, MD, David	Philadelphia
FINKELSTEIN, MD, Gary S	Bucks
FINKELSTEIN, MD, Sydney D	Philadelphia
FINKENSTADT, MD, Eric V	Philadelphia
FINLAY, MD, James W	Allegheny
FINLEY, MD, John G	Bucks
FINLEY III, MD, Robert K	Beaver
FINN, MD, David R	Lycoming
FINN, MD, Joanne	Erie
FINN, MD, Joseph L	Philadelphia
FINN, MD, Martha J B	Lycoming
FINNEGAN, MD, Walter J	Lehigh
FINNELL, MD, James R	Montour
FINO, MD, Gregory	Luzerne
FINO, MD, Gregory J	Allegheny
FINO, MD, Julius A	Warren
FIOL-SILVA, MD, Zoraida M	Philadelphia
FIOR, MD, Carlos G	Susquehanna
FIRPO JR, MD, John J	Delaware
FIRST, MD, Howard E	Philadelphia
FIRST, MD, Stewart E	Philadelphia
FISCH, MD, John M	Allegheny
FISCHBEIN, MD, Richard E	Luzerne
FISCHER, MD, Carl C	Philadelphia
FISCHER, MD, David H	Philadelphia
FISCHER, MD, Edward C	Berks
FISCHER, MD, H Keith	Philadelphia
FISCHER, MD, Rolf H	Schuylkill
FISCHER, MD, Sharon P	Philadelphia
FISCHER, MD, Steven W	Delaware
FISCHER JR, MD, Carl R	Philadelphia
FISCHETTI, MD, John L	Chester
FISCHL, MD, Edwin C	Allegheny
FISHBEIN, LESLIE J	Student
FISHER, MD, Alvin H	Montgomery
FISHER, MD, Curtis K	Allegheny
FISHER, MD, Don L	Allegheny
FISHER, MD, Gail	Allegheny
FISHER, DO, Gary A	Philadelphia
FISHER, MD, Harold	York
FISHER, MD, Jay B	Northampton
FISHER, MD, Joanna M	Philadelphia
FISHER, MD, John T	Centre
FISHER, MD, Joseph S	Philadelphia
FISHER, MD, Lawrence C	York
FISHER, MD, Luther I	Northampton
FISHER, MD, Mary S	Philadelphia
FISHER, MD, Norman J	Montgomery
FISHER, MD, Philip C	Bradford
FISHER, MD, Robert M	Montgomery
FISHER, MD, Robert S	Philadelphia
FISHER, MD, Roscoe L	York
FISHER, MD, Seth M	Philadelphia
FISHER, MD, Seth W	Luzerne
FISHER, MD, Stephen N	Allegheny
FISHER, DO, Steven J	Delaware
FISHER, MD, Todd R	Dauphin
FISHER, DO, William	Philadelphia
FISHER III, MD, George R	Philadelphia
FISHER JR, J RUSH S	Student
FISHER JR, MD, Joseph W	Northampton
FISHKIN, MD, Hymel	Allegheny
FISHMAN, DO, Morris A	Philadelphia
FISHMAN, DO, Robert F	Philadelphia
FISK, MD, David E	Montour
FISSEL, MD, George E	Lycoming
FISTER, MD, Frederick D	Lehigh
FITTING JR, MD, George M	Allegheny
FITZ, MD, Ralph W	Allegheny
FITZGERALD, MD, James L	Lehigh
FITZGERALD, DO, John J	Montgomery
FITZGERALD, MD, Richard P	Dauphin
FITZMAURICE, MD, John W	Delaware
FITZPATRICK, DENISE F	Student
FITZPATRICK, DO, James W	Schuylkill
FITZPATRICK, MD, Marcia A	Delaware
FITZPATRICK, MD, Ruthann P	Delaware
FITZSIMONS, MD, Thomas R	Lehigh
FLACCAVENTO, MD, Frederick G	York
FLACCO, MD, Albert J	Bucks
FLAHERTY, MD, Morgan F	Allegheny
FLAMBERG, MD, Ira W	Mercer
FLAMINI, MD, John A	Erie
FLANAGAN, MD, H Franklin	Philadelphia
FLANAGAN, MD, James W	Bucks
FLANAGAN, MD, Joseph C	Delaware
FLANAGAN, MD, Margaret M	Franklin
FLANAGAN, MD, Michael D	Philadelphia
FLANAGAN JR, MD, Richard A	Luzerne
FLANDERS, MD, Elwood P	York
FLANIGAN, MD, Robert E	Allegheny
FLANIGAN JR, MD, John L	Carbon
FLANNAGAN, MD, Samuel W	Westmoreland
FLANNERY, MD, Wilbur E	Lawrence
FLEAGLE, MD, Genevra S	Centre
FLEAGLE, MD, Samuel B	Centre
FLEEGLER, MD, Francene M	Philadelphia
FLEEGLER, MD, Saul M	Westmoreland
FLEISCHER, MD, Alan N	Berks
FLEISCHER, MD, Leslie R	Lancaster
FLEISCHER, MD, Scott A	Philadelphia
FLEISHER, DO, Richard D	Philadelphia
FLEISHHACKER, JORDON F	Allegheny
FLEISHMAN, MD, Martin J	Mifflin/Juni
FLEMING, MD, Arthur W	Allegheny
FLEMING, MD, Burton A	Philadelphia
FLEMING, MD, Kenneth D	Philadelphia
FLEMING, MD, Peter A	Allegheny
FLEMING, MD, Richard M	Allegheny
FLETCHER, MD, Douglas D	Allegheny
FLETCHER, MD, Louis	Philadelphia
FLETCHER, MD, Peter R	Delaware
FLETCHER, MD, Thomas F	Dauphin
FLETMAN, DO, Herbert	Philadelphia
FLICK, MD, Kathryn L	Erie
FLICKINGER, MD, Frederick W	York
FLICKINGER, MD, John C	Allegheny
FLINKMAN, MD, Leonard	Philadelphia
FLINN, SCOTT D	Allegheny
FLIT, MD, Frank J	Allegheny

FLITTER, MD, Marc A	Erie
FLOM, MD, David M	Allegheny
FLOOD, MD, James M	Bradford
FLOOD, MD, Jill T	York
FLOOD, MD, Michael S	Lancaster
FLORA, MD, William K	Cambria
FLOREK, MD, Florian F	Erie
FLORENTIN, MD, Heriberto M	Westmoreland
FLORES, MD, Alberto C	Lancaster
FLORES, MD, Carlos I	Lawrence
FLORES, MD, Concepto M	Beaver
FLORES, MD, Evelyn R	Berks
FLORES, MD, Lisa E	Delaware
FLORES, MD, Maria L	Delaware
FLORES, MD, May R	Beaver
FLORES JR, MD, Emilio G	Elk/Cameron
FLORES JR, JAMES H	Student
FLORIAN, MD, Frederick M	Allegheny
FLORIO, CATHERINE M	Student
FLOWERS, MD, Peter B	Lebanon
FLOYD, MD, Susan L	Allegheny
FLURKEY, MD, Emerson C	Dauphin
FLYNN, MD, J Dennis	Blair
FLYNN, MD, Jenean M	Fayette
FLYNN, JOHN M	Allegheny
FLYNN, MD, Richard J	Bradford
FLYNN JR, DO, Joseph D	Bucks
FOBBEN, MD, Edward S	Philadelphia
FOBIA, MD, John B	Philadelphia
FOCHLER, MD, Francis J	Blair
FODERARO, MD, Anthony E	Bucks
FODERARO, MD, John C	Philadelphia
FOGEL, MD, Stewart R	Allegheny
FOGLEY, MD, Anees R	Lackawanna
FOKSTUEN, MD, Terje S	Mckean
FOLANDER, MD, Hal L	Northampton
FOLDES, MD, Julius	Luzerne
FOLDES, MD, Steven I	Montour
FOLDES, MD, Veronika M	Montour
FOLDES-ROTH, MD, Elisabeth	Berks
FOLEY, TRACY M	Allegheny
FOLEY JR, MD, Edward L	Washington
FOLEY JR, MD, Francis L	Berks
FOLLMER, MD, Don C	Northampton
FOLLWEILER, MD, Barry R	Lehigh
FOLTZ EXEC SEC, MS SUSAN	Lebanon
FONG, MD, Jake	Westmoreland
FONG, MD, John K	Allegheny
FONOROFF, MD, David L	Allegheny
FONTANA, MD, Armand L	Allegheny
FONTANA, MD, Frank L	Allegheny
FONTANILLA, MD, Nenita Go	Philadelphia
FONTANILLA, MD, Rodolfo C	Philadelphia
FONTE, MD, Richard J	Dauphin
FOOR, MD, Jeffrey L	Bedford
FOOTE, MD, Joseph W	Philadelphia
FOOTERMAN, MD, David S	Philadelphia
FOOTERMAN, MD, Harold	Allegheny
FORBES, MD, John D	Allegheny
FORBES, MICHAEL L	Allegheny
FORBES, MD, Thomas W	Allegheny
FORBES, YOLANDA M	Allegheny
FORCE, MD, Thomas B	Philadelphia
FORCEY, MD, Clarke M	Centre
FORCEY, MD, Lloyd R	Lycoming
FORD, MD, Alan C	Mifflin/Juni
FORD, MD, Francis W	Bucks
FORD, MD, Patricia A	Philadelphia
FORD, MD, Robert W	Allegheny
FORD, MD, William B	Allegheny
FORD, MD, William T	Lycoming
FOREMAN, MD, Bruce P	Erie
FOREMAN, MD, Joseph	Philadelphia
FOREST, MD, Jean L	Philadelphia
FORKER, MD, Thomas	Lebanon
FORKER, MD, Thomas S	Lycoming
FORMAN, DOUGLAS L	Student
FORMAN, MD, Harvey R	Philadelphia
FORMAN, MD, Irwin H	Lancaster
FORMAN, MD, John M	Erie
FORMAN, MD, Joseph E	Philadelphia
FORMAN, MD, Kenneth J	Philadelphia
FORMAN, MD, Samuel	Philadelphia
FORMAN, MD, Simon B	Philadelphia
FORNASIER, MD, Louis S	Delaware
FORNWALT, MD, George R	Delaware
FORNWALT, MD, Helen L	Philadelphia
FORREY EXEC SEC, CANDY	Monroe
FORSE JR, MD, David P	Blair
FORSTATE, MD, William J	Allegheny
FORSTATER, MD, Alan T	Philadelphia
FORSTER, DO, Carl J	Schuylkill
FORSYTHE, MD, Patrick D	Dauphin
FORTI, MD, William P	Dauphin
FORTIER, MD, Gregory A	York
FORTUNATO, MD, James J	Allegheny
FOSS, MD, David E	Allegheny
FOSTER, MD, Carl J	Philadelphia
FOSTER, MD, Howard K	Allegheny
FOSTER, MD, Ian S	Monroe
FOSTER, MD, John S	Chester
FOSTER, MD, Mark R	Crawford
FOSTER, MD, Sylvia L	Montgomery
FOSTER, MD, Walter D	Westmoreland
FOSTER, MD, Walter R	Allegheny
FOSTER JR, MD, John V	Dauphin
FOULK JR, MD, Morris	Delaware
FOULSHAM II, MD, Charles K	Clinton
FOURNIER, MD, Raymond	Erie
FOUST, MD, Tilman H	Dauphin
FOUST, MD, Wilson A	Lancaster
FOUTRAKIS, GEORGE N	Allegheny
FOWBLE, MD, Barbara	Philadelphia
FOWLER, MD, David P	Allegheny
FOX, MD, Charles F	Armstrong
FOX, MD, Craig D	Washington
FOX, MD, Donald C	Butler
FOX, MD, Karl R	Allegheny
FOX, MD, Michael J	Philadelphia
FOX, MD, Michael L	Delaware
FOX, MD, Robert D	Philadelphia
FOX, MD, Roger E	Delaware
FOX, MD, Stephen C	Chester
FOX, MD, Stewart	Lehigh
FOX, MD, William F	Lehigh
FOX IV, MD, James W	Philadelphia
FOXHALL, MD, Edward N	Delaware
FOXX, MD, William F	Chester
FRABLE, MD, Dean G	Schuylkill
FRAGOLA, MD, Jorge A	Allegheny
FRAKES, MD, Shirley I	Philadelphia
FRALEY, MD, Henry W	Armstrong
FRAME, MD, David C	Washington
FRANCE, MD, James E	Allegheny
FRANCE, MD, Laurence W	Lancaster
FRANCESCANGELI JR, MD, Vincent	Monroe
FRANCIS, MD, George J	Allegheny
FRANCIS, MD, Leon R	Luzerne
FRANCIS, MD, Paul D	Montour
FRANCO, MD, Alexander	Centre
FRANCO, MD, Frank A	Berks
FRANCOIS, MD, Max B	Berks
FRANGIPANE, MD, Leo G	Berks
FRANGIPANE, MD, William L	Montgomery
FRANGOS, MD, James N	Lackawanna
FRANK, MD, Barbara B	Delaware
FRANK, MD, Herbert L	Dauphin
FRANK, MD, Jeffrey B	Berks
FRANK, MD, Leonard A	Montgomery
FRANK, MD, Martin N	Montgomery
FRANK, MD, Paul E	Montgomery
FRANK, MD, Reuben	Montgomery
FRANK, MD, Robert L	Montgomery
FRANK, DO, Ronald B	Montgomery
FRANK, MD, William O	Philadelphia
FRANKE, MD, Frederick R	Allegheny
FRANKEL, MD, Arthur M	Montgomery
FRANKEL, MD, Carl A	Dauphin
FRANKEL, MD, Harry A	Philadelphia
FRANKEL, MD, Leon A	Philadelphia
FRANKEL, MD, Leslie B	Montgomery
FRANKEL, LINDA K	Student
FRANKEL, MD, Matthew C	Philadelphia
FRANKEL, MD, Sharon R	Dauphin
FRANKEL, MD, Victor R	Philadelphia
FRANKENFIELD, MD, Bruce A	Lehigh
FRANKENSTEIN, MD, Herbert	Allegheny
FRANKL, MD, William S	Philadelphia
FRANKLIN, MD, Bethala B	Philadelphia
FRANKLIN, MD, Donald S	Fayette
FRANKLIN, MD, Gregory A	Jefferson
FRANKLIN, MD, Irvin D	Bucks
FRANKLIN, MD, John W B	Allegheny
FRANKOVITCH, MD, Karl F	Erie
FRANTZ, MD, Alfred S	Franklin
FRANTZ, DO, Bruce B	Dauphin
FRANTZ, MD, Robert C	Berks
FRANTZ, MD, Robert R	Carbon
FRANZ, MD, John P	Allegheny
FRANZ, DO, Mark G	Fayette
FRANZ, PAMELA J	Student
FRANZ, MD, Thomas A	Allegheny
FRANZINO, MD, Robert R	Allegheny
FRATTALI, MD, August	Lackawanna
FRAUENHOFFER, MD, Elizabeth E	Dauphin
FRAUNFELDER, MD, John A	Northampton
FRAYER, MD, William C	Philadelphia
FRAZIER, MD, Joel Louis	Philadelphia
FRAZIER, MD, Thomas G	Montgomery
FRAZIER II, MD, John E	Allegheny
FREDANE, MD, Lewis M	Philadelphia
FREDERIC, MD, Myron W	Philadelphia
FREDERICK, MD, David W	Lancaster
FREDERICK, MD, Paul L	Armstrong
FREDERICKS, MD, Lillian E	Philadelphia
FREDERICKSON, MD, Howard N	York
FREDRICKSON, MD, Victor J	Bucks
FREEBERG, MD, John R	Montgomery
FREEDBERG, MD, Lawrence E	Westmoreland
FREEDMAN, MD, Abraham G	Philadelphia
FREEDMAN, MD, Allan P	Philadelphia
FREEDMAN, MD, Donald B	Dauphin
FREEDMAN, MD, E Fannie	Philadelphia
FREEDMAN, MD, Jacob J	Philadelphia
FREEDMAN, MD, Lawrence T	Montgomery
FREEDMAN, MD, Louis J	Luzerne
FREEDMAN, MD, Steven A	Allegheny
FREEDMAN, DO, Susan R	Centre
FREEHAFER, MD, John F	Chester
FREELAND, MD, George R	Delaware
FREEMAN, MD, Albert W	Franklin
FREEMAN, MD, Joseph T	Philadelphia
FREEMAN, PATRICIA A	Student
FREEMAN, MD, Richard E	Potter
FREEMAN, MD, William A	Franklin
FREENOCK JR, MD, Thomas F	Delaware
FREER, MD, Carol V	York
FREER, MD, Lawrence S	York
FREIFELD, MD, Martin L	Luzerne
FREILICH, MD, Howard S	Philadelphia
FREIMAN, MD, David B	Philadelphia
FREIMANIS, MD, Maija G	Allegheny
FREIMUTH, MD, Erich J	Montgomery
FREISTAT, MD, Eric T	Dauphin
FREIWALD, MD, Milton J	Philadelphia
FREMER, MD, Abraham	Philadelphia
FRENCH, MD, Elizabeth G	Chester
FRENCH, MD, Gordon N	Chester
FRENCH, MD, Travis A	Lawrence
FRESHMAN, MD, John R	Dauphin
FREY, MD, Jeffrey A	York
FREYHOF, MD, Jack N	Philadelphia
FREYMAN, MD, Leon	Montgomery
FREYNIK, MD, Joseph G	Lycoming
FRIBERG, MD, Thomas R	Allegheny
FRICCHIONE, MD, Patrick J	Philadelphia
FRIDAY, MD, Daniel M	Blair
FRIDAY, MD, Gilbert A	Allegheny
FRIDAY, MD, John R	Allegheny
FRIDAY, MD, Rupert H	Allegheny
FRIED, MD, Jeffrey A	Indiana
FRIED, MD, Martin B	Luzerne
FRIED, MD, Robert C	Chester
FRIEDBERG, MD, Jay G	Bucks
FRIEDBERG, MD, Milton J	Lehigh
FRIEDENBERG, MD, Steven S	Northampton
FRIEDENBERG, MD, Zachary B	Philadelphia
FRIEDLAND, MD, Leonard R	Philadelphia
FRIEDLAND, MD, Richard J	Philadelphia
FRIEDLANDER, MD, Milton A	Dauphin
FRIEDLANDER, MD, Myron	Allegheny
FRIEDMAN, MD, Abraham W	Allegheny
FRIEDMAN, MD, Adele K	Philadelphia
FRIEDMAN, MD, Alan Lee	Philadelphia
FRIEDMAN, MD, Bart J	Westmoreland
FRIEDMAN, MD, Ben-Zion	Delaware
FRIEDMAN, MD, Carl J	Chester
FRIEDMAN, DO, David S	Montgomery
FRIEDMAN, MD, Donald	Delaware
FRIEDMAN, MD, Ellis F	Berks
FRIEDMAN, MD, Gerald M	Columbia
FRIEDMAN, MD, Henry B	Luzerne
FRIEDMAN, MD, Irwin	Bucks
FRIEDMAN, MD, Jerald N	Northampton
FRIEDMAN, MD, Joel	Luzerne
FRIEDMAN, MD, Louis L	Allegheny
FRIEDMAN, MD, Mark C	Dauphin
FRIEDMAN, DO, Martin L	Philadelphia
FRIEDMAN, MD, Milton L	Philadelphia
FRIEDMAN, MD, Monte R	Philadelphia
FRIEDMAN, MD, Oren L	Philadelphia
FRIEDMAN, MD, Paul A	Montgomery
FRIEDMAN, MD, Paul S	Philadelphia
FRIEDMAN, MD, Phillip	Bucks
FRIEDMAN, MD, Robert	Lackawanna
FRIEDMAN, MD, Robert A	Montour
FRIEDMAN, MD, Robert B	Allegheny
FRIEDMAN, MD, Ronald H	Philadelphia
FRIEDMAN, MD, Sidney	Philadelphia
FRIEDMAN, MD, Sumner H	Dauphin
FRIEDMAN, MD, Susan A	Philadelphia
FRIEDMANN, DO, Brad S	Philadelphia
FRIEDMANN, DO, Daniel V	Philadelphia
FRIEDRICH, MD, Joachim H	York
FRIEDRICH, MD, Roland	York
FRIEDRICH, MD, Tomas	York
FRIEDSAM, MD, Patricia L	Philadelphia
FRIEHLING, MD, Linda A	Montgomery
FRIEMAN, MD, Barbara G	Philadelphia
FRIEND, MD, Arthur	Luzerne
FRIES, MD, Gene T	Lycoming
FRISCH, MD, Mark B	Philadelphia
FRISHMUTH, MD, Gertrude J	Philadelphia
FRITCHEY JR, MD, John A	Dauphin
FRITCHLEY, MD, Rodney B	Cumberland
FRITZ, MD, Louisa J	Wyoming
FRITZ, MD, William D	Venango
FRITZ JR, MD, Karl J	Warren
FROBESE, MD, Alfred S	Philadelphia
FROEHLICH, MD, A David	Dauphin
FROMAN, MD, Stephen M	Beaver
FROMME, MD, Kenneth L	Dauphin
FRONC JR, MD, Henry C	Philadelphia
FRONCZEK, MD, William M	Allegheny
FRONCZEK JR, MD, William M	Washington
FRONDUTI, MD, Lucian J	Westmoreland
FRONDUTI, MD, Robert L	Allegheny
FROOZAN, MD, Homayoon	Lackawanna
FROST, MD, Albert G	Montgomery
FROST, MD, Stephen S	Philadelphia
FROST JR, MD, William W	Allegheny
FRUEHAN, DO, Florence R	Luzerne
FRUMIN, MD, Abraham M	Philadelphia
FRUMIN-EISENBERG, MD, Vera	Philadelphia
FRY, MD, Chloe O	Dauphin
FRY, MD, Robert L	Franklin
FRYCZYNSKI, MD, Thaddeus P	Erie
FRYE, MD, John W	Luzerne
FRYE, DO, Joyce	Philadelphia
FRYE, MD, Veryl F	Clinton
FU, MD, Freddie H	Allegheny
FUCHS, MD, David E	Lancaster
FUERST, MD, Nicholas E	Washington
FUERST, MD, Ronnie S	Philadelphia
FUGARO, DO, Anthony J	Montgomery
FUGATE, MD, Diana K	Dauphin
FUGATE, MD, James K	Jefferson
FUGATE, DO, Jeffrey S	Dauphin
FUGATE, MD, Kenneth K	Dauphin
FUGATE JR, MD, Howard	Jefferson
FUGAZZOTTO, MD, Pasquale J	Lehigh
FUGE, MD, Ladonna H	Allegheny
FUHRMAN, MD, Carl R	Allegheny
FUJIMAGARI, MD, Tak	Lawrence
FUKUI, MD, Paul T	Chester
FULCHIERO, MD, Gregory J	Blair
FULCINITI, MD, Rocco A	Allegheny
FULD, MD, Robert A	Lebanon
FULLER, MD, Garry L	Allegheny
FULLER, MD, Virginia S	Allegheny
FULTON, MD, Harry C	Lancaster
FULTON, MD, William O	York
FUNCH, MD, Ross S	Philadelphia
FUNK JR, MD, Elmer H	Philadelphia
FUNK JR, MD, F Coleman	Lycoming
FUNKE, MD, Alvin H	Columbia
FUNKHOUSER, MD, George R	Montour
FUNKHOUSER, MD, Jay L	Beaver
FUNT, MD, Loren	Allegheny
FUOCO, MD, John J	Mifflin/Juni
FUOSS, MD, Mark J	Allegheny
FUREY, MD, Sandy A	Lackawanna
FUREY JR, MD, Charles A	Philadelphia
FURGIUELE, MD, Francis P	Philadelphia
FURGIUELE-IRACKI, MD, Natalie	Allegheny
FURIA, MD, Frederick A	Delaware
FURIA, MD, Robert	Delaware
FURIGAY, MD, R L	Cambria
FURLONG, CHRISTOPHER B	Student
FURMAN, MD, Donald J	Warren
FURMAN, MD, Frank H	Chester
FURMAN, MD, Harold B	Montgomery
FURMAN, MD, Joseph M R	Allegheny
FURNARY, MD, James S	Cambria
FURNER, DO, Carl L	Luzerne
FURR, MD, Charles M	Erie
FURUKAWA, MD, Edward F	Philadelphia
FUSCO, MD, Robert D	Allegheny
FUSCO-RIPKA, MD, Giovanna D	Berks
FUSIA, MD, Joseph F	Allegheny
FUSIA JR, MD, Donald A	Westmoreland
FUST, MD, John A	Erie
FUTCHER, MD, Palmer H	Philadelphia
FUTRELL, MD, J William	Allegheny

G

GAARY, MD, Alvin E	Delaware
GABALA, MD, John M	Northmbrland
GABOS, MD, Charles W	Allegheny
GABOS, MD, Dennis K	Allegheny
GABOS, MD, Paul F	Allegheny
GABRESKI, MD, Robert G	Warren
GABRIEL, MD, Daniel E	Washington
GABRIEL, JOHN M	Student
GABRIEL, JOSUE P	Student
GABRIEL, MD, Larry C	Lawrence
GABRIEL, MD, Louis T	Schuylkill
GABRIEL, MD, Peter	Fayette
GABRIEL, MD, Steven A	Lawrence
GABRIEL, MD, Veronica	Montgomery
GABRIELE, MD, August A	York
GABUZDA, MD, Thomas G	Philadelphia
GADANI, MD, Manu R	Perry
GADANI, MD, Pravin R	Perry
GADBOIS, MD, William F	Northampton
GADIPARTHI, MD, Atchaiah	Somerset
GAFFNEY, MD, Edmund J	Montgomery
GAFFNEY, MD, John J	Lackawanna
GAFFNEY, MD, Paul C	Allegheny
GAFFORD, MD, Grady D	Tioga
GAGIANAS, MD, Peter J	Allegheny
GAGLIARDI, MD, Lisa G	Berks
GAIA, MD, Juan D	Luzerne
GAIDYS, MD, William G	Bradford
GAIN, MD, Thomas B	Philadelphia
GAINOR, ROBERT E	Allegheny
GAIRE, SUSAN R	Student
GAISFORD, MD, John C	Allegheny
GAITHER, MD, Herbert	Dauphin
GAJERA, MD, Jayantilal C	Schuylkill
GAJULA, MD, L Narayan	Carbon
GALANIS, MD, Sotire E	Lancaster
GALANTE, MD, Lisa	Philadelphia
GALASSI JR, JOSEPH W	Student
GALATI, MD, Victor G	Delaware
GALGON, MD, John P	Lehigh
GALIA, MD, Joseph H	Delaware
GALIB, MD, Samuel H	Chester
GALIETTA, MD, Maryann C	Bucks
GALINDO-RODRIGUEZ, MD, Ana I	Montgomery
GALINSKY, MD, David E	Philadelphia
GALLAGER, MD, James G	Montour
GALLAGHER, MD, Donald I	Delaware
GALLAGHER, MD, Doris B	Montgomery
GALLAGHER, MD, Henry G	Luzerne
GALLAGHER, MD, John E	Armstrong
GALLAGHER, DO, John M	Erie
GALLAGHER, MD, John P	Mercer
GALLAGHER, MD, John T	Bucks
GALLAGHER, MD, Michael J	Lackawanna
GALLAGHER, MD, Philip E	Erie
GALLEN, MD, John H	Berks

GALLER-RIMM, MD, Gabrielle D	Philadelphia
GALLETTA, MD, Anthony S	Washington
GALLIA, MD, Francis J	Dauphin
GALLIGAN, MD, William J	Philadelphia
GALTMAN, MD, Lawrence M	Philadelphia
GALVEZ, MD, Marietta L	Philadelphia
GAMAITONI, CARLO J	Student
GAMBESCIA, MD, Joseph M	Philadelphia
GAMBESCIA, MD, Richard A	Philadelphia
GAMBETTA, MD, Esmeralda	Philadelphia
GAMBURG, MD, Steven Jeffrey	Philadelphia
GANDHI, MD, Anant J	Allegheny
GANDHI, MD, Harsh	Luzerne
GANDY, DO, Daniel R	Lycoming
GANGLOFF, MD, Michael A	York
GANIBAN, MD, Justiniano S	Philadelphia
GANIME, MD, Peter D	Montgomery
GANNON, MD, Jeanne E	Allegheny
GANNON, MD, Reynaldo T	Cambria
GANNON, MD, Robert P	Allegheny
GANOTT, MD, Marie A	Allegheny
GANSMAN, MD, David H	Philadelphia
GARABEDIAN, MD, Joseph A	Montgomery
GARBAK, MD, Frank	Philadelphia
GARBARINO, MD, Andrew A	Cambria
GARBARINO, MD, Joseph L	Northampton
GARBER, MD, Edward H	York
GARBES, MD, Archimedes D	Montour
GARCIA, MD, Alfredo J	Butler
GARCIA, MD, Antonio S	Berks
GARCIA, MD, Celso R	Philadelphia
GARCIA, MD, Diosdado A	Allegheny
GARCIA, MD, Dominador I	Chester
GARCIA, MD, Domingo A	Franklin
GARCIA, MD, Guillermo	Dauphin
GARCIA, MD, Jose A	Dauphin
GARCIA, MD, Jose C	Philadelphia
GARCIA, MD, Jose R	Lehigh
GARCIA, JUAN C	Student
GARCIA, MD, Laureano P	Philadelphia
GARCIA, MD, Marian	Centre
GARDEN, MD, Marc David	Philadelphia
GARDENER, MD, Ralph	Allegheny
GARDNER, MD, Alan M	Chester
GARDNER, DO, Bonnie J	Philadelphia
GARDNER, MD, George E	York
GARDNER, MD, Harry W	Mifflin/Juni
GARDNER, MD, James L	Lawrence
GARDNER, MD, John C	Wyoming
GARDNER, DO, Marshall K	Philadelphia
GARDNER, MD, Morris Z	Allegheny
GARDNER, MD, Robert S	Allegheny
GARDNER, MD, Stuart A	Lawrence
GARDNER, MD, Thomas W	Venango
GARDYASZ, MD, Miroslaw D	Dauphin
GAREIS, MD, John W	Lancaster
GARES, MD, Kathie Ann	Philadelphia
GAREY, MD, Herman S	Lackawanna
GARFINKEL, MD, Marc E	Allegheny
GARFINKLE, MD, William B	Philadelphia
GARLOFF, DO, Samuel J	Schuylkill
GARMAN, MD, Ray F	Bradford
GARNER, MD, Blaine R	Bucks
GARNER, MD, Lois L	Venango
GARNER, MD, William J	Allegheny
GARNET, MD, James D	Philadelphia
GAROFALO, MD, Carl A	Fayette
GAROFOLA, MD, John H	Lancaster
GAROFOLI, MD, Caesar A	Allegheny
GARRAWAY, DO, Wayne S	Delaware
GARRETT, MD, Kevin O	Allegheny
GARRETT, MD, Paul R	Bucks
GARRETT JR, MD, William S	Allegheny
GARRETTSON, MD, James A	Indiana
GARRIDO, MD, Eddy	Lancaster
GARRIOTT, MD, John C	Mercer
GARROTT, MD, John W	Armstrong
GARSON, MD, Warfield	Allegheny
GARTLAND, DO, Charles J A	Delaware
GARTLAND, MD, John J	Philadelphia
GARTNER, MD, William S	Delaware
GARTNER JR, MD, William S	Delaware
GARVEY, MD, Edmund P	Lancaster
GARVEY, MD, William P	Erie
GARY, MD, Gerald L	Philadelphia
GARY, MD, Margaret M	Mifflin/Juni
GASCON, MD, Perla G	Philadelphia
GASH, MD, Arnold K	Philadelphia
GASH, MD, Richard M	Philadelphia
GASIOR, MD, Thomas A	Allegheny
GASKINS, MD, Albert L	Philadelphia
GASOWSKI, MD, Gary L	York
GASPAR, MD, Stephen R	Philadelphia
GASPAR, MD, Victoria S	Philadelphia
GASPARI, MD, Raymond J	York
GASTALDO, MD, John A	Lancaster
GASTINEAU, MD, Robert M	Allegheny
GASULL JR, MD, H Robert	Perry
GATSKI, MD, Robert L	Montour
GATTER, MD, Robert A	Montgomery
GATTI, MD, Dominic L	Montgomery
GATTI, MD, Joseph W	Indiana
GATTO, MD, Frank M	Allegheny
GATTUSO, MD, Robert L	Berks
GATTUSO JR, MD, Joseph W	Blair
GAUDIO JR, MD, Ralph	Allegheny
GAUDIOSE, MD, Michael C	Franklin
GAUL, MD, James J	Bucks
GAUL, DO, Timothy P	Montour
GAULIN, MD, J Claude	Northampton
GAULT, MD, James H	Lancaster
GAUNTNER, MD, Wallace C	Allegheny
GAUS, MD, Victoria M	Mercer
GAUSE, MD, Paul E	Lancaster
GAUSS, MD, William F	Allegheny
GAVIN, MD, George M	Westmoreland
GAWCHIK, DO, Sandra M	Delaware
GAWLAS, DO, Michael R	Dauphin
GAY, MD, Thomas C	Allegheny
GAYDOS, MD, Anna E	Philadelphia
GAYDOS, MD, John D	Beaver
GAYDOS, MD, Thomas L	Northampton
GAYESKI, MD, Richard J	Lancaster
GAYLOR, MD, Donald H	Lehigh
GAYLOR, MD, Theodore H	Lehigh
GAYNOR, MD, William B	Lancaster
GAZAK, MD, Stephen J	Philadelphia
GAZDER, MD, Aftab A	Northmbrland
GAZDICK, MD, Mary Anne	Montgomery
GAZEK, MD, Francisco A	Luzerne
GAZMEN, MD, Candonino C	Lackawanna
GAZOWSKI, MD, Thomas E	Luzerne
GEADAH, MD, Fouad A	Dauphin
GEARHART, MD, Lyster M	Lehigh
GEBHARDT, MD, Bruce C	Erie
GEBROSKY, NORMAN P	Allegheny
GEBUS, MD, George R	Beaver
GEDDES, MD, Giselle J	Philadelphia
GEDEKOH, MD, Robert H	Allegheny
GEDULDIG, MD, Michael M	Dauphin
GEE, MD, William	Lehigh
GEER, MD, Frank D	Lawrence
GEERAERTS, MD, Louis H	Clearfield
GEETTER, MD, Philip H	Bucks
GEFTER, MD, Louis P	Philadelphia
GEGWICH, MD, Frank	Columbia
GEGWICH, MD, Joseph F	Columbia
GEHL, MD, Leonard G	Allegheny
GEHL, MD, Richard	Allegheny
GEHMAN, MD, Gary S	Lancaster
GEHMAN, MD, John W	Mifflin/Juni
GEHMAN, MD, M Jack	Berks
GEHRING, MD, David A	Venango
GEHRIS, MD, James C	Northmbrland
GEHRIS, MD, Leroy A	Berks
GEHRON JR, MD, William H	Lycoming
GEIGER, MD, Leonard R	Montgomery
GEIGLE, MD, Carl F	Erie
GEISE, DO, Steven W	Clinton
GEISELMAN, MD, Douglas L	York
GEIST, MD, Audrey A	Philadelphia
GEIST, MD, Donald C	Philadelphia
GEITGEY, MD, William I	Blair
GELACEK, MD, Philip A	Armstrong
GELEHRTER, MD, Joseph	Philadelphia
GELET, MD, Theodore R	Allegheny
GELFAND, MD, David	Philadelphia
GELFOND, MD, David B	Philadelphia
GELLER, MD, D Michael	Montgomery
GELLER, MD, Edward I	Lehigh
GELLER, MD, Joseph	Philadelphia
GELLER, MD, Mark J	Allegheny
GELLER, MD, Michael H	Lehigh
GELLER, DO, Robert J	Delaware
GELMAN, MD, Bruce P	Philadelphia
GELMAN, MD, Ricardo	Philadelphia
GEMIL, MD, Corazon G	Chester
GEMINIANI, MD, Ellen T	Dauphin
GEMMILL, MD, Reginald B	York
GENATO, MD, Jaime M	Westmoreland
GENC, MD, Salim	Mifflin/Juni
GENDELL, MD, Howard M	Allegheny
GENERALOVICH, MD, Thomas	Allegheny
GENERETTE, MD, William O	Allegheny
GENNARELLI, MD, Thomas A	Philadelphia
GENNARO, MD, Anthony R	Philadelphia
GENNAULA, CHARLES P	Allegheny
GENOVESE, MD, Frank N	Armstrong
GENT, MD, Joseph A	Venango
GENTER, MD, Bruce E	Philadelphia
GENTILE, MD, Anthony F	Allegheny
GENTILE, MD, Anthony J	Lackawanna
GENTILEZZA, MD, Kenneth W	Lackawanna
GENTZLER II, MD, Richard D	Lancaster
GEORGE, MD, David L	Berks
GEORGE, MD, Gregory A	Mercer
GEORGE, MD, Jacob	Erie
GEORGE, MD, James M	Allegheny
GEORGE, MD, John J	Allegheny
GEORGE, MD, Robert A	Allegheny
GEORGE, MD, Robert B	Franklin
GEORGE, MD, Robert N	Allegheny
GEORGEVICH, MD, Philip G	Allegheny
GEORGIADES, MD, Athan H	Allegheny
GEORGIADIS, MARK S	Student
GEORGIU, EDWARD V	Allegheny
GEORGY, MD, Farouk M	Lycoming
GERACI, MD, Gaspere C	Dauphin
GERACI, MD, Stephen A	Allegheny
GERARD, MD, Joseph A	Allegheny
GERBER, MD, Harris S	Philadelphia
GERBER, MEGAN R	Student
GERBER, DO, Melvin D	Lancaster
GERBER, MD, Michael L	Allegheny
GERBER, MD, Paul	Philadelphia
GERBER, MD, Walter L	Philadelphia
GERBSTADT, CHRISTINE R	Student
GERCHMAN, MD, Leroy B	Lehigh
GERDES, MD, Jeffrey S	Philadelphia
GERDES JR, MD, Joseph H	Dauphin
GERFIN, MD, Ernest R	Wyoming
GERGEN, MD, Werner A	Bradford
GERGER, MD, Joseph P	Westmoreland
GERHART, MD, George R	Berks
GERHART, MD, Willis C	Montgomery
GERIG, MD, John S	Montour
GERLACH, MD, Detlef H	York
GERLACH IV, MD, Charles D	Dauphin
GERMAINE-MUNOZ, MD, Jude	Northampton
GERMAN, MD, Antonio I	Erie
GERMAN, MD, Terry M	Montgomery
GERNETH, MD, George J	Allegheny
GERONIMO, MD, Lauro S	Northampton
GERSHENFELD, MD, Marvin A	Philadelphia
GERSHENSON, MD, Stephen R	Montgomery
GERSHKOFF, MD, Arthur M	Philadelphia
GERSHON, DO, Justin H	Montgomery
GERSON, MD, Irvin M	Montgomery
GERSON, MD, Leroy T	Delaware
GERSTBREIN, MD, Harry L	Armstrong
GERSTLEY III, MD, Louis	Philadelphia
GERSTMAN, MD, Ira	Montgomery
GESSNER, MD, Thomas P	Westmoreland
GETTE, MD, Michael T	Philadelphia
GETZ, DO, Harry D	Bucks
GETZ, MD, William B	Philadelphia
GEVJAN, MD, Armen H	Delaware
GEWIRTZMAN, MD, Steven M	Philadelphia
GHAHRAMANI, MD, Mahmood	Bucks
GHATAK, MD, Peter K	Northampton
GHATE, MD, Sharad B	Indiana
GHATNEKAR, MD, Jai V	Allegheny
GHATNEKAR, MD, Revati Jai	Allegheny
GHIA, MD, Pradeep S	Northampton
GHOSH, MD, Bijoy K	Philadelphia
GHOSH, MARTHA S	Student
GHOSH, MD, Suresh C	Philadelphia
GHOSH, MD, Tarit K	Montour
GHOSHHAJRA, MD, Kalyanmay	Allegheny
GIACCIA, MD, Amato	Berks
GIACOBBO, MD, John N	Philadelphia
GIAIMO, DO, Anthony J	Montgomery
GIALAMAS, MD, Antonio	Allegheny
GIAMMATTEI, MD, Frank P	Delaware
GIAMPETRO, MD, Anthony M	Philadelphia
GIANFAGNA, MD, William J	Schuylkill
GIANNASIO, MD, Charles V	Montgomery
GIANNOPOULOS, MD, Peter H	Chester
GIARDINO, MD, Angelo P	Philadelphia
GIBBLE, MD, Leon W	York
GIBBONS, MD, Jacquelyn H	Delaware
GIBBONS, MD, Richard E	Philadelphia
GIBBONS, MD, Robert J	Luzerne
GIBBONS, MD, William P	Blair
GIBBS, MD, Winfield S	Northmbrland
GIBSON, MD, Alice S	Allegheny
GIBSON, MD, Barbara B	Philadelphia
GIBSON, MD, Elizabeth L	Montour
GIBSON, MD, F Clay	Westmoreland
GIBSON, MD, Keith	Montour
GIBSON, MD, Ken	Westmoreland
GIBSON, MD, William B	Delaware
GIBSON, MD, William E	Allegheny
GIBSON, MD, William S	Montour
GIBSON, MD, William S	Allegheny
GIBSON JR, MD, Roy L	Allegheny
GIERING, MD, John F	Luzerne
GIESECKE, MD, Susan B	Berks
GIFFORD, MD, Robert R M	Dauphin
GIGA, MD, Judith P	Allegheny
GIGLIOTTI, MD, Anthony C	Philadelphia
GILBERT, DO, Max	Philadelphia
GILBERT, STEVEN L	Student
GILBERTI, MD, Frank F	Allegheny
GILBERTI, MD, Michael V	Allegheny
GILDAY, MD, Frank J	Philadelphia
GILDEA, MD, James E	Dauphin
GILFILLAN III, MD, A George	Berks
GILFORD, MD, Lawrence M	Clarion
GILGORE, MD, Gary S	Philadelphia
GILL, MD, Donald J	Philadelphia
GILL, MD, Lewis M	Bucks
GILL, MD, Robert J	Philadelphia
GILL III, MD, Thomas J	Allegheny
GILLEN, MD, George P	Northampton
GILLEN, MD, James P	Montour
GILLESPIE, MD, Harry K	Westmoreland
GILLESPY, MD, William G	Lawrence
GILLICK, MD, Alan P	Lackawanna
GILLIGAN, MD, Frank P	Delaware
GILLIS, MD, Angus T	Delaware
GILLIS, MD, Victoria A	Armstrong
GILLOTT, MD, Anthony R	Bradford
GILLUM, MD, David F	Tioga
GILLUM, MD, Diane R	Philadelphia
GILMAN, MD, Edward	Allegheny
GILMAN, MD, Paul B	Philadelphia
GILMORE, MD, Frederick R	Clearfield
GILMORE, MD, George H	Allegheny
GILMORE, MD, Ina M	Lycoming
GILMORE, MD, Irvin W	Berks
GILMORE, MD, James	Allegheny
GILMORE JR, MD, Hugh R	Delaware
GILROY, MD, Robert C	Dauphin
GINCHEREAU, MD, Eugene H	Allegheny
GINGRICH, MD, Kerry H	Lebanon
GINGRICH JR, MD, Russell L	Lebanon
GINIECZKI, MD, Chester J	Philadelphia
GINLEY JR, MD, Thomas H	Philadelphia
GINSBERG, MD, David K	Philadelphia
GINSBERG, MD, Gary	Berks
GINSBERG, MD, Gene H	Lehigh
GINSBERG, MD, Joseph E	Lawrence
GINSBURG, MD, Abraham	Philadelphia
GINSBURG, DAVID L	Allegheny
GINSBURG, MD, David S	Delaware
GINSBURG, MD, Howard H	Philadelphia
GINSBURG, MD, Isadore W	Philadelphia
GINSBURG, MD, John L	Union
GINSBURG, MD, Michael J	Allegheny
GINSBURG, MD, Nathan N	Lawrence
GINSBURG, DO, Richard E	Philadelphia
GINSBURG, MD, Silas	Montgomery
GINTER JR, MD, George C	Lycoming
GIOMBETTI, MD, Joseph J	Lackawanna
GIORDANO, BERNICE R	Student
GIORDANO, MD, Lorraine M	Philadelphia
GIORDANO, MD, Nicholas D	Luzerne
GIORGIO, MD, Quentin M	Delaware
GIOVANNELLI, MD, Anne S	Philadelphia
GIRARDO, MD, Salvatore P	Philadelphia
GIRDANY, MD, Bertram R	Allegheny
GIRDANY, MD, David S	Allegheny
GIRGIS, SHEREEF F	Student
GIRMSCHEID, MD, Leslie A	Allegheny
GIRONE, MD, Joseph A C	Bucks
GIRONE, MD, Joseph F	Philadelphia
GIRSH, MD, Leonard S	Philadelphia
GIRTON, MD, Keith E	Clinton
GISH, MD, Martin S	Lebanon
GISLASON, MD, G John	Philadelphia
GITLIN, MD, Melvin C	Montgomery
GITTELL, DO, Amy	Philadelphia
GITTINGS, MD, Paul E	Allegheny
GITTLEMAN, MD, Mark A	Lehigh
GITTLEMAN, MD, Stanton C	Philadelphia
GIUDICE, MD, Virginio J	Philadelphia
GIUFFRA, MD, Loretta J	Philadelphia
GIUGLIANO, MD, Frank J	Columbia
GIULIAN, MD, Bertrand B	Dauphin
GIULIAN, MD, Karl A	Philadelphia
GIUNTOLI, MD, Robert L	Philadelphia
GIURGIU, DAN I	Student
GIUSTOZZI JR, JOHN J	Student
GIVEN, MD, Kenneth M	Philadelphia
GIVENS, MD, Frederick T	Dauphin
GLAD, LAWRENCE J	Allegheny
GLADSTONE, MD, Julian L	Delaware
GLAH, DO, James J	Bedford
GLAH JR, MD, Henry J	Lancaster
GLANZBERG, MD, Pauline	Montgomery
GLASER, MD, Barry L	Montgomery
GLASKIN, MD, Allen	Philadelphia
GLASS, MD, Guy F	Philadelphia
GLASS, KEVIN L	Allegheny
GLASS, MD, Steven J	Philadelphia
GLASSBURN, MD, Edward M	Allegheny
GLASSBURN, MD, John R	Philadelphia
GLASSER, MD, Stuart A	Westmoreland
GLASSMAN, DO, Arnold B	Philadelphia
GLASSMAN, MD, Joel M	Philadelphia
GLASSMAN, MD, Robert H	Philadelphia
GLASSMAN, MD, Solomon	Philadelphia
GLASSO, MD, Louis C	Allegheny
GLATZ, MD, Guy G	Dauphin
GLAUSER, MD, Elinor M	Philadelphia
GLAUSER, MD, Felix E	Dauphin
GLAUSER, MD, Terry A	Montgomery
GLAZER, MD, Robert M	Philadelphia
GLAZERMAN, MD, Larry R	Lehigh
GLAZMAN, MD, Lyudmila	Philadelphia
GLEASON, MD, James A	Allegheny
GLEESON, MD, George H	Allegheny
GLEESON, MD, George L	Dauphin
GLENNEY, MD, Wilton	Schuylkill
GLICK, MD, Abraham	Philadelphia
GLICK, MD, Harold M	Allegheny
GLICK, MD, Kenneth A	Allegheny
GLIKMAN, MD, Nadezhda	Philadelphia
GLORIOSO, MD, Joseph J	Allegheny
GLORIOSO, MD, Robert C	York
GLOSSER, MD, William E	Berks
GLOWACKI, MD, Francis L	Venango
GLUCK, MD, Michael L	Dauphin
GLUCKMAN, MD, Robert J	Allegheny
GLUCKMAN, MD, Stephen J	Philadelphia
GLUNK, MD, Daniel J	Allegheny
GLUNK, MD, Richard P	Philadelphia
GMUER, MD, Paul J	Erie
GNAU, MD, Charles R	Lebanon
GNEGY, MD, Richard	Allegheny
GO, MD, Alfonzo H L	Lycoming
GO, MD, Josephine L	Delaware
GO, MD, Peter T	Somerset
GO, MD, Welles P	Philadelphia
GO JR, MD, William C	Cambria
GOBEL, MD, Reginald T	York
GOCHOCO, MD, Jacinto J	York
GOCIAL, MD, Benjamin	Philadelphia
GODDARD JR, MD, James E	Lancaster
GODFREY, DO, Craig R	Crawford
GODINEZ, MD, Rodolfo I	Philadelphia
GODINEZ-CEJUDO, MD, Jorge A	Philadelphia
GODLA, MD, Gregory J	Allegheny
GODLEY, MD, Joanne	Philadelphia
GODSHALL, MD, Richard W	Bucks
GODSHALL, MD, Stanley M	Lancaster
GODWIN JR, MD, Bernard W	Philadelphia
GOEBEL, EDWARD J	Student

GOEBERT, MD, Herbert W	Chester
GOEDECKE, MD, John B	Dauphin
GOEHRING, MD, Donald E	Butler
GOEHRING, MD, Walter O	Allegheny
GOEL, MD, Inder P	Philadelphia
GOEL, MD, Manjula	Allegheny
GOELTSCH, MD, Robert E	Cumberland
GOEPP, MD, Carla E	Philadelphia
GOESER, MD, Eugene	Delaware
GOESSLER, MD, Mary C	Allegheny
GOGGIN, MD, Leon D	Beaver
GOGLIN, MD, Brett W	Franklin
GOKCEN, ERIC C	Student
GOKHALE, MD, Sudhir B	Erie
GOLANI, MD, Umesh A	Allegheny
GOLD, MD, Allan	Philadelphia
GOLD, MD, Arnold Z	Venango
GOLD, MD, Barbara W	Philadelphia
GOLD, MD, Gordon R	Allegheny
GOLD, MD, Henry J	Philadelphia
GOLD, MD, Herman	Delaware
GOLD, MD, Jack	Erie
GOLD, MD, Jonathan	Bucks
GOLD, MD, Morrie G	Chester
GOLD, MD, Samuel C	Northampton
GOLDBACHER JR, MD, Lawrence R	Philadelphia
GOLDBERG, MD, Barry B	Philadelphia
GOLDBERG, MD, Gary	Philadelphia
GOLDBERG, MD, Harry	Philadelphia
GOLDBERG, MD, Harvey E	Bucks
GOLDBERG, MD, Larry H	Philadelphia
GOLDBERG, MD, Lisa A	Allegheny
GOLDBERG, MD, Louis	Montgomery
GOLDBERG, MD, Michael B	Philadelphia
GOLDBERG, DO, Murray	Philadelphia
GOLDBERG, DO, Murray E	Chester
GOLDBERG, MD, Richard E	Philadelphia
GOLDBERG, MD, Richard M	Montour
GOLDBERG, MD, Rochelle	Philadelphia
GOLDBERG, MD, Sheldon	Philadelphia
GOLDBERG, MD, Steven E	Philadelphia
GOLDBERG, MD, Steven K	Philadelphia
GOLDBERG, MD, Steven P	Philadelphia
GOLDBERGER, MD, Arnold	Philadelphia
GOLDBERGER, MD, Daniel	Crawford
GOLDBLATT, MD, Sidney A	Cambria
GOLDBLUM, MD, Abraham D	Allegheny
GOLDBLUM, MD, Kenneth D	Delaware
GOLDBLUM, MD, Lee J	Allegheny
GOLDBLUM, MD, Orin M	Allegheny
GOLDBLUM, MD, Raymond W	Allegheny
GOLDBURGH, MD, Warren P	Philadelphia
GOLDEN, MD, Jean D	Monroe
GOLDEN, MD, Mano R	Montgomery
GOLDEN, MD, Michael F	Chester
GOLDEN IV, MD, Samuel W	Allegheny
GOLDENBERG, MD, Arnold	Chester
GOLDENER, MD, John F	Montgomery
GOLDFARB, MD, Alvin F	Philadelphia
GOLDFARB, MD, Daniel D	Lehigh
GOLDFARB, MD, Harold J	Lehigh
GOLDFARB, MD, I William	Allegheny
GOLDFARB, MD, Lloyd G	Lancaster
GOLDFEDER, MD, Warren J	Luzerne
GOLDFINE, MD, Alan	Chester
GOLDFINE, MD, Harry A	Philadelphia
GOLDFINE, MD, Joseph D	Philadelphia
GOLDIN, MD, Ralph J	Lancaster
GOLDING, MD, Irvin M	Allegheny
GOLDMAN, MD, Arthur	Delaware
GOLDMAN, MD, Duane C	Lancaster
GOLDMAN, MD, Gary L	Lancaster
GOLDMAN, MD, Irving S	Allegheny
GOLDMAN, MD, Marvin	Philadelphia
GOLDMAN, MD, Richard J	Delaware
GOLDMAN, MD, Robert F	Franklin
GOLDMAN, MD, Scott M	Philadelphia
GOLDMAN, MD, Stanley R	Dauphin
GOLDMAN, MD, Stephen M	Philadelphia
GOLDNER, MD, David B	Lehigh
GOLDNER, DO, Jonathan A	Monroe
GOLDSCHMIDT, MD, Herbert	Montgomery
GOLDSMITH, MD, Charles P	Lehigh
GOLDSMITH, MD, Joyce	Philadelphia
GOLDSTEIN, MD, Arnold L	Bucks
GOLDSTEIN, MD, Arthur M	Philadelphia
GOLDSTEIN, MD, Bernard	Philadelphia
GOLDSTEIN, MD, David M	Allegheny
GOLDSTEIN, MD, Elliott J	Allegheny
GOLDSTEIN, MD, Erroll J	Lackawanna
GOLDSTEIN, MD, Franz	Philadelphia
GOLDSTEIN, MD, Gary N	Philadelphia
GOLDSTEIN, MD, Irwin S	Philadelphia
GOLDSTEIN, MD, Jacob	Philadelphia
GOLDSTEIN, MD, Jerome	Philadelphia
GOLDSTEIN, MD, Jerome B	Delaware
GOLDSTEIN, MD, Keith S	Lackawanna
GOLDSTEIN, MD, Larry E	Philadelphia
GOLDSTEIN, MD, Laurence	Dauphin
GOLDSTEIN, MD, Morton L	Allegheny
GOLDSTEIN, MD, Neil H	Chester
GOLDSTEIN, MD, Norman A	Chester
GOLDSTEIN, MD, Norman S	Philadelphia
GOLDSTEIN, MD, Philip D	Philadelphia
GOLDSTEIN, MD, Philip R	Allegheny
GOLDSTEIN, MD, Richard S	Bucks
GOLDSTEIN, MD, Robert C	Philadelphia
GOLDSTEIN, MD, Scott D	Philadelphia
GOLDSTEIN, MD, Stephen J	Philadelphia
GOLDSTONE, MD, Sheldon B	Lackawanna
GOLDSTROHM, MD, Gregg L	Westmoreland
GOLDSTROHM, MD, Robert G	Indiana
GOLDWEIN, MD, Manfred I	Philadelphia
GOLLA, MD, Chandra S	Allegheny
GOLLA, MD, Saraswathi K	Allegheny
GOLLATZ, MD, John W	Allegheny
GOLLOMP, MD, Stephen M	Delaware
GOLOMB, MD, Milton W	Allegheny
GOLOMB, MD, Norman G	Washington
GOLTZ, MD, Gerald M	Allegheny
GOMAR, MD, Alfonso A	Lackawanna
GOMBAR, MD, Edward F	Lackawanna
GOMBERG, MD, Jack A	Philadelphia
GOMEZ, MD, Blanca M	Montgomery
GOMEZ, MD, Luis L	Crawford
GOMEZ, MD, Pedro F	Montgomery
GONICK, MD, Paul	Philadelphia
GONNELLA, MD, Joseph S	Philadelphia
GONTHIER, DOLORES M	Allegheny
GONZALES, MD, Albert	Bucks
GONZALEZ, MD, Alejandro R	Allegheny
GONZALEZ, MD, Carlos	Philadelphia
GONZALEZ, MD, Dominic E	Montgomery
GONZALEZ, MD, Jose L	Schuylkill
GONZALEZ, MD, Miguel A	Philadelphia
GONZALEZ, MD, Rene M	Allegheny
GONZALEZ, MD, Roberta B	Philadelphia
GONZALEZ-CUERVO, MD, Alberto	Dauphin
GONZALEZ-MASO, MD, George E	Philadelphia
GONZE, MARK D	Student
GOOD, MD, Daniel C	Lancaster
GOOD, MD, Harry S	Lehigh
GOOD, MD, Milton S	Lancaster
GOOD, PHILIP K	Student
GOOD, MD, Robert F	Allegheny
GOOD, MD, Robert L	Lancaster
GOOD, MD, Robert P	Montgomery
GOOD, MD, Vance A	Bradford
GOODE JR, MD, John G	Philadelphia
GOODEN, CHERYL K	Student
GOODENOW, MD, Elizabeth L	Lycoming
GOODKIN, MD, Michael B	Delaware
GOODMAN, MD, Bruce	Dauphin
GOODMAN, MD, Bruce A	Delaware
GOODMAN, MD, Carl R	Montgomery
GOODMAN, MD, David B	Fayette
GOODMAN, MD, David M	Philadelphia
GOODMAN, DO, Donald A	Philadelphia
GOODMAN, MD, Gerald A	Berks
GOODMAN, GORDON T	Allegheny
GOODMAN, MD, Mark A	Allegheny
GOODMAN, MD, Richard A	Allegheny
GOODMAN, MD, Robert L	Philadelphia
GOODMAN, MD, Sanford M	Montgomery
GOODMAN, MD, William H	Delaware
GOODNER, MD, David M	Philadelphia
GOODPASTOR, MD, William E	Mercer
GOODREAU, MD, James J	Lehigh
GOODRICH, MD, David C	Northampton
GOODRICH, MD, Edward Olin	Philadelphia
GOODRICH, MD, Jack K	Erie
GOODSON, MD, Bruce M	Berks
GOODWORTH, MD, John H	Allegheny
GOPAL, MD, Krishnan A	Allegheny
GOPAL, SARITA	Student
GOPAL, MD, T A	Lehigh
GOPLERUD, MD, Elizabeth J	Carbon
GOPLERUD, MD, Jan Marie	Philadelphia
GOPPALD, MD, Ronald W	Bucks
GOPPELT, MD, John W	Montgomery
GORACCI SLIMAK, MD, Grace	Philadelphia
GORALCZYK JR, MD, Edward J	Allegheny
GORAYEB, MD, Marc J	Dauphin
GORBY, MD, Charles K	Delaware
GORBY, MD, David R	Columbia
GORCHESKY, MD, Mark S	Allegheny
GORDEUK, MD, Daniel S	Centre
GORDIN, MD, Stephen J	Philadelphia
GORDON, MD, Arthur E	Montgomery
GORDON, MD, Barry M	Allegheny
GORDON, MD, Charles A	Lehigh
GORDON, DO, Daniel S	Jefferson
GORDON, MD, Dudley R	Dauphin
GORDON, MD, Elizabeth H	Allegheny
GORDON, MD, Gerald	Montour
GORDON, MD, Gregory R	Bucks
GORDON, MD, Harold E	Westmoreland
GORDON, MD, Harold M	Delaware
GORDON, MD, Isadore	Chester
GORDON, MD, Jacob S	Philadelphia
GORDON, MD, James K	Bedford
GORDON, JEFFREY A	Student
GORDON, MD, Jerold S	Allegheny
GORDON, MD, Joanne G	Dauphin
GORDON, MD, Joseph S	Delaware
GORDON, MD, Kimberly	Allegheny
GORDON, MD, Leonard F	Montgomery
GORDON, MD, Loretta E	Allegheny
GORDON, MD, Michael E	Berks
GORDON, MD, Michael J	Lehigh
GORDON, MD, Milton S	Westmoreland
GORDON, MD, Murray B	Allegheny
GORDON, PAT O	Allegheny
GORDON, MD, Robert A	Dauphin
GORDON, MD, Robert H	Philadelphia
GORDON, DO, Sanford A	Washington
GORDON, MD, Stuart L	Delaware
GORDON, MD, Susan J	Philadelphia
GORDON, MD, Tom J	Allegheny
GORDON, MD, William S	Dauphin
GORDON JR, MD, Kenneth H	Montgomery
GOREN, MD, Elihu N	Montgomery
GOREN, MD, Lawrence J	Philadelphia
GOREN, MD, Robert A	Philadelphia
GOREN, MD, Ronald C	Philadelphia
GOREN, MD, Stanley E	Philadelphia
GORRY, MD, John D	Delaware
GORSKI, MD, Deborah A	Luzerne
GORSUCH, MD, Paul L	Philadelphia
GOSAI, MD, Jayesh B	Greene
GOSFIELD JR, MD, Edward	Philadelphia
GOSHORN, MD, Roy W	Blair
GOSSAT, MD, David M	Allegheny
GOSZTONYI JR, MD, Rudolph E	Northampton
GOTH, MD, Joseph H	Allegheny
GOTLIEB, MD, Jerry	Montgomery
GOTTHEIL, MD, Edward	Philadelphia
GOTTLIEB, MD, Harry	Philadelphia
GOTTLIEB, MD, Jerome I	Lancaster
GOTTLIEB, DO, Marshall M	Philadelphia
GOTTLIEB, MD, Philip M	Philadelphia
GOTTLIEB, MD, Robert J	Lancaster
GOTTLIEB, MD, Ronald S	Philadelphia
GOTTLIEB, MD, Stanley	Philadelphia
GOTTSHALL, MD, Samuel C	Lackawanna
GOULD, MD, Richard B	Philadelphia
GOULD, MD, Stanley	Bucks
GOULDIN, MD, Judith A	Lycoming
GOULEY, MD, Benjamin A	Philadelphia
GOURASH, MD, Leona	Allegheny
GOUW, MD, Christopher B	Carbon
GOWDEY, MD, M Agnes	Philadelphia
GOWEN, MD, George F	Montgomery
GOWING, MD, Jean	Philadelphia
GOYAL, MD, Suman	Philadelphia
GOYNE, MD, Ruth G	Delaware
GOZUM, MD, Carmen Z	Northampton
GRAB, MD, Edmundo M	Blair
GRABAR, MD, Joyce M	Philadelphia
GRABIAK, MD, Gregory D	Westmoreland
GRABIAS, MD, Stanley L	Berks
GRABOWSKI, MD, Marie A	Luzerne
GRABOYES, MD, Arnold B	Lycoming
GRACE, MD, Helen K	Philadelphia
GRACE, MD, James J	Susquehanna
GRACEY, MD, Jack G	York
GRAD, MD, Charles T	Lackawanna
GRAD, MD, L Christine	Philadelphia
GRADY, MD, James W	Cambria
GRAEFFE, MD, Estella F	Montgomery
GRAF, MD, Kenneth W	Dauphin
GRAFF, MD, Daniel M	Allegheny
GRAHAM, MD, Barry E	Berks
GRAHAM, MD, Garth K	Philadelphia
GRAHAM, MD, Joseph E	York
GRAHAM, MD, Mark G	Philadelphia
GRAHAM, MD, Nathaniel L	York
GRAHAM, MD, Thomas H	Chester
GRAHAM, MD, Thomas R	Allegheny
GRAHAM, MD, Toby O	Allegheny
GRAHAM III, MD, William P	Cumberland
GRAMMES, MD, Charles F	Montour
GRANA, MD, Philip C	Bedford
GRANA, MD, Vicente P	Philadelphia
GRANADOS, MD, Nicanor G	Berks
GRANADOS, MD, Suzita N	Berks
GRANDON, MD, Raymond C	Dauphin
GRANICK, MD, Mark S	Philadelphia
GRANITO, MD, Charles D	Dauphin
GRANSON, MD, Marc A	Northampton
GRANT, MD, Alistair M	Lancaster
GRANT, MD, B David	Delaware
GRANT, MD, Kathleen J	Allegheny
GRANTHAM, ANNE S	Allegheny
GRASMICK, MD, Albert L	Adams
GRASSE JR, MD, John M	Lancaster
GRASSI, MD, Joseph J	Lehigh
GRASSI, MD, Michael O	Philadelphia
GRATCH, MD, Michael J	Montgomery
GRATZ, DO, Irwin	Philadelphia
GRATZ, MD, Richard E	Lackawanna
GRAU, MD, Keith E	Philadelphia
GRAUEL JR, MD, Theodore A	Lawrence
GRAVES, MD, Lorena A	Philadelphia
GRAVES, MD, Lynda C S	Schuylkill
GRAVES, MD, Vaughan C	Philadelphia
GRAVES, MD, Walter G	Mckean
GRAVES JR, MD, Beverly	Philadelphia
GRAY, MD, Cynthia A	Allegheny
GRAY, MD, David W	Union
GRAY, MD, Dennis C	Philadelphia
GRAY, MD, Frieda G	Philadelphia
GRAY, MD, Herbert M	Beaver
GRAY, MD, Jeffrey A	Allegheny
GRAY, MD, Jerry L	Cambria
GRAY, DO, John M	Northampton
GRAY, MD, Louis P	Lancaster
GRAY, MD, Robert T	Franklin
GRAY, SCHARAZARD L	Allegheny
GRAY, MD, Thomas G	Allegheny
GRAY III, MD, Samuel	Allegheny
GRAY JR, MD, Frank D	Philadelphia
GRAY JR, MD, George H	Allegheny
GRBACH, VINCENT X	Allegheny
GREATHOUSE, MD, Mark K	Allegheny
GRECO, MD, Frank D	Allegheny
GRECO, MD, Jeffrey M	Northmbrland
GRECO, MD, Jonathan P	Delaware
GRECO, DO, Richard A	Schuylkill
GRECO, MD, Robert M	Montour
GRECO, MD, Toby A	Philadelphia
GRECO, MD, Victor F	Luzerne
GREDLER, MD, Frank E	Dauphin
GREEN, DO, Alfred I	Philadelphia
GREEN, MD, Barry P	Montgomery
GREEN, MD, Bradford	Bucks
GREEN, MD, George R	Montgomery
GREEN, MD, James M	Allegheny
GREEN, MD, Joseph E	Cumberland
GREEN, MD, Lawrence	Delaware
GREEN, MD, Leland J	Montgomery
GREEN, MD, M Edwin	Dauphin
GREEN, MD, Mayer A	Allegheny
GREEN, MD, Michael R	Northmbrland
GREEN, MD, Richard L	Allegheny
GREEN, DO, Robert L	Dauphin
GREEN, MD, Robert L	Philadelphia
GREEN, MD, Roy	Schuylkill
GREEN, MD, Russell P	Bucks
GREEN, MD, Thomas J	Cumberland
GREEN, MD, William	Philadelphia
GREEN, MD, William H	Delaware
GREEN III, MD, Joseph E	Cumberland
GREEN JR, MD, William T	Allegheny
GREENACRE, MD, Judith K	Philadelphia
GREENAWALD, MD, Henry A	Dauphin
GREENAWALT, MD, Robert G	Franklin
GREENBAUM, MD, Charles H	Philadelphia
GREENBAUM, MD, James K	Armstrong
GREENBAUM, MD, Mark R	Tioga
GREENBAUM, MD, Marvin H	Montgomery
GREENBAUM, MD, Roy Lawrence	Philadelphia
GREENBERG, MD, Harry H	Philadelphia
GREENBERG, MD, Jack O	Philadelphia
GREENBERG, MD, Leonard F	Philadelphia
GREENBERG, MD, Michael R	Clinton
GREENBERG, MD, Richard E	Montgomery
GREENBERG, MD, Richard H	Philadelphia
GREENBERG, MD, Richard M	Philadelphia
GREENBERG, MD, Robert N	Berks
GREENBERG, MD, Sigmund R	Montgomery
GREENBERG, MD, Steven M	Jefferson
GREENBERG, MD, Wayne V	Allegheny
GREENBLATT, MD, Jeff M	Philadelphia
GREENBURG, MD, Morren J	Mercer
GREENE, MD, Donald H	Lycoming
GREENE, MD, Gary S	Delaware
GREENE, DO, Hinda M	Philadelphia
GREENE, MD, James E	Allegheny
GREENE, MD, Jeffrey M	Montgomery
GREENE, MD, Lucille T	Berks
GREENE, MD, Marguerite W	Chester
GREENE, MD, Neil A	Lancaster
GREENE, MD, Robert F	Indiana
GREENE, MD, Ronald B	Philadelphia
GREENE, MD, Thomas E	Montgomery
GREENFIELD, MD, Lawrence S	Montour
GREENFIELD, MD, Val S	Philadelphia
GREENLEE, MD, Daniel P	Greene
GREENSMITH, MD, J Eric	Dauphin
GREENSPAN, MD, Bruce M	Northampton
GREENSPAN, MD, Herbert S	Montgomery
GREENSPAN, MD, Mitchell M	Bucks
GREENSPON, MD, Arnold J	Philadelphia
GREENSPON, MD, Samuel E	Montgomery
GREENSTEIN, MD, Sidney	Philadelphia
GREENSTEIN, MD, Stuart M	Philadelphia
GREENWALD, MD, Stanley M	Philadelphia
GREENWOOD, MD, Steven M	Montour
GREER III, MD, Robert B	Dauphin
GREGERSEN, MD, James O	Philadelphia
GREGG, MD, Frank J	Allegheny
GREGG, MD, Grace S	Allegheny
GREGG, MD, John S	Allegheny
GREGG, MD, Thomas S	Butler
GREGO, MD, J Gregory	Allegheny
GREGORY, MD, Daniel H	Allegheny
GREGORY, MD, George W	Berks
GREGORY, MD, Robert E	Allegheny
GREIDER, MD, Philip A	Dauphin
GREIM, MD, Charles C	Allegheny
GREINER, DO, Vernne W	Dauphin
GREISSINGER, MD, Walter M	Allegheny
GRENNAN JR, MD, M Joseph	Allegheny
GRENVIK, MD, Ake N	Allegheny
GRENVIK, MD, Christer J	Allegheny
GRESS, MD, Francis A	Northampton
GRESS, MD, Gordon A	Cambria
GRESS, MD, William W	Cambria
GRETH, MD, Warren E	Berks
GREYBUSH, MD, Joseph N	Lehigh
GRIBB, J JEFFREY	Allegheny
GRIBB, MD, John J	Bucks
GRIBB, MD, Joseph C	Dauphin
GRIBIK, MD, Michael	Allegheny
GRIECO, MD, Robert L	Beaver
GRIESMER, MD, Paul D	Luzerne
GRIFF, MD, Leonard C	Dauphin
GRIFF, MD, Roberta E	Dauphin
GRIFFEL, LOUIS H	Student
GRIFFEN, MD, David L	Venango
GRIFFEN, MD, Helen S	Venango
GRIFFEN, MD, R Howard	Venango
GRIFFIN, MD, Steven P	Indiana

GRIFFIN, MD, Thomas D	Philadelphia
GRIFFITH, MD, Annette Y	Bucks
GRIFFITH, MD, Bartley P	Allegheny
GRIFFITH, MD, Charles Q	Philadelphia
GRIFFITH, MD, Glenn G	Cambria
GRIFFITH, MD, John R	Philadelphia
GRILL, MD, Winfred E	Jefferson
GRILLO, ANGELO	Student
GRIM, MD, Mark D	Berks
GRIMES, MD, Clarence W	Greene
GRISKA, MD, Joel A	Philadelphia
GROF-TISZA, MD, George E	Mckean
GROFF, MD, Margaret Y	Cumberland
GROGAN, MD, Wendell A	Philadelphia
GROH, MD, John R	Lebanon
GROHSMAN, MD, Jonathan M	Montgomery
GROLEAU, MD, George E	Lancaster
GROLMAN, MD, Dennis M	York
GRONDZIOWSKI JR, PETER M	Allegheny
GROOMES, MD, Roderick B	Armstrong
GROSH, MD, John L	Lancaster
GROSH, MD, Joseph W	Lancaster
GROSH, MD, Julieta D	Philadelphia
GROSH, MD, Paul R	Lancaster
GROSH, MD, William B	Lancaster
GROSH, MD, William K	Lancaster
GROSKY, MD, Murray B	Lebanon
GROSS, MD, Benjamin A	Philadelphia
GROSS, MD, Daniel J	Montgomery
GROSS, MD, Donald R	York
GROSS, DO, Frances C	Lancaster
GROSS, MD, George W	Philadelphia
GROSS, MD, Lawrence S	Berks
GROSS, MD, Paul	Allegheny
GROSS, MD, Paul R	Philadelphia
GROSS, MD, Peter G	Montgomery
GROSS, MD, Richard H	Chester
GROSS, MD, S Warren	Bucks
GROSSBERG, MD, Michael F	Franklin
GROSSMAN, MD, Alan R	Montgomery
GROSSMAN, MD, Eric J	Philadelphia
GROSSMAN, MD, Fred	Philadelphia
GROSSMAN, MD, Gilbert	Philadelphia
GROSSMAN, MD, I William	Fayette
GROSSMAN, MD, Ira C	Luzerne
GROSSMAN, MD, Joseph N	Philadelphia
GROSSMAN, MD, Larry B	Philadelphia
GROSSMAN, MD, Perry	Chester
GROSSMAN, MD, Ronald M	Dauphin
GROSSMAN, MD, Sheila S	Montgomery
GROSSMAN, MD, Warren	Allegheny
GROSSMAN JR, MD, Louis W	Lawrence
GROTZINGER, MD, Paul J	Philadelphia
GROVE, MD, Bruce A	York
GROVE, MD, Glenn P	York
GROVE, MD, Russell E	York
GROVE, MD, William K	York
GROVE JR, MD, Dale A	Northampton
GROVER, MD, Joseph G	Philadelphia
GROVER, MD, Narien K	Lehigh
GROVER, MD, Sukhdev S	Allegheny
GROW, MD, Daniel R	York
GRUBB, MD, Willard Y	Berks
GRUBBS, MD, Robert M	Allegheny
GRUBER, MD, John W	Berks
GRUENER, MD, Daniel M	Philadelphia
GRUMET, MD, Bernard A	Allegheny
GRUNBERG, MD, Robert W	Lehigh
GRUNT, MD, Richard F	Philadelphia
GRUNWALD, MD, Juan E	Philadelphia
GRUSZKA, MD, Francis A	Monroe
GRYCZKO, MD, Gerald A	Lackawanna
GSCHWEND III, MD, Paul	Lancaster
GU, MD, Jeng Y	Bradford
GUAGLIARDO, DO, Joseph P	Bucks
GUANZON, MD, Danilo L	Crawford
GUARDIANI, MD, Mary Jane	Chester
GUARINI, MD, Pasquale B	Delaware
GUARINO, JAMES C	Student
GUDZIAK, MD, Marko R	Philadelphia
GUEHL JR, DO, John J	Allegheny
GUEHL SR, MD, John J	Allegheny
GUELBENZU, MD, Nelson O	Cambria
GUELCHER, MD, Robert T	Erie
GUENTER, MD, Fritz E	Mckean
GUERRA, MD, Corazon A	Northampton
GUERRA, MD, Reynaldo C	Northampton
GUESON, MD, Emerita T	Philadelphia
GUIDO, MD, James N	Philadelphia
GUIDOS JR, MD, Paul J	Lancaster
GUILLARD, MD, Frank	Centre
GUILLARD, MD, Paul	Lehigh
GUINTO, MD, Jose C	Allegheny
GUIRGUIS, MD, Morris F	Delaware
GUIRNALDA-CASTRO, MD, Nemesia G	Montgomery
GUISER, MD, Lynn G	Mifflin/Juni
GUISTWITE, MD, Kenneth R	Cumberland
GULANSKI, MD, Barbara I	Philadelphia
GULARSKI, MD, Alice S	Allegheny
GULICK, MD, Thomas H	Monroe
GUMERMAN, MD, Lewis W	Allegheny
GUMINA, MD, Thomas F	Delaware
GUMNIT, MD, Robert Y	Philadelphia
GUMP, MD, Robert B	Allegheny
GUNDERSON, MD, Robert L	Luzerne
GUNDUZ, MD, Paula A	Erie
GUNNET, MD, Oren W	York
GUNSTER, MD, Gerald D	Luzerne
GUPTA, MD, Chitra L	Philadelphia
GUPTA, MD, Giriwarlal	Monroe
GUPTA, MD, Krishna G	Westmoreland
GUPTA, MD, Mahesh C	Bucks
GUPTA, MD, Nand K	Bucks
GUPTA, MD, Ved P	Philadelphia
GUPTA-BALA, MD, Santosh	Philadelphia
GURAK, MD, Randall B	Philadelphia
GUREGHIAN, MD, Patricia A	Montgomery
GURGUN, MD, Melih	Allegheny
GURKAYNAK, MD, Necmi	Philadelphia
GURMAN, MD, Andrew W	Blair
GURSON, MD, Helen W	Allegheny
GUSHUE, DO, George F	Bucks
GUSIC, BLAZE R	Student
GUSIC, MARYELLEN E	Student
GUSTAITIS, MD, Joseph A	Lackawanna
GUSTAVSON, MD, Roger B	Dauphin
GUSTIN, MD, Thomas A	Erie
GUTEKUNST, MD, Paul E	Philadelphia
GUTHERZ, MD, Philip C	Wayne/Pike
GUTHLEBEN, MD, John G	Erie
GUTHRIE, MD, David A	Franklin
GUTHRIE, MD, Marshall B	Montgomery
GUTHRIE, MD, Michael A	Allegheny
GUTHRIE, MD, William J	Montgomery
GUTIERREZ, MD, Emmeline P	Philadelphia
GUTIERREZ, MD, Felix	Dauphin
GUTIERREZ, MD, Lina C	Montgomery
GUTKNECHT, MD, David R	Montour
GUTKOWSKI, MD, S Leonard	Washington
GUTOWICZ, MD, Marcia A	Philadelphia
GUTTERMAN, MD, Paul	Luzerne
GUTTIN, MD, Enrique	Chester
GUTTMAN, MD, Michael	Bucks
GUTTMANN, MD, Gad G	Philadelphia
GUYER, MD, Samuel	Montgomery
GUZEK, MD, John R	Lackawanna
GUZMAN, MD, Jose G	Northampton
GUZZARDI, MD, Lawrence J	York
GUZZO, MD, Joseph C	Lehigh
GVOZDEN, MD, Robert	Cambria
GWIRTZ, MD, Kenneth H	Blair

H

HAAS, MD, Charles M	Blair
HAAS, MD, Donald D	Westmoreland
HAAS, DO, Glenn E	Bucks
HAAS, MD, Janet F	Philadelphia
HAAS, DO, Myron D	Schuylkill
HAASE, MD, Gunter R	Philadelphia
HAAZ, MD, William S	Philadelphia
HABECKER, MD, Elizabeth T	Lebanon
HABER, MD, Arthur S	Luzerne
HABER, SHERYL A	Student
HABUDA, MD, Theresa A	Philadelphia
HACKET, DO, David J	Lehigh
HACKETT, MD, Anne E	Fayette
HACKMAN, MD, Vicki L	Lancaster
HADDAD, MD, Robert M	Montour
HADDEN, MD, Samuel B	Philadelphia
HADDON JR, MD, Harry H	Franklin
HADFIELD JR, MD, William A	Delaware
HADLEY, MD, Carolyn B	Philadelphia
HADLOCK, MD, Daniel C	Blair
HADRA, MD, Ellinor S	Montgomery
HADUCK, MD, Leonard A	Blair
HAEBERLE, MD, William A	Philadelphia
HAEGELE, MD, Linda A	Philadelphia
HAEUSSNER, MD, Charles F	Allegheny
HAFT, MD, Harold	Philadelphia
HAGAN JR, MD, Eugene P	Philadelphia
HAGBERG, MD, William C	Allegheny
HAGERTY, MD, Fred D	York
HAGES, MD, Foster	Beaver
HAGG, MD, Sigrid A	Allegheny
HAGGE, MD, Maryhelen	Blair
HAGGERTY, MD, Robert W	Delaware
HAGGERTY, MD, Sally M	Northampton
HAGOPIAN, MONIQUE C	Student
HAGSTROM, MD, Ruth M	Philadelphia
HAHALYAK, DO, Michael P	Allegheny
HAHM, MD, Jee Ho	Philadelphia
HAHN, MD, Adam W	Allegheny
HAHN, MD, Jeannine R	Montgomery
HAHN, MD, Jonathan F	Union
HAHN, MD, Kon S	Lackawanna
HAHN, MD, Kurt R	Bradford
HAHN, MD, Richard M	Washington
HAIBACH, MD, Raymond A	Erie
HAIGHT, MD, Joel B	Centre
HAIMOWITZ, MD, Daniel	Bucks
HAIMOWITZ, MD, Samuel I	Philadelphia
HAIN, MD, Howard L	Northampton
HAIRSTON JR, MD, John C	Allegheny
HAJI-DJAFARI, MD, Azizeh	Venango
HAKALA, MD, Thomas R	Allegheny
HAKAS, MD, Joseph F	Allegheny
HAKAS JR, MD, Joseph F	Allegheny
HAKE, MD, Jean H	Dauphin
HAKKARINEN, MD, William D	Luzerne
HALBERT, MD, David R	Dauphin
HALE, MD, Edward H	Allegheny
HALE, J ERIC	Student
HALE, MD, Robert G	Montgomery
HALE, MD, Robert H	Bucks
HALE, MD, Thomas K	Schuylkill
HALE JR, MD, Raymond M	Adams
HALEN, MD, Robert J	Allegheny
HALL, MD, Daniel A	Philadelphia
HALL, MD, David G	Allegheny
HALL, MD, Edgar M	Chester
HALL, MD, I Macdonald	Montgomery
HALL, MD, Jack R	Crawford
HALL, MD, John H	Philadelphia
HALL, MD, Michael M	Allegheny
HALL, MD, Robert L	Delaware
HALL, MD, Robert L	Centre
HALL, MD, Virginia E	Dauphin
HALL, MD, William A	Allegheny
HALL II, MD, Robert F	Cumberland
HALL JR, MD, John H	Washington
HALLAHAN, MD, William F	Lebanon
HALLAJ-ZADEH, MD, Ali M	Allegheny
HALLERMEIER JR, MD, Robert G	Delaware
HALLETT, MD, Joseph W	Philadelphia
HALLOCK, MD, Geoffrey	Lehigh
HALLOCK, MD, Margaret E	Dauphin
HALLOCK, MD, Richard H	Dauphin
HALLY, ROBERT J	Student
HALPERIN, MD, Meyer A	Monroe
HALPERN, MD, Allan Cary	Philadelphia
HALPERN, MD, Barry R	Philadelphia
HALPERN, MD, Barton L	Lancaster
HALPERN, MD, Janis S	Bucks
HALUCK, RANDY S	Student
HALVORSEN, MD, Maria A	Allegheny
HAM, MD, James W	Venango
HAM, MD, Tong H	Mercer
HAMADANI, MD, Houshang G	Lehigh
HAMANN, MD, Jose G	Philadelphia
HAMATY, MD, Ronald M	Cambria
HAMBURG, MD, Allen E	Montgomery
HAMIDI, MD, Jafar A	Mckean
HAMILTON, MD, Angie S	Philadelphia
HAMILTON, MD, Geraldine E	Delaware
HAMILTON, MD, Linda C	Cambria
HAMILTON, MD, Morris R	Clinton
HAMILTON, MD, Ralph W	Philadelphia
HAMILTON, MD, Robert M	Allegheny
HAMILTON, MD, Robert W	Dauphin
HAMILTON, MD, Robert W	Allegheny
HAMILTON, MD, Wade T	Montour
HAMILTON, MD, William C	Philadelphia
HAMILTON, MD, William L	Philadelphia
HAMM, MD, Charles R	Allegheny
HAMM, MD, Glenn G	Venango
HAMM, MD, William G	Lycoming
HAMME, MD, Elmer G	York
HAMMETT, MD, James H	Adams
HAMMETT, DO, James N	Adams
HAMMOND, MD, Charles P	Lancaster
HAMMOND III, MD, N Leroy	Montgomery
HAMOY, MD, Alice G	Lycoming
HAMOY, MD, George L	Lycoming
HAMPEL, MD, Avraham	Philadelphia
HAMPSEY, MD, John A	Northampton
HAMPTON, MD, Janet A	Philadelphia
HAMPTON, MD, Louis J	York
HAMSHER, MD, James R	Dauphin
HAMZAVI, MD, Siamak	Lackawanna
HAN, MD, Dalsoo	Allegheny
HAN, MD, Samuel I	Butler
HAN, MD, Sum K	Allegheny
HAN, MD, Sun Tak	Lackawanna
HAN, MD, Yoong O	Allegheny
HANACHE, MD, Jeanne A	Chester
HANBY JR, MD, W Forwood E	Montgomery
HANCHETT, MD, James E	Allegheny
HANCOCK, MD, Reginald A	Allegheny
HAND, MD, Roy H	Montgomery
HANDAL, MD, John A	Dauphin
HANDELSMAN, MD, Gordon L	Allegheny
HANDELSMAN, MD, Oliver	Allegheny
HANDFORD, MD, H Allen	Dauphin
HANDLER, MD, Steven D	Philadelphia
HANES, MD, Kenneth F	Westmoreland
HANES, MD, Robert B	Delaware
HANGEN, MD, Norman M	Berks
HANHAUSEN JR, MD, Edward H	Montgomery
HANISEK, MD, William F	Northampton
HANJANI, MD, Parviz	Philadelphia
HANJURA, MD, Girdhari L	Berks
HANKEY, MD, John C	Allegheny
HANKS, MD, Gerald E	Philadelphia
HANLEY JR, MD, Edward N	Allegheny
HANLON, MD, James T	Allegheny
HANLON, MD, Paul A	Luzerne
HANLON, MD, Thomas W	Allegheny
HANMER, MD, Clark B	Venango
HANNA, MD, Dwight C	Allegheny
HANNA, MD, Ezzat A	Berks
HANNA, GINA V	Student
HANNA, MD, Herbert L	Indiana
HANNA, MD, Raouf E	Lackawanna
HANNA, MD, Salah G	Westmoreland
HANNAN, MD, Deborah J	Philadelphia
HANNEKEN, MD, Jane R	Crawford
HANNO, MD, Philip M	Philadelphia
HANNUM, MD, Christopher F	Philadelphia
HANRAHAN, MD, James B	Allegheny
HANSEN, MD, Carl A	Bucks
HANSON, MD, Elbert L	Erie
HANSON, MD, Teresa S	Chester
HANSON JR, MD, C William	Philadelphia
HANSPAL, MD, Navjot S	Chester
HANZEL, MD, George D	Cambria
HAPPEL JR, MD, John L	Allegheny
HAQUE, MD, Ikram U	Cambria
HARADA, MD, William A	Northampton
HARADIN, MD, Anthony R	Allegheny
HARASYM, MD, E Lawrence	Columbia
HARASYM, MD, Eugene D	Lackawanna
HARBACH, MD, Harrison F	Adams
HARBERGER, MD, James H	York
HARDEN III, MD, Wesley R	York
HARDER, MD, Steven M	Lycoming
HARDESTY, MD, Robert L	Allegheny
HARDING, MD, Robert L	Dauphin
HARDING, MD, Susan M	Philadelphia
HARDING, SUSAN P	Student
HARDISON, MD, H Huntley	Philadelphia
HARDY, MD, Charles A	Bucks
HARDY, MD, Heidrun D	Erie
HARDY JR, MD, Willie L	Erie
HARDY-FLUELLEN, MD, Judith M	Philadelphia
HARE, MD, Jeffrey D	Northampton
HARGLEROAD II, MD, John A	Centre
HARGRAVE, MD, Hugh J	Lancaster
HARGROVE III, MD, Walter C	Philadelphia
HARINSTEIN, MD, David A	Allegheny
HARKER, RICHARD C	Student
HARKER EXEC SEC, MRS MARJORIE E	Blair
HARKINS, MD, Francis A	Chester
HARKINS, MD, Herbert P	Philadelphia
HARKINS, MD, Robert S	Schuylkill
HARKNESS, MD, Michael J	Montgomery
HARLAN, MD, William K	Northampton
HARLEY, MD, Barbara M	Cambria
HARLEY, MD, John B	Cambria
HARM JR, MD, Kenneth R	Dauphin
HARMANCI, MD, M Cem	Mifflin/Juni
HARMON, MD, Eli B	Montgomery
HARMON, MD, Sandra R	Montgomery
HARNER, MD, Christopher D	Allegheny
HARNISH, MD, David M	Lancaster
HARNLY, NEAL S	Student
HARNUM, LISA	Student
HARP, MD, James R	Philadelphia
HARPER, MD, James G	Northampton
HARPER, MD, John B	Montgomery
HARPER, MD, Nancy L	Philadelphia
HARPER JR, MD, John J	Allegheny
HARRER, MD, Daniel C	Delaware
HARRER JR, MD, William J	Mercer
HARRIGER, MD, Clyde E	Cambria
HARRIGER, MD, Miles D	Lancaster
HARRING, MD, Maynard	Schuylkill
HARRINGTON, MD, Thomas M	Montour
HARRIS, MD, Albin W	Franklin
HARRIS, MD, Barry C	Allegheny
HARRIS, MD, Brian W	Dauphin
HARRIS, MD, David T	Philadelphia
HARRIS, MD, James S	Philadelphia
HARRIS, MD, Katherine K	Philadelphia
HARRIS, MD, Kathleen M	Allegheny
HARRIS, MD, Kenneth Hirson	Philadelphia
HARRIS, MD, Lawrence K	Berks
HARRIS, MD, Lovell	Philadelphia
HARRIS, MD, Max	Delaware
HARRIS, MD, Merleen	Philadelphia
HARRIS, MD, Richard N	Allegheny
HARRIS, MD, Ronald D	Montour
HARRIS, MD, Ronald I	Luzerne
HARRIS, MD, Ronald T	Allegheny
HARRIS, MD, Stanley R	Lehigh
HARRIS JR, MD, Walter P	Philadelphia
HARRISON, AMY E	Student
HARRISON, MD, Anthony M	Allegheny
HARRISON, MD, Bernard M	Bucks
HARRISON, MD, C Scott	Dauphin
HARRISON, MD, Cynthia	Lancaster
HARRISON, MD, Diane D	Philadelphia
HARRISON, MD, Frank D	Westmoreland
HARRISON, MD, James L	Lycoming
HARRISON, DO, Keith W	Montour
HARRISON JR, MD, Joseph	Montgomery
HARROP, MD, Donald E	Chester
HARRY, MD, Harriet M	Centre
HARSHAW JR, MD, Edward	Delaware
HARSHMAN, MD, Mark W	Chester
HART, MD, Alex D	Northampton
HART, MD, George R	Lawrence
HART, MD, James C	Dauphin
HART, MD, Neil J	Allegheny
HART, MD, Philip L	Fayette
HART, DO, William J	Delaware
HARTFORD, MD, Charles E	Delaware
HARTLE, MD, John E	Bedford
HARTLE, MD, Richard J	Dauphin
HARTLEY, MD, Paul A	Fayette
HARTMAN, MD, Charles E	York
HARTMAN, MD, H King	Westmoreland
HARTMAN, MD, Owen W	Franklin
HARTMAN, MD, Roderic J	Allegheny
HARTMAN, DO, Stuart A	Lebanon
HARTMAN, MD, William F	Lancaster
HARTMAN II, MD, Samuel A	Lebanon
HARTNER, MD, W Bruce	Allegheny
HARTNETT, MD, Robert W	Cambria
HARTSOCK, MD, Robert J	Allegheny
HARTZ, MD, Leo M	Lycoming
HARTZ, MD, William H	Philadelphia
HARTZELL, MD, David L	Cumberland
HARTZELL JR, MD, George W	Lehigh
HARVEY, MD, Edith E	Philadelphia
HARVEY, MD, Gregory D	Delaware

HARVEY, MD, Harold A	Dauphin
HARVEY, MD, James S	Centre
HARVEY, MD, Kenneth L	Lehigh
HARVEY, MD, William D	Clearfield
HARVEY, MD, William F	Centre
HARVEY, MD, William J	Allegheny
HARVEY JR, MD, Benson	Lebanon
HARWICK, MD, Jean C	Allegheny
HARWICK, MD, John D	Lehigh
HARWICK, MD, Robert D	Philadelphia
HASABNIS, MD, Suhas P	Blair
HASAN, MD, Mohammad A	Montgomery
HASBACH, MD, Thomas J	Allegheny
HASELHUHN, MD, Donald H	Dauphin
HASER, MD, Heywood A	Allegheny
HASHMI, MD, Majid A	Allegheny
HASIUK, MD, Aaron S	Bucks
HASKIN, MD, Marvin E	Philadelphia
HASKIN, MD, Myra R	Montgomery
HASLEY, MD, Stephen K	Allegheny
HASSAN, MD, Joseph R	Berks
HASSEL JR, MD, Carl W	Lancaster
HASSELBACHER, MD, Frank X	Dauphin
HASSEN, MD, Irfan W	Blair
HASSOURI, MD, Hassan	Allegheny
HASTINGS JR, MD, Leo J	Lehigh
HASZ, MD, Richard D	Dauphin
HATCHER, MD, Kim A	Indiana
HATFIELD, MD, Charles R	Dauphin
HATLEBERG, MD, Steven L	Cumberland
HATTI, MD, Shivkumar S	Delaware
HATTON, MD, Duncan S	Delaware
HATTOUM, MD, Pittagore	Westmoreland
HAUCH, MD, James F	Warren
HAUER, MD, Marlin L	Lebanon
HAUGER, MD, Harold N	Westmoreland
HAUGER, MD, William D	Cambria
HAUPT, MD, George J	Philadelphia
HAUPT, MD, Richard M	Delaware
HAUS, MD, William	Allegheny
HAUSER, MD, John R	Washington
HAUSER, MD, Norman	Montgomery
HAUSER, MD, Raymond J	Berks
HAUSMAN, MD, David H	Philadelphia
HAUT, MD, Michael J	Philadelphia
HAVEN, MD, Henry H	Clearfield
HAVENS JR, MD, Walter P	Philadelphia
HAVER, MD, Paul M	Beaver
HAVERSTICK, MD, C David	Dauphin
HAVKO, MD, Frederick C	Allegheny
HAVRILLA, MD, Thomas R	Allegheny
HAWK, MD, Brainard O	Allegheny
HAWK, MD, David L	York
HAWKE, MD, William	Berks
HAWKINS, MD, James G	Allegheny
HAWKINS, MD, Roger A	Mercer
HAWKINS, MD, Walter D	Dauphin
HAWN, MD, Margaret M	Dauphin
HAWRYLUK, JOSEPH M	Allegheny
HAY, MD, Harold S	Somerset
HAYASHI, MD, T Terry	Allegheny
HAYDEN, MD, James B	Huntingdon
HAYES, MD, Brian L	Philadelphia
HAYES, MD, James C	Allegheny
HAYES, MD, James D	Allegheny
HAYES, KEVIN P	Allegheny
HAYES, MD, Merrill B	Delaware
HAYES, MD, Warren H	Lycoming
HAYESLIP, MD, David W	Allegheny
HAYMAN, MD, Harris R	Chester
HAYMAN, MD, Harry B	Bucks
HAYNICZ, MD, Peter	Monroe
HAYS, MD, E Blaine	Cumberland
HAYTHORNTHWAITE, MD, B Mary	Montgomery
HAZLETT, MD, Jane	Luzerne
HAZLETT, MD, William H	Luzerne
HAZLETT JR, MD, Walter S	Westmoreland
HAZZOURI, MD, Michele A	Lackawanna
HEADLEY, MD, Chauncey R	Washington
HEAPS, MD, Kenneth P	York
HEASLEY, MD, Kenneth H	Venango
HEATH, MD, Erle M	Allegheny
HEATON, MD, Vincent W	Blair
HEBEL, JEANETTE L	Allegheny
HEBERLING, MD, Thomas P	Lebanon
HEBRANK, MD, Gregory T	Fayette
HECHT, MD, Warren B	Montgomery
HECK, MD, Harry J	Allegheny
HECK III, MD, Harry J	Allegheny
HECKLER, MD, Frederick R	Allegheny
HECKLIN, MD, Oscar B	Philadelphia
HEDGES JR, MD, Thomas R	Philadelphia
HEDRICK, MD, G Winfield	Bucks
HEDRICK, MD, Thomas A	Cambria
HEEG, MD, Michael M	Bucks
HEERE, MD, Barbara A	Lycoming
HEFFERN, MD, James E	Lancaster
HEFFERNAN, MD, Andrew H	Lehigh
HEFFERNAN, MD, John M	Berks
HEFFLEY, MD, William M	Dauphin
HEFFLIN, MD, Charles M	Allegheny
HEFFNER JR, MD, George W	Schuylkill
HEGARTY, MD, Francis A	Allegheny
HEGARTY, JAMES D	Student
HEGARTY, JOHN P	Student
HEID, MD, Charles E	Union
HEIDARY, MD, Ghodratallah	Montgomery
HEIDENREICH, MD, Fred P	Allegheny
HEIDENREICH, MD, H Vincent	Allegheny
HEILIGMAN, MD, Nathan H	Lehigh
HEILMAN, MD, J Daniel	Allegheny
HEILMANN, MD, Timothy M	Lawrence
HEIM, MD, William J	Lackawanna
HEIMBACH, MD, George Z	Northampton
HEIMBACH, MD, James A	Blair
HEIMER, MD, Jeffrey L	Centre
HEINBACH, MD, Robert A	Northmbrland
HEINBACH, MD, Wilfred F	Berks
HEINBACH JR, MD, Robert A	Lycoming
HEINE, MD, William I	Philadelphia
HEINLE JR, MD, Edward W	Beaver
HEINLE JR, MD, Frederick J	Lancaster
HEINRICH, MD, Dori	Philadelphia
HEIRD, MD, Steven B	York
HEISER, MD, Mark S	Philadelphia
HEISEY, MD, John C	Berks
HEISEY, MD, Robert G	Lebanon
HEISTAND, MD, Landis C	Schuylkill
HEISTERKAMP III, MD, Charles A	Lancaster
HELFER, MD, Elizabeth L	Philadelphia
HELFFRICH, MD, Richard S	Blair
HELFRICH, MD, David J	Allegheny
HELFRICH JR, MD, Harry M	Delaware
HELLER, MD, Alvin G	Philadelphia
HELLER, MD, Fredericka S M	Berks
HELLER, MD, Melvin S	Philadelphia
HELLERMAN, MD, Pamela E	Montour
HELM, MD, Robert C	Lancaster
HELM JR, MD, John D	Lancaster
HELMBOLD, MD, Theodore R	Allegheny
HELMICK, MD, Nathaniel D	Monroe
HELMICK, MD, Wayne W	Beaver
HELSING, MD, Walter J	Beaver
HELWIG JR, MD, John	Philadelphia
HELY, MD, Daniel P	Cumberland
HELZNER, MD, Eileen C	Bucks
HEMEYER, MD, Edward J	Erie
HEMLER, MD, Paul M	Dauphin
HEMMERLY, MD, William C	Northampton
HEMPHILL, MD, Richard W	Allegheny
HENAR, MD, Ingrid Y	Allegheny
HENDERSON, MD, K Wayne	Lycoming
HENDERSON, MD, Robert E	Lawrence
HENDERSON, MD, Rugh A	Dauphin
HENDERSON, MD, Theodore A	Montgomery
HENDLER, MD, Barry H	Philadelphia
HENDLER, MD, Howard M	York
HENDRICKS, MD, Douglas L	Westmoreland
HENDRICKS, MD, Robert T	Crawford
HENDRICKS JR, MD, Gilbert L	Centre
HENDRICKS JR, MD, William C	Erie
HENDRICKSON, MD, Donald C	Franklin
HENDRICKSON, MD, Frank O	Delaware
HENDRICKSON, MD, Holly M	Allegheny
HENDRY, MD, Stanley G	Allegheny
HENNER, MD, Michael S	Philadelphia
HENNESSEY, MD, David H	Allegheny
HENNESSEY, MD, Joseph F	Montgomery
HENNESSEY, MD, Michael S	Mifflin/Juni
HENNESSY, DO, Michael P	Philadelphia
HENNIGAN, MD, John J	Lackawanna
HENNING III, MD, George F	Susquehanna
HENNINGER, MD, William H	Berks
HENNON, MD, Don L	Allegheny
HENRIQUES, MD, Errol D	Cambria
HENRIQUEZ, MD, Jack A	Lehigh
HENRIQUEZ, MD, Liliana C	Lehigh
HENRY, MD, Leland T	Armstrong
HENRY, MD, Sheldon D	Montour
HENRY, MD, Stephen J	Delaware
HENRY, MD, Walter J	Mckean
HENRY JR, MD, Edgar S	Allegheny
HENRY JR, MD, Leland T	Allegheny
HENSLEY, MD, Frederick A	Dauphin
HENTOSH, MD, John P	Lehigh
HENZES, MD, Jack	Philadelphia
HEPLER, MD, Kevin M	Chester
HEPLER-SMITH, MD, Elizabeth	Allegheny
HEPLER-SMITH, MD, Michael	Allegheny
HEPNER JR, THOMAS A	Student
HEPPNER, MD, Richard L	Allegheny
HERALD, MD, Geoffrey R	Beaver
HERB, MD, Robert W	Allegheny
HERBERT, MD, David W	Berks
HERBERT, DO, Rex A	Dauphin
HERBERT, MD, Vicki L	Allegheny
HERBIK, DO, Michael J	Greene
HERBISON, MD, Gerald J	Philadelphia
HERBST, MD, Bernadette A	Philadelphia
HERBST, MD, Charles G	Erie
HERBST, MD, Vincent P	Lycoming
HERCEG, MD, Stephen J	Dauphin
HERLING, MD, Irving M	Philadelphia
HERMAN, MD, Carl D	Philadelphia
HERMAN, MD, Dennis	Philadelphia
HERMAN, MD, Harold	Philadelphia
HERMAN, MD, James M	Dauphin
HERMAN, MD, Jay B	Allegheny
HERMAN, MD, Jerry H	Philadelphia
HERMAN, MD, Julius	Allegheny
HERMAN, MD, Marianne	Philadelphia
HERMAN, MD, Richard D	Northampton
HERMAN, MD, Roman K	Northampton
HERMAN, MD, Ronald J	York
HERMAN, MD, Ruth F	Philadelphia
HERMAN, MD, Walter M	Philadelphia
HERMANN, MD, Christopher P	Bucks
HERMANOVICH JR, MD, John	Berks
HERNANDEZ, MD, Enrique	Philadelphia
HERNANDEZ, MD, Wilbert E	Luzerne
HEROLD, MD, Sanford L	Philadelphia
HEROLD JR, MD, Creston C	Dauphin
HEROMIN, MD, Thomas J	Montour
HERR, MD, James D	Lancaster
HERRADA, MARIA B	Student
HERRERA, MD, Anibal F	Delaware
HERRINE, MD, Gail M	Philadelphia
HERRING, MD, Allen B	Philadelphia
HERRING, MD, Christina S	Philadelphia
HERRING, MD, Lynn B	Bucks
HERRING, MD, Steven J	Montgomery
HERRING, MD, William	Philadelphia
HERRMANN, DIANA	Student
HERRMANN, MD, William J	Luzerne
HERROLD, MD, Lewis C	York
HERROLD, MD, Warren C	York
HERRON, MD, Eugene W	Westmoreland
HERSCHAFT, MD, Richard J	Lancaster
HERSCHMANN, MD, Katharine	Philadelphia
HERSHENSON, MD, Lee M	Allegheny
HERSHEY, MD, Richard E	Allegheny
HERSHMAN, MD, Antoinette W	Fayette
HERSHOCK, MD, Bruce A	Westmoreland
HERSPERGER, MD, Webb S	Cumberland
HERTFORD, MD, Joann F	Beaver
HERTFORD, MD, Steve C	Beaver
HERTZ, MD, Barry C	Chester
HERTZ, MD, Charles S	Lehigh
HERTZ, MD, George E	Allegheny
HERTZ, MD, Jonathan	Lehigh
HERTZLER JR, MD, John V	Cumberland
HERTZOG, MD, Francis J	Allegheny
HERTZOG, MD, James E	Allegheny
HERZEL JR, MD, Frank B	Dauphin
HESBACHER, MD, Edwin N	Montour
HESKEL, MD, Milton M	Philadelphia
HESS, MD, Edward R	Tioga
HESS, MD, Floyd M	Northampton
HESS, MD, Ivan W	Montgomery
HESS, MD, J Clair	Lancaster
HESS, MD, Joseph B	Lancaster
HESS, MD, Steven G	Philadelphia
HESS JR, MD, Grant E	Washington
HESSERT, MD, Timothy R	Erie
HETHERINGTON, MD, Arthur F	Allegheny
HETRICK, MD, William D	Allegheny
HETZLER, MD, Norman A	Beaver
HEUERMANN, MD, Robert P	Schuylkill
HEWIE, MD, S P	Indiana
HEWLETT, MD, John O	Dauphin
HEWSON, MD, William C	Chester
HEY JR, MD, E Berry	Berks
HEYDT, MD, John A	Berks
HEYDT, MD, Stuart	Luzerne
HEYDT JR, MD, Ernest H	Montgomery
HEYL, MD, Louis W	Allegheny
HEYL, MD, W Meredith	Philadelphia
HEYL JR, MD, Frank E	Allegheny
HEYMACH III, MD, George J	Allegheny
HEYMAN, MD, David C	Lycoming
HEYWOOD, MD, Susan E	Centre
HIBBARD, MD, Alanson O	Crawford
HIBELL EXEC SEC, BARBARA	Clarion
HICKEY, MD, Andrew E	York
HICKEY, DENISE M	Student
HICKEY JR, MD, Daniel	Montgomery
HICKS, MD, Gregory D	Erie
HICKS, MD, James T	Clearfield
HIDALGO, MD, Ausberto B	Montgomery
HIDALGO, MD, Horacio A	Bucks
HIEHLE, MD, John F	Berks
HIEMENZ, MD, Donald W	Monroe
HIGGINS, MD, David E	Blair
HIGGINS, DO, Kenneth R	York
HIGH, MD, Bertrand J	Berks
HIGMAN, MD, Henry B	Allegheny
HIJAZI, MD, Saadeddine A	Lackawanna
HILAL, MD, Elias Y	Allegheny
HILBERG, MD, Robert W	Allegheny
HILEMAN, MD, James D	Erie
HILES, MD, David A	Allegheny
HILGER, JEFFREY S	Allegheny
HILL, MD, Daniel E	Lycoming
HILL, DAVID G	Student
HILL, MD, E Merton	Lehigh
HILL, MD, Edward B	Cambria
HILL, MD, John B	Allegheny
HILL, MD, Robert J	Blair
HILL, MD, Walter C	York
HILL, MD, William R	Jefferson
HILL JR, MD, Robert G	Northampton
HILLEMEIR, MD, Herbert	Blair
HILLER JR, MD, Walter W	Allegheny
HILLIKER, MD, Jan K	Union
HILLWIG, ROBERT J	Allegheny
HILLYER, MD, Peter N	Chester
HILTON, MD, Alexander E	Allegheny
HIMELFARB, MD, Hillard M	Franklin
HIMES, MD, Dorothy A	Lycoming
HIMES, DO, Rand S	Allegheny
HIMES JR, MD, Ralph F	Blair
HIMMELSTEIN, MD, Eugene	Delaware
HIMMELSTEIN, MD, Fred R	Berks
HIMOT, MD, Linda J	Allegheny
HINCHBERGER, MD, Paul A	Butler
HINCHLIFFE, MD, Joseph G	Allegheny
HINDI, MD, Musa A	Luzerne
HINEMAN, MD, Marquis W	Beaver
HINES, MD, Gladys N F	Allegheny
HINES, MD, Joseph H	Erie
HINES, MD, Roderick E	Lancaster
HINKENS, MD, George F	Allegheny
HINKLE, MD, Bruce J	Lebanon
HINRICHS, MD, Thomas F	Berks
HINSMAN JR, MD, John A	Bradford
HIPOLITO, MD, Aurora T	Clearfield
HIPOLITO JR, MD, Emmanuel F	Lackawanna
HIPP, MD, Thomas J	Bucks
HIPPERT, DO, Robert K	Berks
HIPPLE, MD, Randall F	Lycoming
HIPPS, MD, John G	Tioga
HIRSCH, MD, Barry E	Allegheny
HIRSCH, MD, Bernard	Beaver
HIRSCH, MD, Glenn M	Lebanon
HIRSCH, MD, Irvin H	Philadelphia
HIRSCH, JOSHUA A	Student
HIRSCH, MD, Stanley A	Allegheny
HIRSCH, MD, Stuart E	Bucks
HIRSCH, MD, William P	Cambria
HIRSH, MD, Bernard C	Philadelphia
HIRSH, MD, Leonard F	Delaware
HIRSH, MD, Paul D	Berks
HIRSH, MD, S Jay	Delaware
HIRSH, MD, Steven L	Philadelphia
HIRSHBERG, DO, Louis H	Montgomery
HISRICH, MD, Glenn D	Washington
HITCHCOCK, MD, John	Allegheny
HITCHNER, MD, Lewis C	Delaware
HNELESKI JR, MD, Ignatius S	Chester
HO, MD, Monto	Allegheny
HO, MD, Raymond C	Erie
HO, MD, Sze-Key	Erie
HO, MD, Yee C	Allegheny
HOAGLAND, MD, Guy D	Cumberland
HOANG, MD, Tuan Anh	Philadelphia
HOBART, MD, John H	Northampton
HOBBS, MD, Joseph H	Schuylkill
HOBBS, MD, Robert E	Schuylkill
HOBBS, MD, Thomas R	Dauphin
HOBERMAN, MD, Edward	Clinton
HOBERMAN, MD, Maury	Chester
HOCH, MD, Bradley R	Adams
HOCH, MD, Carl W	Allegheny
HOCH, MD, John J	Northampton
HOCH, MARK L	Allegheny
HOCHBERG, MD, Robert D	Philadelphia
HOCHMAN, MD, Rodney F	Bradford
HOCHREITER, DO, George C	Erie
HODES, MD, Philip J	Philadelphia
HODGE, MD, Arthur J	Dauphin
HODGE, MD, Ian G	Lancaster
HODGENS, MD, Helen L	Philadelphia
HODGES, MD, Allen R	Allegheny
HODGES, MD, John H	Philadelphia
HODGSON, MD, John P	Allegheny
HOEGER, WILLIAM J	Allegheny
HOELLEIN, MD, Deborah E	Philadelphia
HOERNER, MD, George H	York
HOERNER, MD, Oscar G	Cumberland
HOERNER, MD, Ralph W	Philadelphia
HOFFMAN, MD, Arthur D	Lehigh
HOFFMAN, MD, Bruce I	Philadelphia
HOFFMAN, MD, Carl J	Montgomery
HOFFMAN, MD, Chauncey	Cambria
HOFFMAN, DANIEL M	Allegheny
HOFFMAN, MD, David A	Berks
HOFFMAN, MD, David E	Northampton
HOFFMAN, MD, David J	York
HOFFMAN, MD, Franklin D	Allegheny
HOFFMAN, MD, Gilbert M	Northampton
HOFFMAN, MD, Glenn H	Lebanon
HOFFMAN, MD, Holly C	Cumberland
HOFFMAN, MD, Howard L	Franklin
HOFFMAN, MD, J David	Philadelphia
HOFFMAN, MD, J Lynn	Cumberland
HOFFMAN, MD, James P	Montgomery
HOFFMAN, MD, John E	Northampton
HOFFMAN, DO, Marc E	Allegheny
HOFFMAN, MD, Neil A	Berks
HOFFMAN, MD, Richard R	Lebanon
HOFFMAN, MD, Richard R	Lebanon
HOFFMAN, MD, Salee L	Blair
HOFFMAN, MD, William J	Westmoreland
HOFFMAN, MD, William W	Lehigh
HOFFMAN JR, MD, Charles	Allegheny
HOFFMAN JR, MD, George L	Philadelphia
HOFFMAN JR, MD, Harry H	Lancaster
HOFFMAN JR, MD, Nicholas F	Philadelphia
HOFFMANN, MD, Ursula M	Lehigh
HOFFMASTER, MD, Alfred L	Lawrence
HOFFMEIER, MD, Charles L	Philadelphia
HOFMAN, MD, Walter I	Montgomery
HOFMANN, MD, James W	York
HOFSTETTER, MD, Alexander M	Allegheny
HOFSTETTER, MD, Mark	Allegheny
HOFSTROM, MD, Glen T	Lycoming
HOGG, MD, Jeffery P	Allegheny
HOGG, MD, Susan M	Lancaster
HOHING, MD, Charles C	Allegheny
HOHMANN, MD, Thomas C	Allegheny
HOKE JR, MD, Hugh H	Lancaster
HOLCOMBE JR, MD, Guy T	Chester
HOLDER, MD, Arthur J	Lancaster
HOLENCIK, DO, Mark P	Dauphin
HOLFELNER, MD, Edward D	Philadelphia
HOLGADO, MD, Edgardo B	Philadelphia
HOLGADO, MD, Priscila C	Delaware

HOLL, MD, Paul F	Allegheny
HOLLA, MD, P Shripathi	Lackawanna
HOLLAND, MD, Baxter C	Philadelphia
HOLLAND, MD, Clarence A	Lehigh
HOLLAND, MD, Edward F	York
HOLLAND, MD, Mark P	Schuylkill
HOLLAND, MD, Philip B	Allegheny
HOLLAND, MD, Sanford J	Lackawanna
HOLLAND JR, MD, Clarence A	Lehigh
HOLLAND JR, MD, William T	Crawford
HOLLANDER, MD, Bentley A	Philadelphia
HOLLANDER, MD, George	Philadelphia
HOLLANDER, MD, Irwin J	Bucks
HOLLANDER, MD, Joseph L	Philadelphia
HOLLEN, MD, Robert A	Cumberland
HOLLERAN, MD, Bernard L	Luzerne
HOLLERMAN, MD, Charles E	Allegheny
HOLLIMAN, MD, Cecil J	Berks
HOLM, MD, Eric K	Berks
HOLM, MD, William W	Montgomery
HOLMAN, MD, Ingrid A	Allegheny
HOLMBERG, MD, Donald E	Montgomery
HOLMES, MD, C Jeffrey	Allegheny
HOLMES, MD, John J	Lackawanna
HOLMES, LYNETTE	Allegheny
HOLMES, MD, Robert B	Venango
HOLMES, MD, William F	Montgomery
HOLMS, DO, Barry C	Delaware
HOLROYDE, MD, Christopher P	Philadelphia
HOLSINGER, MD, David F	Cambria
HOLST, MD, Hazel I	Delaware
HOLST, MD, Robert A	Westmoreland
HOLSTEIN, MD, James J	Delaware
HOLT, MD, Allen H	Mercer
HOLT, DANIEL L	Student
HOLTON, MD, James J	Philadelphia
HOLZINGER, MD, Elmer J	Allegheny
HOMAN, MD, Richard V N	Lycoming
HONEBRINK, MD, Ann L	Philadelphia
HONG, MD, Keumsoon	Philadelphia
HONG, MD, Soo W	Lycoming
HONG, MD, Sung H	Beaver
HONG, MD, Sunwha	Philadelphia
HONGBARCO, MD, Pablo	Allegheny
HONIGMAN, MD, Frederic H	Philadelphia
HOOBER, MARIA E	Allegheny
HOOBLER, MD, James L	Chester
HOOD, MD, Henry L	Montour
HOOKER, MD, Maryann D	Philadelphia
HOON, MD, William L	Allegheny
HOOTMAN, MD, Barry D	Butler
HOOTMAN, MD, J Kenneth	Allegheny
HOOVER, MD, Alan D	Allegheny
HOOVER, MD, Carl H	Lancaster
HOOVER, MD, Darren L	Allegheny
HOOVER, MD, Dean S	York
HOOVER, MD, Philip A	York
HOOVER, MD, Walter W	Allegheny
HOOVER II, MD, Benjamin A	York
HOOVLER, MD, Philip W	Blair
HOPKINS, MD, F Thomas	Montgomery
HOPKINS, MD, James T	Allegheny
HOPKINS, JOHN E	Student
HOPKINS, MD, Robert G	Lancaster
HOPKINSON III, MD, John H	Montgomery
HOPPER, MD, Bruce D	Montgomery
HOPSON, STEVEN B	Student
HORAN, MD, Charles A	Philadelphia
HORAN, MD, Gerald W	Philadelphia
HORCHAK, MD, Alex M	Beaver
HORCHOS, MD, Donald D	Lackawanna
HORENSTEIN, DO, Mitchell	Philadelphia
HORMAN, MD, Marc J	Montgomery
HORMOZDI, MD, Fraydoon	Beaver
HORN, MD, Lawrence J	Philadelphia
HORN, MD, Richard H	Allegheny
HORN, MD, Thomas L	Allegheny
HORN, MD, William A	Montgomery
HORN III, MD, Frank W	York
HORNE, MD, Lloyd M	Allegheny
HORNER, MD, Barbara A	Cambria
HORNER, MD, George J	Philadelphia
HORNER JR, MD, Daniel W	Montgomery
HORNER JR, MD, Frank S	Allegheny
HORNICEK JR, FRANCIS J	Allegheny
HORNIG-ROHAN, JAMES E	Student
HORNIG-ROHAN, MADY	Student
HOROWITZ, MD, Debra L	Allegheny
HOROWITZ, MD, Elisabeth W S	Philadelphia
HOROWITZ, DO, Gary R	Philadelphia
HOROWITZ, JOEL	Allegheny
HOROWITZ, MD, Leonard N	Philadelphia
HORROW, MD, Jan Charles	Philadelphia
HORST, MD, Elmer L	Berks
HORSTMAN, ROSEMARY	Student
HORTON, MD, Marc D	Dauphin
HORTON JR, MD, William H	Lancaster
HORVAT, MD, John F	Lehigh
HORVATH, MD, David A	Allegheny
HORVATH, MD, Ronald J	Montgomery
HORWIN, MD, Samuel	Cambria
HORWITZ, MD, Mara J	Allegheny
HORWITZ, MD, Milton R	Bucks
HORWITZ, MD, Orville	Philadelphia
HOSFELD, MD, S Marjorie	Chester
HOSPODAR, MARK E	Allegheny
HOSSAIN, MD, Ayesha	Westmoreland
HOST, MD, William R	Wyoming
HOSTEN, MD, Edward B	Philadelphia
HOSTETTER, MD, Abram M	Lebanon
HOTMER, DIANNE A	Student
HOTTENSTEIN, MD, Daniel W	Dauphin
HOTTENSTEIN, MD, Esther	Dauphin
HOTTENSTEIN, MD, Jonathan E	Allegheny
HOU, MD, Ching W	Erie
HOUCK JR, MD, John R	Dauphin
HOUGAARD, MD, John P	Bucks
HOUGH, MD, Rodney K	Cumberland
HOUIDES, MD, Athanasios C	Lehigh
HOUSE, MD, Benjamin	Philadelphia
HOUSER, MD, James J	Venango
HOUSHMAND, MD, Cyrus	Carbon
HOUSMAN, MD, John H	Lancaster
HOUSTON, MD, James L	Westmoreland
HOUSTON, MD, John B	Montour
HOUSTON, MD, Maryjo A	Allegheny
HOUSTON, MD, R Ross	Lawrence
HOUSTON JR, MD, Robert R	Lawrence
HOWANITZ, MD, Emil P	Luzerne
HOWANITZ, MD, Michael P	Dauphin
HOWARD, MD, Lawrence J	Lackawanna
HOWARD, MD, Thomas K	York
HOWE, MD, Francis R C	Dauphin
HOWE, MD, J Dale	Northampton
HOWELL, MD, John T	Bucks
HOWELL, MD, Mary A	Philadelphia
HOWELL, MD, Mary P	Dauphin
HOWELL JR, MD, David D	Erie
HOWER, MD, Robert D	Allegheny
HOWLAND, MD, Robert H	Allegheny
HOWSE, MD, Robert M	Lancaster
HOYER, MD, Paul J	Philadelphia
HOYLE, MD, J Preston	Union
HOYSON, MD, Gregory M	Allegheny
HOYT, MD, Ralph C	Berks
HRABOVSKY, SHARON L	Allegheny
HRINDA, MD, John G	Erie
HRYSHKO, MD, Frank G	Allegheny
HSIEH, MD, Yehchiu	Delaware
HSU, MD, Shien S	Washington
HU, MD, Kang-Ning	Allegheny
HU, MD, Wei-Tzer	Schuylkill
HUANG, MD, Chau Fe	Lackawanna
HUANG, MD, Jung T	Luzerne
HUANG, MD, Marian M E	Philadelphia
HUBBARD, MD, John P	Philadelphia
HUBER, MD, David S	Allegheny
HUBER, MD, Donald J	Allegheny
HUBER, MD, Kenneth C	Philadelphia
HUDAK, MD, Mary J	York
HUDES, MD, Debra L	Philadelphia
HUDIS, MD, Clifford Alan	Philadelphia
HUDOCK, JUDE A	Student
HUDOCK, MD, Stephen A	Bradford
HUDOCK JR, MD, George E	Luzerne
HUDSON, MD, Howard L	Erie
HUDSON JR, MD, Howard E	Lehigh
HUDZINSKI, MD, Lori D	Beaver
HUDZINSKI, MD, Martin	Franklin
HUEN, MD, Lai-Har L	Philadelphia
HUFFER, MD, Donald H	York
HUFFMAN, MD, Pamela A	Philadelphia
HUFFNAGLE, MD, Henry W	Lancaster
HUFFNAGLE, MILFORD J	Student
HUGHES, MD, Boland	Philadelphia
HUGHES, MD, David C	Indiana
HUGHES, MD, David P	Lancaster
HUGHES, MD, Eugene P	Philadelphia
HUGHES, MD, George V	Allegheny
HUGHES, MD, Howard G	Montour
HUGHES, MD, James M	Allegheny
HUGHES, MD, Joseph P	Washington
HUGHES, MD, Patrick H	Allegheny
HUGHES, MD, Paul J	Luzerne
HUGHES, MD, William M	Westmoreland
HUGHES JR, MD, Eugene P	Philadelphia
HUGHEY, MD, James R	Washington
HUGO, MARYANNE	Allegheny
HULICK, MD, Peter R	Lancaster
HULL III, MD, Donald F	Lycoming
HULLEY JR, MD, William C	Allegheny
HULNICK, MD, Stuart J	Philadelphia
HULTMAN, CHARLES S	Allegheny
HUME, MD, Eric L	Philadelphia
HUME, MD, John M	Dauphin
HUMES, MD, Alexander B	Allegheny
HUMMER JR, MD, Charles D	Delaware
HUMPHREYS, MD, Earl A	Allegheny
HUMPHRIES, MD, Thomas J	Philadelphia
HUNDLEY, MD, J Warren	Philadelphia
HUNSBERGER, MD, Charles L	Cambria
HUNSBERGER, MD Joseph L	Montgomery
HUNSICKER, MD, Llewellyn W	Monroe
HUNSICKER, MD, Robert C	Northampton
HUNT, MD, Eugene H	Bucks
HUNT, MD, Josiah A	York
HUNT, MD, Patrick Joseph	Philadelphia
HUNT, MD, Robert E	Butler
HUNT, MD, William D L	Lancaster
HUNT, MD, William R	Allegheny
HUNT JR, MD, William T	Philadelphia
HUNTER, MD, Carol A	Lehigh
HUNTER, MD, Doris M	Allegheny
HUNTER, MD, George R	Westmoreland
HUNTER, MD, James M	Philadelphia
HUNTER, MD, John S	Berks
HUNTER, MD, Marvin T	Bucks
HUNTER, MD, Robert G	Columbia
HUNTER, MD, Robert J	Centre
HUNTINGTON, CHRISTOPHER F	Student
HUNTLEY, MD, Arthur C	Montgomery
HUNTLY, MD, Jacqueline E	Bradford
HUNTLY, MD, Michael R	Bradford
HUOT, MD, David A	Allegheny
HUR, MD, Gham	Chester
HUR, MD, Oak J	Chester
HUREWITZ, MD, Sylvan J	Philadelphia
HURITE, MD, Francis G	Allegheny
HURLEY, MD, Harry J	Delaware
HURLEY, MD, John N	Philadelphia
HURLEY II, MD, James E	Franklin
HURLOCK, MD, Joan E	Philadelphia
HURSH, DALE K	Student
HURST, MD, John W	Blair
HURST, MD, Kenneth L	Lycoming
HURTADO, SANDRA M	Student
HURWITZ, DO, Charles	Philadelphia
HURWITZ, MD, Dennis J	Allegheny
HURWITZ, MD, Larry E	Allegheny
HUSAIN, MD, Zahid	Luzerne
HUSAINI, MD, Syed N	Allegheny
HUSHION, MD, William F	Delaware
HUSSAINI, MD, Syed R	Allegheny
HUSSON, MD, Michael A	Dauphin
HUST, MD, Frederick S	Butler
HUSTON, MD, Charles C	Clarion
HUSTON III, MD, Charles C	Venango
HUTCHINGS, MD, Diana M	Bucks
HUTCHINSON, MD, Howard G	Philadelphia
HUTCHINSON, MD, Laurence D	Allegheny
HUTCHINSON, RITA M	Student
HUTCHINSON, MD, Thomas A	Lehigh
HUTCHINSON, WILLIAM S	Allegheny
HUTCHINSON III, DO, Harry J	Chester
HUTCHISON, MD, James C	Montgomery
HUTH, MD, Edward J	Philadelphia
HUTT, MD, Gordon H	Lancaster
HUTTON, MD, John E	York
HUWE JR, JOSEPH E	Allegheny
HUXSTER, MD, Robert H	Chester
HWAN, MD, Jung J	Lackawanna
HWEE, LILLIAN	Student
HYATT, MD, Floyd R	Erie
HYATT, MD, Glenn A	Montgomery
HYATT, MD, Robert W	Philadelphia
HYDE, MD, Bruce I	Allegheny
HYDOVITZ, MD, Jerrold D	Allegheny
HYETT, MD, Marvin R	Philadelphia
HYKEL-MALONE, MD, Nancy C	Delaware
HYKES, MD, James I	Montgomery
HYLAND, JULIA K	Student
HYLBERT JR, MD, Kenneth W	Centre
HYLEK, ELAINE M	Allegheny
HYMAN, MD, David S	Northampton
HYMAN, MD, Harold L	Philadelphia
HYMAN, MD, Herbert L	Lehigh
HYMAN, MD, Paul R	Cambria
HYNES, MD, Elizabeth T	Dauphin
HYZINSKI, MD, Martin B	Lackawanna

I

IADEMARCO, MD, Michael F	Philadelphia
IALEGGIO, MD, John J	Northampton
IAMS, MD, William B	Dauphin
IANCU, MD, Albert L	Allegheny
IANNACCONE, MD, Victor R	Philadelphia
IANNAMORELLI, MD, Anthony S	Fayette
IANNUZZI, MD, C Charles	Allegheny
IBANEZ, MD, Melchisedec	Mckean
IBARRA, MD, Joseluis	Lancaster
IBARS, MD, George C	Philadelphia
ICHIKAWA, MD, Diane C L	Allegheny
ICHTER, MD, Jon R	Lancaster
ICHTER, MD, Joseph T	Luzerne
ICKLER, MD, John L	Montgomery
ICLI, MD, Nadir	Westmoreland
IDDENDEN, MD, David A	Philadelphia
IDICULLA, MD, Anne A	Philadelphia
IDREES, MD, Muhammad	Allegheny
IDUCOVICH, MD, Nicholas	Westmoreland
IGLESIAS, MD, Manuel	Lancaster
IGNACIO, MD, Jose Y	Warren
IGNACIO JR, MD, Glicerio V	Cambria
IGNATIUS, MD, Paul F	Warren
ILKHANIPOUR, VALEH	Allegheny
ILKHANIPOUR, MD, Zahra S	Allegheny
ILLINGWORTH, DO, William A	Bedford
ILSON, MD, Bernard E	Philadelphia
ILYAS, MD, Mohammad	Allegheny
IMAIZUMI, MD, Shotaro	Delaware
IMBER, MD, Irving	Berks
IMBRIE, MD, David E	Butler
IMBRIGLIA, MD, Joseph E	Luzerne
IMBRIGLIA JR, MD, Joseph E	Allegheny
IMBROGNO, MD, Michael S	Susquehanna
IMPERATO, MD, Pascal J	Chester
IMPERIALE, MD, Salvatore M	Luzerne
IMPERIALE JR, MD, S Michael	Philadelphia
IMPINK, MD, Robert R	Berks
INCORVATI, DENNIS L	Student
INCORVATI, DO, Robert L	Allegheny
INDECK, MD, Matthew C	Montour
INDORATO, MD, Leroy S	Allegheny
INFANTE, MD, Mary R	Philadelphia
INGAGLIO, MD, Philip E	Philadelphia
INGERMAN, MD, Mark J	Philadelphia
INGERSOLL, MD, Charles J	Philadelphia
INGRAM, MD, Michael D	Allegheny
INGUI, MD, John	Philadelphia
INKLES, MD, Randy A	Lehigh
INNERS, MD, Charles R	Dauphin
INNIS, MD, Patricia A	Berks
INOUYE, LISA S	Allegheny
INSLEY JR, MD, Marion C	Dauphin
INZERILLO, MD, John J	Dauphin
IORIO, MD, Louis J	Mckean
IOZZI, MD, Louis	Delaware
IRACKI, MD, Daniel A	Allegheny
IRANI, MD, Mahakhurshid	Northampton
IRANI, MD, Mahatab	Northampton
IRANI, MD, Roshen N	Philadelphia
IRBY, MD, Susan K	Allegheny
IREY JR, MD, Philip M	Columbia
IRIZARRY, MD, Carmen P	Philadelphia
IRWIN, MD, John T	Bucks
IRWIN JR, MD, Glenn E	Mckean
ISAACS, MD, Charles T	Dauphin
ISAACS, MD, Gilbert H	Allegheny
ISAACSON, MD, Howard	Philadelphia
ISAACSON, MD, Stanford	Allegheny
ISAKOV, ALEXANDER P	Allegheny
ISAKOV, MD, Asparuh D	Lackawanna
ISARD, MD, Harold J	Philadelphia
ISARIYAWONGSE, MD, Prakorb	Fayette
ISDANER, MD, Neil L	Philadelphia
ISENBERG, MD, Chester L	Huntingdon
ISENBERG, MD, Gerald A	Philadelphia
ISENBERG, MD, Richard A	Philadelphia
ISHLER, MD, H Richard	Centre
ISIDRO, MD, Eugenio G	Lawrence
ISLAMOFF, MD, Igor I	Cambria
ISMAIL-BEIGI, MD, Farhad	Allegheny
ISRAEL, MD, Harold L	Philadelphia
ISRAEL, MD, Michael	Allegheny
ISRAEL, MD, Robert H	Warren
ITKIN, MD, Irving H	Philadelphia
ITSKOWITZ, MD, Alan L	Allegheny
ITZKOFF, MD, Jerome M	Allegheny
IVES, MD, William L	Columbia
IVINS, MD, Joseph L	Delaware
IVINS, MD, Samuel P	Delaware
IVKER, MD, Milton	Philadelphia
IVY, MD, Mary E	Lancaster
IZZO, MD, Domenic C	Berks
IZZO, MD, Kenneth L	Philadelphia
IZZO, MARK R	Student

J

JABBOUR, MD, Nabil	Westmoreland
JABBOUR, MD, Victor F	Westmoreland
JABLIN, MD, Peter M	Franklin
JABLON, MD, Norman C	Montgomery
JABLONSKI, MD, Richard R	Allegheny
JABLONSKY, MD, Albert	Westmoreland
JABOURIAN, MD, Zaven H	Philadelphia
JABRE, MD, Anthony	Allegheny
JACKLINE JR, MD, Joseph J	Allegheny
JACKSON, MD, Frank W	Dauphin
JACKSON, MD, Jay R	York
JACKSON, MD, Paul W	Delaware
JACKSON, MD, T Scott	Berks
JACOB, MD, Herbert E	Allegheny
JACOB, MD, Leonard S	Philadelphia
JACOB, MD, W Lindsay	Allegheny
JACOBELLI, MD, Michael C	Bucks
JACOBIUS, MD, Henry F	Northampton
JACOBS, MD, Clyde H	Northmbrland
JACOBS, MD, David	Allegheny
JACOBS, MD, Francis	Chester
JACOBS, MD, George J	Allegheny
JACOBS, MD, Irvin	Luzerne
JACOBS, MD, Joseph A	Philadelphia
JACOBS, MD, Kenneth M	Lackawanna
JACOBS, MD, Laura F	Philadelphia
JACOBS, MD, Mark	Delaware
JACOBS, MD, Mark I	Allegheny
JACOBS, MD, Michael B	Allegheny
JACOBS, MD, Robert P	Philadelphia
JACOBS, MD, Robert V	Somerset
JACOBS, MD, Samuel A	Allegheny
JACOBS, MD, Stanley R	Philadelphia
JACOBSON, MD, Horace H	Bradford
JACOBSON, MD, James N	Allegheny
JACOBSON, MD, Louise	Lackawanna
JACOBSON, MD, Martin A	Berks
JACOBSON, MD, Mercedes P	Philadelphia
JACOBSTEIN, MD, Jerome G	Philadelphia
JACOBUS, MD, Judith L	Blair
JACOBY, MD, Richard A	Philadelphia
JACQUES, MD, Charles H	Lycoming
JACQUES, MD, George A	Allegheny
JACUBOWITZ, MD, Sam	Philadelphia
JAEGER, MD, Edward A	Delaware
JAEGER, MD, Robert M	Lehigh
JAEGER, MD, Scott H	Philadelphia
JAEGER, MD, Scott M	Allegheny
JAFAR, MD, Mohammad A	Philadelphia
JAFARI, MD, Nercy	Lehigh
JAFFARI, MD, Mohammed A	Philadelphia
JAFFE, MD, Beryl	Philadelphia
JAFFE, MD, David J	Philadelphia
JAFFE, MD, John S	Lehigh
JAFFE, MD, Louis	Montgomery
JAFFE, MD, Marvin E	Philadelphia
JAFFE, MD, Ronald	Allegheny
JAFFE, MD, Stephen C	Philadelphia

JAGEMAN, MD, James R	Erie
JAGEMAN, MD, John C	Erie
JAHDI, MD, Nasrollah	Allegheny
JAHNLE, MD, Richard L	Delaware
JAHRE, MD, Jeffrey A	Northampton
JAHROMI, MD, Heidar K	Chester
JAIN, MD, Dilip M	Dauphin
JAKAB, MD, Irene	Allegheny
JAKUBEK, MD, Donald J	Westmoreland
JAKYMEC, MD, Andres J	Butler
JALALI, MD, Shailen	Philadelphia
JALBUENA, MD, Robert C	Delaware
JAMA, DO, Robert H	Lackawanna
JAMALI, MD, Anmar A	Delaware
JAMES, DO, Edward E	Allegheny
JAMES, MD, Frank S	Philadelphia
JAMES, MD, Geoffrey M	Dauphin
JAMES, MD, George W	Philadelphia
JAMES, JEFFREY R	Student
JAMES, KEVIN V	Student
JAMES, MD, Peter L	Allegheny
JAMES, DO, Reese J	Bucks
JAMES, MD, Russell E	Luzerne
JAMES II, MD, Russell E	Luzerne
JAMESON, MD, E Carleton	Lancaster
JAMIL, MD, Qazi A	Mckean
JAMSHIDI, MD, Javad	Beaver
JAN, MD, Rehana A	Philadelphia
JAN, MD, Ronald S	Philadelphia
JAN, MD, Tayyaba S	Lackawanna
JANA, MD, Barid B	Westmoreland
JANA, MD, Dilip K	Erie
JANAKIRAMAN, MD, Vijyayara G	Blair
JANARDHANAN, MD, Ravi	Allegheny
JANECKA, MD, Ivo P	Allegheny
JANERICH, MD, Albert D	Luzerne
JANEWAY, MD, Timothy	Allegheny
JANG, MD, Jang-Huei	Luzerne
JANIAK, DO, Daniel D	Allegheny
JANICIJEVIC, MD, Nenad	Allegheny
JANJIGIAN, MD, Edward R	Luzerne
JANNELLI, MD, Angela F	Bucks
JANNETTA, CAROL M	Allegheny
JANNETTA, MD, Peter J	Allegheny
JANOSKO, MD, Rudolph E	Allegheny
JANOWITZ, MD, Michael J	Allegheny
JANSEN, PERRY A	Student
JANSON, MD, Russell R	Dauphin
JANZE, MD, Victor	Wayne/Pike
JAQUISS, MD, G William	Allegheny
JARIWALA, MD, Leticia Q	Allegheny
JARMAN, MD, Martha L	Bucks
JARMOLOWSKI, MD, Chester R	Allegheny
JAROWENKO, MD, Mark V	Dauphin
JARRELL, MD, Bruce E	Philadelphia
JARRETT, MD, Fredric	Allegheny
JARVIS, MD, F Wayne	Philadelphia
JARYMOVYCH, MD, Jaroslaw I	Philadelphia
JAURIGUE, MD, Venerando G	Philadelphia
JAVAN, MD, Mehdi B	Westmoreland
JAVIAN JR, MD, Thomas A	Bucks
JAWAD, MD, Basil S	Chester
JAWORSKY, MD, Christine	Montgomery
JAXHEIMER, MD, Eric C	Berks
JAY JR, MD, W Thomas	Berks
JAYAKUMAR, MD, Subramoniam	Washington
JAYAPRAKASH, MD, Srinivasa K	Elk/Cameron
JEFFERIES III, MD, George E	Dauphin
JEFFERIS, MD, Earl S	Lehigh
JEFFERS, MD, John B	Philadelphia
JEFFREY, MD, Mary E	Philadelphia
JEFFREYS, MD, William H	Montour
JEFFRIES, MD, C Stephen	Allegheny
JEFFRIES, MD, Graham H	Dauphin
JEGASOTHY, MD, Brian V	Allegheny
JELEN, MD, Joseph A	Philadelphia
JEMISON, LINDA M	Student
JENCKES III, MD, George A	Berks
JENCO, DO, Vincent L	Erie
JENKIN, MD, Brenda K	Philadelphia
JENKINS, MD, B Wheeler	Philadelphia
JENKINS, MD, Benjamin C	Blair
JENKINS, MD, Jay L	Erie
JENKINS, MD, Stephen W	Montgomery
JENKINS, MD, Timothy F	Delaware
JENKINS, WILLIAM A	Allegheny
JENKINS JR, MD, Robert J	Allegheny
JENKS, MD, John S	Philadelphia
JENNEY, MD, Florence S	Butler
JENNINGS, MD, David T	Lycoming
JENOFSKY, MD, Jack	Philadelphia
JENS, MD, Kurtis D	Lancaster
JENSEN, NANCY L	Student
JEROME, JULIE A	Allegheny
JESSAR, MD, Ralph A	Philadelphia
JETTER, MD, Walter W	Westmoreland
JETTI, MD, Krishna P	Allegheny
JEW JR, MD, Edward W	Allegheny
JEWELL, MD, Melanie	Philadelphia
JEWELL JR, MD, James H	Berks
JEWETT, MD, Stephen R	Lackawanna
JEYARAJ, MD, Francis	Montgomery
JHAMB, KRISTIN K	Student
JHO, MD, Hae Dong	Allegheny
JIAN, MD, Parviz	Allegheny
JIMENEZ, MD, Santiago A	York
JIMERSON, MD, Cedric C	Berks
JIN, MD, Byunghak	Fayette
JOCHNOWITZ, MD, Michael J	Montgomery
JOCO, MD, David G	Lycoming
JOEBSTL, MD, Barbara C	Philadelphia
JOFFE, DO, Ralf	Delaware
JOGLEKAR, MD, Kanchan S	Jefferson
JOGLEKAR, MD, Shirish S	Jefferson
JOHAN, MD, Morton	Allegheny
JOHN, MD, Chad E	Allegheny
JOHN, MD, Lawrence R	Allegheny
JOHN, MD, Maliyakkal J	Columbia
JOHN, MD, Martha D	Allegheny
JOHN EXEC DIR, PAUL P	Lycoming
JOHNS, MD, Barbara A	Montour
JOHNS, MD, Christopher M	Allegheny
JOHNS, MD, Milton W	Lancaster
JOHNS IV, MD, Walter S	Erie
JOHNSEN, MD, David E	Montour
JOHNSON, MD, Alfred T	Berks
JOHNSON, MD, Bernett L	Philadelphia
JOHNSON, MD, Bruce R	Venango
JOHNSON, MD, Carl G	Lancaster
JOHNSON, MD, Charles F	Lehigh
JOHNSON, MD, Charles L	Philadelphia
JOHNSON, MD, Cherie J	Philadelphia
JOHNSON, CHERYL A	Student
JOHNSON, MD, Craig H	Berks
JOHNSON, MD, David W	Allegheny
JOHNSON, MD, Dennis R	York
JOHNSON, MD, Don E	Philadelphia
JOHNSON, MD, Dorothy E	Luzerne
JOHNSON, MD, Douglas E	Lehigh
JOHNSON, MD, Edwin M	Philadelphia
JOHNSON, MD, Elting C	Bradford
JOHNSON, MD, Franklin P	Allegheny
JOHNSON, MD, Gary E	Allegheny
JOHNSON, MD, George M	York
JOHNSON, MD, Glen	Bradford
JOHNSON, MD, Herbert C	Berks
JOHNSON, MD, James R	Allegheny
JOHNSON, MD, Janice M	Philadelphia
JOHNSON, MD, Joan E	Lancaster
JOHNSON, MD, John H	Allegheny
JOHNSON, MD, Jonas T	Allegheny
JOHNSON, MD, Marta M	Montour
JOHNSON, MD, Michael D	Philadelphia
JOHNSON, MD, Rebecca W	Philadelphia
JOHNSON, MD, Richard B	Allegheny
JOHNSON, MD, Robert G	Philadelphia
JOHNSON, MD, Robert P	Lancaster
JOHNSON, MD, Van W	Warren
JOHNSON, MD, Waine C	Philadelphia
JOHNSON, MD, Walter K	Westmoreland
JOHNSON, MD, William H	Philadelphia
JOHNSON, MD, William T	Berks
JOHNSON III, MD, S Harris	Allegheny
JOHNSON JR, DO, Allan C	Lancaster
JOHNSON JR, MD, Bertram L	Lancaster
JOHNSON JR, MD, Howard J	Philadelphia
JOHNSON JR, MD, Thomas A	Philadelphia
JOHNSON-HAMERMAN, MD, Lois M	Philadelphia
JOHNSTON, DO, Craig T	Erie
JOHNSTON, MD, Dorothy	Schuylkill
JOHNSTON, MD, Eugene V	Lancaster
JOHNSTON, MD, Frank B	Philadelphia
JOHNSTON, DO, Harry D	Franklin
JOHNSTON, MD, J Murl	Allegheny
JOHNSTON, MD, James B	Venango
JOHNSTON, MD, Jean C	Philadelphia
JOHNSTON 3RD, MD, James R	Cumberland
JOHNSTON JR, MD, John A	Allegheny
JOHNSTONE, MD, Graham F	Allegheny
JOLLY, MD, Raj K	Elk/Cameron
JONAS, MD, Jaroslav G	Montour
JONES, MD, Ancil A	Delaware
JONES, MD, C Henry	Lackawanna
JONES, MD, Daniel A	Philadelphia
JONES, MD, Daniel C	Montgomery
JONES, MD, David G	Lehigh
JONES, MD, David J	York
JONES, MD, Edward	Lebanon
JONES, MD, Edward L	Bradford
JONES, MD, Edward R	Philadelphia
JONES, MD, Frederick L	Huntingdon
JONES, MD, George A	Dauphin
JONES, MD, George J	Washington
JONES, MD, J Albright	Delaware
JONES, MD, James E	Dauphin
JONES, MD, Joseph C	Adams
JONES, MD, Julie L	Lancaster
JONES, MD, Larry M	Allegheny
JONES, MD, Larry W	Blair
JONES, MD, Michael W	Lycoming
JONES, MD, Neil F	Allegheny
JONES, MD, Raymond R	Chester
JONES, REBECCA K	Student
JONES, MD, Robert K	Delaware
JONES, MD, Robert T	Luzerne
JONES, MD, Robyn R	Philadelphia
JONES, MD, Shadrach H	Allegheny
JONES, MD, Stephanie A	Philadelphia
JONES, MD, Steven R	Allegheny
JONES, MD, Stuart A	Lehigh
JONES, MD, Terrence H	Lancaster
JONES, MD, Tom B	Mercer
JONES, MD, Wendell E	Allegheny
JONES JR, MD, Arthur F	Lancaster
JONES JR, MD, Frederick L	Montour
JONES JR, MD, John H	Lycoming
JONES JR, MD, Robert T	Allegheny
JONES-GORDON, MD, Sandra M	Allegheny
JORDAN, MD, Claus G	Monroe
JORDAN, MD, Jerome W	Lackawanna
JORDAN, MD, William P	Monroe
JORDAN, MD, Wm J	Lackawanna
JORGE, MD, Eduardo	Dauphin
JORGENSEN, MD, Brian K	Philadelphia
JORKASKY, MD, Diane K	Philadelphia
JOSEPH, MD, Alfred J	Mercer
JOSEPH, MD, Andrew H	Allegheny
JOSEPH, MD, Elaine R	Allegheny
JOSEPH, MD, George M	Northampton
JOSEPH, MD, Kadankavil C	Elk/Cameron
JOSEPH, DO, Mitchell W	Blair
JOSEPH, MD, Monte L	Allegheny
JOSEPH, MD, Raymond E	Philadelphia
JOSEPH, MD, Raymond J	Luzerne
JOSHI, MD, Harendra V	Philadelphia
JOSHI, MD, Kishor E	Fayette
JOSHI, MD, Kundabala S	Philadelphia
JOSHI, MD, Manohar J	Allegheny
JOSIAH, RANJIT C	Student
JOSON, MD, Raymond M	Philadelphia
JOSSELSON, MD, Alan S	Montgomery
JOURDAIN, MD, Luis M	Blair
JOVANOVICH, MD, Daniel B	Allegheny
JOY, MD, Charles A	Erie
JOY, MD, Charles R	Erie
JOYCE, MD, Michael F	Montgomery
JOYCE III, MD, John J	Philadelphia
JOYNER, MD, David M	Dauphin
JOYNER, WILLIAM L	Student
JOZEFCZYK, MD, Patricia B	Allegheny
JOZEFIAK, JUDITH A	Student
JU, MD, William D	Philadelphia
JUANG, MD, Richard C	Erie
JUAREZ, MD, Rolando	Montgomery
JUBELIRER, MD, Robert A	Montgomery
JUDD, MD, Barry L	Allegheny
JUDD, MD, James D	Montgomery
JUDGE, MD, John D M	Northmbrland
JUDGE III, MD, James W	Chester
JUDSON, MD, John P	Dauphin
JUDSON, MD, Susan C	Lycoming
JUDSON, MD, William W	Lycoming
JUHASZ, MD, Alex B	Indiana
JULES, MD, Arnold J	Montgomery
JULIA, MD, Ronald R	Northampton
JULIAN, MD, Maryjane A	Schuylkill
JULIAN, MD, Thomas B	Allegheny
JULIUS, MD, Ernest L	Luzerne
JUNCOS, MD, Guillermo R	Chester
JUNEJA, MD, Damyanti	Philadelphia
JUNEJA, MD, Ish K	Philadelphia
JUNG, HAEOH M	Allegheny
JUNG, MD, Hong I	Lackawanna
JUNG, MD, Jay Soo	Lehigh
JUNG, MD, Jennifer L	Bucks
JUNG, MD, Tinliung	Mckean
JUNGHANS, MD, Siegfried P	Allegheny
JUNGSCHAFFER, MD, Helmut J	Dauphin
JUNKIN, MD, David M	Montgomery
JUOZEVICIUS, MD, John L	Bradford
JUPIN, MD, John A	Venango
JURGENS, MD, Kenneth H	Erie
JURGENSEN, MD, John C	Cumberland
JURNOVOY, MD, Joel B	Delaware
JUSTIN, MD, Peter A	Northmbrland
JUVELIER, MD, Bernard W	Dauphin

K

KAAR, MD, Richard C	Lycoming
KABLER, MD, Ronald L	Montour
KACZOR, MD, Stanley F	Blair
KADIS, MD, Milton H	Luzerne
KADISH, MD, Rebecca E	Philadelphia
KAESLINGK, BIRGIT	Student
KAFRISSEN, MD, Steven R	Luzerne
KAGUYUTAN, MD, Alfredo G	Adams
KAGUYUTAN, MD, Ofelia D	Adams
KAHL, MD, Paul J	Allegheny
KAHLER, MD, Gerald W	Venango
KAHLER, MD, Roberta A	Venango
KAHN, MD, Bernard L	Philadelphia
KAHN, MD, Donald L	Philadelphia
KAHN, MD, Hyman R	Philadelphia
KAHN, MD, Ronald L	Bradford
KAHN, MD, Sigmund B	Philadelphia
KAHN, MD, Y Raymond	Armstrong
KAIDBEY, MD, Kays	Philadelphia
KAIN III, MD, Thomas M	Delaware
KAIRYS, JOHN C	Student
KAIRYS, MD, Leo R	Allegheny
KAISER, MD, Gerard D	Dauphin
KAISER, MD, Ralph H	Lycoming
KAJANI, MD, Mehdi K	Philadelphia
KAKODKAR, MD, Vasundhara S	Northampton
KALAFER, MD, Marvin	Philadelphia
KALAGAYAN, MD, Hector J	Erie
KALANI, MD, Ghassem	Philadelphia
KALENAK, MD, Alexander	Dauphin
KALES, MD, Anthony	Dauphin
KALISH, MD, Robert W	Philadelphia
KALISH, MD, Sidney J	Philadelphia
KALKHOF, MD, Thomas C	Erie
KALKUNTE, MD, Jagdish R	Bradford
KALLA, MD, Richard L	Allegheny
KALLISH, MD, Marvin N	Philadelphia
KALLOZ, MD, John R	Adams
KALMANSON, MD, Jacob D	Allegheny
KALODNER, DO, David R	Delaware
KAMBE, ARBETTA M	Student
KAMBIN, MD, Parviz	Philadelphia
KAMDAR, MD, Jayant C	Philadelphia
KAMEEN, MD, Anthony J	Luzerne
KAMEN, DO, Leonard B	Philadelphia
KAMERER, MD, Donald B	Allegheny
KAMINENI, MD, Uma	Philadelphia
KAMINSKI, MD, Robert J	Allegheny
KAMINSKI, MD, Thomas N	Westmoreland
KAMINSKY, MD, James F	Erie
KAMINSTEIN, MD, David S	Chester
KAMMERER, MD, William S	Dauphin
KAMPER, CAROLINE A	Student
KAMSLER, MD, David F	Adams
KANAL, MD, Emanuel	Allegheny
KANDRA, MD, Joseph J	Dauphin
KANDULA, MD, Ravindra R	Northampton
KANE, DO, Eric D	Northampton
KANE, MD, James A	Lackawanna
KANE, MD, Joan D	Delaware
KANE, MD, John J	Allegheny
KANE, MD, John S	Montgomery
KANE, MD, Kevin M	Allegheny
KANE, MD, William M	Delaware
KANEFIELD, DO, Marvin	Philadelphia
KANEFSKY, MD, Terry M	Bucks
KANENSON, MD, William L	Dauphin
KANG, MD, Se-Boo	Armstrong
KANG, MD, Shin W	Westmoreland
KANIA, MD, Robert J	Allegheny
KANIS, MD, Myron L	Philadelphia
KANN, MD, Jules	Allegheny
KANN, STEVEN E	Allegheny
KANNAN, MD, Vaidehi	Delaware
KANOFF, DO, Saul	Philadelphia
KANSAGRA, MD, Jasmat N	Cambria
KANSAL, MD, Kusum R	Blair
KANSAL, MD, Naren	Philadelphia
KANSAL, MD, Raj G	Blair
KANT, MD, Naval	Union
KANT, MD, Nila N	Union
KANTER, MD, Frank J	Philadelphia
KANTOR, MD, Gary R	Philadelphia
KANTOR, DO, James G	Philadelphia
KANTOR, MD, Milton	Luzerne
KANTOR, MD, Robert J	Dauphin
KANTOR, MD, Thomas V	Allegheny
KANWIT, MD, Bert A	Lehigh
KAO, MD, Chien-Kuo	Allegheny
KAO, MD, Lidia Wei Liu	Allegheny
KAO, MD, Winifred W	Philadelphia
KAO, MD, Yi H	Clearfield
KAO, MD, Yu Song	Luzerne
KAPADIA, MD, Dilip L	Delaware
KAPCALA, DO, Jan S	Monroe
KAPLAN, MD, Barry R G	Mckean
KAPLAN, MD, Bernard	Philadelphia
KAPLAN, MD, Carl	Allegheny
KAPLAN, DO, Daniel B	Philadelphia
KAPLAN, MD, Frank E	Montgomery
KAPLAN, MD, Kenneth R	Montgomery
KAPLAN, MD, Lawrence M	Berks
KAPLAN, MD, Louis	Philadelphia
KAPLAN, MD, Peter D	Allegheny
KAPLAN, MD, Richard H	Philadelphia
KAPLAN, MD, Richard Z	Delaware
KAPLAN, MD, Robert D	Philadelphia
KAPLAN, DO, Robert J	Philadelphia
KAPLAN, MD, Robin L	Berks
KAPLAN, MD, S Richard	Philadelphia
KAPLAN, MD, Sheldon J	Montour
KAPLAN, MD, Stephen M	Blair
KAPLON, MD, Charlotte A	Allegheny
KAPLOW, MD, Gwen H	Philadelphia
KAPOOR, MD, Rajeshwar D	Allegheny
KAPP, MD, Anton	Montgomery
KAPPA, MD, Rosanne D	Philadelphia
KAPPAKAS, MD, George S	Allegheny
KAR, MD, Dilip S	Westmoreland
KARA, MD, Aoun B	Northampton
KARABELNIK, MD, Don	Berks
KARAFIN, MD, Lester	Philadelphia
KARAKASHIAN, MD, Nubar A	Philadelphia
KARAMANIAN, MD, Agop V	Erie
KARAMBELKAR, MD, Jagannath P	Allegheny
KARAMCHANDANI, MD, Nilima T	Allegheny
KARAMCHETI, MD, Anand	Washington
KARANDY, DO, Emely	Philadelphia
KARANJIA, MD, Minoo D	Indiana
KARASICK, MD, David	Philadelphia
KARASICK, MD, Sheldon R	Philadelphia
KARASICK, MD, Stephen	Philadelphia
KARCSH, DO, Henry J	Chester
KARDISH, MD, Thomas J	Bucks
KARDUCK, MD, John S	Cambria
KAREHA, MD, Louis G	Lackawanna
KARETAS, MD, Alexandra I	Philadelphia
KARIAN, MD, John M	Venango
KARIMKHANI, MD, Kobra	Allegheny
KARISSON, MD, Ulf Lennart	Philadelphia
KARLE, MD, John G	Erie

KARLIN, DO, Paul S	Philadelphia
KARMAZN, MD, Nelly	Philadelphia
KARMILOWICZ, MD, N Peter	Philadelphia
KARNIK, MD, Subash S	Bucks
KARP, MD, Joseph S	Philadelphia
KARP, MD, Louis A	Philadelphia
KARPIN, MD, Max	Delaware
KARPINSKI JR, MD, Felix E	Montgomery
KARPINSKI JR, MD, Stephen J	Allegheny
KARRON, MD, Betty	Lehigh
KARSH, MD, Carl A	Erie
KART, MD, Barry H	Allegheny
KARUMBAYA, MD, Romola	Lackawanna
KARUNARATNE, MD, Esiri R	Blair
KARVER, MD, Sloan B	Monroe
KASALES, MD, Clarence J	Lebanon
KASDAN, MD, Richard B	Allegheny
KASDIN, MD, Sharon L	Philadelphia
KASE, MD, James J	Berks
KASE, MD, Paul F	Dauphin
KASE, MD, Wm A	Philadelphia
KASE JR, MD, James B	Philadelphia
KASEFF, MD, Leon G	Philadelphia
KASH, MD, Kenneth G	Monroe
KASHATUS, MD, Wm C	Philadelphia
KASHURBA, MD, Glenn J	Philadelphia
KASHURBA, MD, Mary T	Lycoming
KASI, MD, Krishnakumar A	Beaver
KASI, MD, Nagamani K	Beaver
KASIRSKY, DO, Gilbert	Bucks
KASPAR, MD, Albert J	Northampton
KASPARIAN, MD, Hratch	Philadelphia
KASPER, MD, Donald J	Delaware
KASPER, MD, Kevin J	Delaware
KASPRENSKI, MD, Matthew A	Lehigh
KASPRENSKI, MD, Matthew L	Lehigh
KASPUTIS, MD, David A	Columbia
KASTENBAUM, MD, Michael	Berks
KASTENBERG, MD, David M	Philadelphia
KASULKE, MD, Robert J	Luzerne
KASUMI, MD, Asao	Lehigh
KASUNDRA, MD, Parshottam N	Schuylkill
KATALAN, MD, Maurice M	Philadelphia
KATARINCIC, JULIE A	Allegheny
KATER, MD, Mitchell J	Montgomery
KATES, MD, Malcolm	Philadelphia
KATLIC, MD, Mark R	Luzerne
KATOWITZ, MD, James A	Philadelphia
KATSAMPES, MD, Ernest T	Dauphin
KATTELMAN, DO, Marc	Montgomery
KATZ, MD, Alan S	Philadelphia
KATZ, MD, David L	Allegheny
KATZ, MD, Irwin L	Allegheny
KATZ, MD, Jacob	Philadelphia
KATZ, MD, Janice D	Philadelphia
KATZ, MD, Jerald M	Westmoreland
KATZ, MD, Joseph	Lancaster
KATZ, MD, Jules	Philadelphia
KATZ, MD, Julian	Philadelphia
KATZ, MD, Kathleen M	Montgomery
KATZ, MD, Leslie J	Philadelphia
KATZ, MD, M Richard	Philadelphia
KATZ, MD, Max	Philadelphia
KATZ, MD, Richard G	Allegheny
KATZ, MD, Richard H	Philadelphia
KATZ, MD, Richard I	Philadelphia
KATZ, MD, Robert E	Montgomery
KATZ, MD, Sheila M	Philadelphia
KATZ, MD, Steven A	Montgomery
KATZ, DO, Steven Lee	Philadelphia
KATZ, MD, Theodore T	Philadelphia
KATZ, MD, Warren A	Philadelphia
KATZIN, MD, Dick	Allegheny
KATZMAN, MD, Jeffrey I	Chester
KAUDERER JR, MD, John G	Monroe
KAUFFMAN, MD, Abraham L	Philadelphia
KAUFFMAN, MD, Dwight A	Adams
KAUFFMAN, MD, Gordon L	Dauphin
KAUFFMAN, MD, M Luther	Montgomery
KAUFMAN, MD, Abraham S	Philadelphia
KAUFMAN, MD, Alan C	Bucks
KAUFMAN, MD, Barre D	Lehigh
KAUFMAN, MD, Benjamin V	Lackawanna
KAUFMAN, MD, Clark R	Lancaster
KAUFMAN, DAVID A	Allegheny
KAUFMAN, MD, Jay H	Lehigh
KAUFMAN, MD, Jerold	Delaware
KAUFMAN, MD, Jodi D	Philadelphia
KAUFMANN, MD, Bruce M	Northampton
KAUR, MD, Manjeet	Lancaster
KAUR, MD, Prakash	Westmoreland
KAVCHOK, MD, Joseph	Lehigh
KAVIC, MD, Michael S	Allegheny
KAVIC, MD, Thomas A	Allegheny
KAVIC, MD, Timothy N	Allegheny
KAVILLE, MD, Robert W	Lackawanna
KAVJIAN, MD, Edward M	Delaware
KAVLE, MD, Carleton J	Montgomery
KAY, MD, Harold R	Philadelphia
KAY, MD, Michael L	Philadelphia
KAY, MD, Raymond J	Montgomery
KAYE, MD, Donald	Philadelphia
KAYE, MD, Kendra B	Philadelphia
KAZAN, LIEBE M	Student
KAZANECKI, MARY E	Allegheny
KAZANGY, MD, Falih R	Westmoreland
KAZEM, MD, Ismail	Philadelphia
KAZENOFF, MD, Bob	Philadelphia
KEAGLE, DO, Douglas L	Delaware
KEAGY, DO, Gregory S	York
KEAGY, MD, R Marvel	Blair
KEAN, MD, Dennis W	Lehigh
KEAN, MD, Herbert	Philadelphia
KEANE, MD, William M	Philadelphia
KEARNEY, MD, James D	Dauphin
KEARNEY, MD, John M	Berks
KEARNEY, MD, Joseph A	Westmoreland
KEARNEY, MD, Martin J	Delaware
KEARNEY, DO, Starr M	Elk/Cameron
KEATES, MD, Edwin U	Philadelphia
KEATING, MD, Edward C	Lycoming
KEATS, MD, Joel B	Venango
KEBLISH JR, MD, Peter A	Lehigh
KECK, MD, William S	Westmoreland
KEDDIE, MD, Roland T	Allegheny
KEECH JR, MD, Hayden G	York
KEEFE, MD, Jerry M	Lancaster
KEEFER, MD, George P	Philadelphia
KEELEY, DO, Mark R	Philadelphia
KEELY, MD, Elizabeth S	Philadelphia
KEENAN JR, MD, Paul C	Delaware
KEENAN JR, MD, William F	Northampton
KEENEY, MD, Galen E	Dauphin
KEEPORTS, MD, Richard L	York
KEFFER, MD, William H	Berks
KEGEL, MD, Daniel P	Lancaster
KEGEL, MD, Eugene E	Lancaster
KEGEL, MD, Mary F	Lancaster
KEHM, MD, Robert F	York
KEHM, MD, Vincent A	York
KEHRLI, MD, Henry J	Lackawanna
KEHRLI, MD, William H	Lackawanna
KEIFER, MD, Anne T	Dauphin
KEIL, MD, Stephen M	Centre
KEIM, MD, Peter J	Armstrong
KEISER, MD, E Lee	Berks
KEISMAN, MD, Robert A	Philadelphia
KEISTER, MD, Stephen R	Erie
KEITER, MD, James M	Lebanon
KEITH, MD, Helen R H	Northampton
KELBICK, MD, Elaine H	Philadelphia
KELCH, DO, Benjamin P	Philadelphia
KELLEHER, MD, Brian M	Montour
KELLER, MD, Frank M	Allegheny
KELLER, MD, James W	Lebanon
KELLER, MD, John E	Berks
KELLER, DO, Jon M	Lancaster
KELLER, LARRY S	Student
KELLER, MD, Linwood V	Berks
KELLER, MD, Steven M	Philadelphia
KELLEY, EDWARD S	Allegheny
KELLEY, LINDA M	Student
KELLEY JR, MD, Charles F	Lehigh
KELLMAN, MD, Ian A	Luzerne
KELLY, MD, Bruce R	Allegheny
KELLY, MD, Edward A	Delaware
KELLY, MD, Edward G	Allegheny
KELLY, EDWARD J	Allegheny
KELLY, MD, Edward J	Lackawanna
KELLY, MD, Eugene W	Allegheny
KELLY, MD Habib R	Philadelphia
KELLY, MD, Herbert T	Philadelphia
KELLY, MD, James J	Delaware
KELLY, MD, Jean A	York
KELLY, MD, John A	Bradford
KELLY, MD, Kevin J	Dauphin
KELLY, MD, Marianne L	Lancaster
KELLY, MD, Paul O	Delaware
KELLY, MD, Robert W	Armstrong
KELLY, MD, Thomas J	Allegheny
KELLY, MD, William E	Philadelphia
KELLY, MD, William J	Allegheny
KELLY JR, MD, Edward A	Chester
KELLY JR, MD, John J	Delaware
KELSEY, MD, David M	Delaware
KELSO, MD, Don R	Montgomery
KELSTEN, MD, Martin L	Philadelphia
KELTON, MD, Franklin C	Montgomery
KELVIN, MD, Carl B	Philadelphia
KEMP, MD, Gordon B	Mercer
KEMP, MD, Robert M	Lancaster
KEMP, MD, William R	Allegheny
KEMP III, MD, Dewitt E	Cambria
KEMPF JR, MD, Francis C	Philadelphia
KEMPFE, MD, Konrad M	Northmbrland
KEMRER, MD, J Donald	Lancaster
KENDALL, MD, A Richard	Philadelphia
KENDALL, MD, Benjamin	Philadelphia
KENDALL, MD, Leigh W	Lancaster
KENIG, MD, Isador J	Dauphin
KENKRE, MD, Sricrishna B	Allegheny
KENNA, MD, Jos Patrick	Lancaster
KENNA, MD, Marita D	Allegheny
KENNARD, MD, John F	Clearfield
KENNEDY, MD, Barbara L	Bradford
KENNEDY, MD, F Bryan	Allegheny
KENNEDY, MD, John N	Luzerne
KENNEDY, MD, Kris E	Allegheny
KENNEDY, MD, Nelson M	Beaver
KENNEDY, MD, Patrick J	Delaware
KENNEDY, MD, Peter S	York
KENNEDY, MD, Richard P	Monroe
KENNEDY, MD, Roland L	Allegheny
KENNEDY, MD, Shirley A	Dauphin
KENNEDY, MD, Thomas L	Montour
KENNEDY III, MD, Arthur R	Northampton
KENNEN JR, DO, Eugene W	Westmoreland
KENNERDELL, MD, Edward H	Allegheny
KENNERDELL, MD, John S	Allegheny
KENNETZ JR, BERNIE F	Allegheny
KENNEY, MD, Lawrence E	Montgomery
KENNEY, MD, Nancy T	Philadelphia
KENNING, MD, James A	Philadelphia
KENNY, MD, Kevin J	Allegheny
KENT, MD, David W	Bucks
KENT, MD, George M	Lancaster
KENT, MD, Richard B	Chester
KENT, MD, W David	Franklin
KENVIN, MD, John E	Lehigh
KENWORTHY JR, MD, Harry J	Montgomery
KENYON, CAROL L	Allegheny
KEOHANE, MD, Richard B	Philadelphia
KEON, MD, Thomas P	Philadelphia
KEOUGH, MD, Jonathan E	Perry
KEPHART, MD, Fred W	York
KEPLER, MD, Furman T	Delaware
KEPLER, DO, H Todd	Beaver
KEPP, MD, Edward A	Venango
KERBACHER, MD, Daniel J	Columbia
KERENDIAN, JOSEPH	Allegheny
KERN, MD, Frank	Montgomery
KERN, MD, Franklin M	Philadelphia
KERN IV, MD, George W	Chester
KERNICH, MD, Joseph J	Jefferson
KERNIS, DO, David	Philadelphia
KERR, MD, Paul B	Susquehanna
KERR, MD, Robert M	Luzerne
KERR JR, MD, Clark M	Westmoreland
KERR JR, MD, Harry J	Allegheny
KERRIGAN, DO, Patrick J	Luzerne
KERRY, MD, Roy E	Mercer
KERSHBAUM, MD, Carol M	Montgomery
KERSHNER, MD, Marilyn S	Berks
KERSON, MD, Lawrence A	Montgomery
KERSTEEN EXEC DIR, DUANE E	Luzerne
KERSTETTER, MD, David L	Bedford
KERSTING, MD, John W	Bradford
KESSEL, MD, Daniel S	Philadelphia
KESSEL, MD, Julie B	Philadelphia
KESSEL, MD, Lawrence J	Philadelphia
KESSELRING JR, MD, William T	Monroe
KESSERU, MD, Julius	Allegheny
KESSLER, MD, Frank J	Northampton
KESSLER, GALEN M	Student
KESSLER, MD, Laibe A	Allegheny
KESSLER, MD, Otto F	Allegheny
KESSLER, MD, Rex K	Delaware
KESSLER, MD, Woodrow B	Delaware
KESTER, MD, Walter L	Chester
KESZELI, MD, Alexander	Chester
KETELS, MD, Erk A	Bucks
KETTERING, MD, Donald L	Westmoreland
KETTERING, JOSEPH M	Allegheny
KETTRICK, MD, James P H	Luzerne
KETZAN, MD, Tibor	Montgomery
KEVENK, MD, Kerim C	Westmoreland
KEVERLINE, MD, Paul O	Warren
KEYES, MD, Baldwin L	Philadelphia
KEYKHAH, MD, Mohammad M	Philadelphia
KEYSER, MD, Glenn C	Dauphin
KEYSER, DO, Jeffrey A	Lancaster
KHALAF, MD, Kamal	Jefferson
KHALIFA, MD, Nagib M	Franklin
KHALIL, MD, Karim	Westmoreland
KHALILI, MD, Behrooz	Allegheny
KHAN, MD, Abdul A	Lehigh
KHAN, MD, Abu	Philadelphia
KHAN, MD, Anwarullah	Westmoreland
KHAN, MD, Qador	Philadelphia
KHAN, MD, Shaukat H	Carbon
KHAN, MD, Sultan	Schuylkill
KHANNA, MD, Chanchal	Philadelphia
KHANNA, MD, Om P	Philadelphia
KHANNA, MD, Sudhir K	Northmbrland
KHANTHAN, MD, Subramaniam E	Philadelphia
KHELLA, MD, Lewis	Philadelphia
KHERA, MD, Dinesh C	Erie
KHOLOUSSY, MD, Abdelmohsen M	Schuylkill
KHOORY, MD, Maged S	Montgomery
KHOURY, MD, Dennis J	Philadelphia
KHOURY, MD, Jacques A	Delaware
KHOURY, MD, Philip B	Philadelphia
KHUBCHANDANI, MD, Indru T	Lehigh
KHURANA, MD, Ramesh C	Allegheny
KIBELBEK, MD, Michael J	Montour
KIBELSTIS, MD, John A	Lehigh
KIBERT, MD, Leonard G	Allegheny
KICHLER, MD, Joel M	Allegheny
KIEFER, MD, Robert A	Franklin
KIEFNER JR, MD, Frederick J	Montgomery
KIEL, MD, Steven M	Delaware
KIELMAN, MD, Michael J	Allegheny
KIERNAN, DO, James V	Lancaster
KIERNAN JR, MD, John H	Dauphin
KIESEL, MD, Robert	Lehigh
KIGHTLINGER, DO, James	Fayette
KIHM, MD, Ronald H	Blair
KIKKAWA, MD, Kazutoshi	Bradford
KILLIAN, MD, Dorothea M	Montgomery
KILLIAN III, MD, Calab L	Berks
KILMORE JR, MD, Vance E	Dauphin
KILPATRICK, MD, Gertrude E	Beaver
KILPATRICK, MD, William F	Washington
KILPATRICK EXEC SEC, WILLIAM H	Northampton
KILPELA, MD, Donald A	Allegheny
KIM, MD, Achin	Lancaster
KIM, MD, Chung H	Lehigh
KIM, MD, Chung S	Berks
KIM, MD, Dong H	Westmoreland
KIM, MD, Dong H	Fayette
KIM, MD, Doo T	Northampton
KIM, MD, Erich	York
KIM, MD, Eugene Y	Allegheny
KIM, MD, Eul K	Lackawanna
KIM, MD, Hack J	Lancaster
KIM, MD, Hak R	Bucks
KIM, MD, Hi S	Montgomery
KIM, MD, Hwan Y	Cambria
KIM, MD, Hyoung D	Allegheny
KIM, MD, Hyung-Bae	Luzerne
KIM, MD, Ih C	Northampton
KIM, MD, Ikjin	Philadelphia
KIM, MD, Il G	Lycoming
KIM, MD, Jae-Chil	Allegheny
KIM, MD, Je H	Lawrence
KIM, JEAN	Allegheny
KIM, MD, Jin I	Lehigh
KIM, MD, Jin R	Montgomery
KIM, MD, Jung S	Philadelphia
KIM, MD, Kun H	Washington
KIM, MD, Kwan E	Philadelphia
KIM, MD, Kyu S	Lehigh
KIM, MD, Myoung S	Fayette
KIM, PAUL H	Student
KIM, MD, Paul S	Chester
KIM, MD, Philip Y	Philadelphia
KIM, MD, Raymond Y	Butler
KIM, MD, Richard	Allegheny
KIM, MD, Sang M	Jefferson
KIM, MD, Scott S	Allegheny
KIM, MD, Song K	Washington
KIM, MD, Sun C	Schuylkill
KIM, MD, Sung Y	Allegheny
KIM, MD, Uh G	Lawrence
KIM, MD, Wan J	Lawrence
KIM, MD, Wha S	Fayette
KIM, MD, Wha Sun	Allegheny
KIM, MD, Yang K	Butler
KIM, MD, Yong Deok	Allegheny
KIM, MD, Yong Il	Westmoreland
KIM, MD, Yong W	Lancaster
KIM, MD, Yoon C	Allegheny
KIM, MD, Youn H	Westmoreland
KIM, MD, Young W	Bucks
KIM, MD, Yung S	Bucks
KIMBEL, MD, Philip	Philadelphia
KIMLESS-GARBER, MD, Debra B	Montgomery
KIMMEL, MD, Craig A	Berks
KIMMEL, MD, Henry A	Delaware
KIMMEL, MD, Michael E	Lehigh
KIMMEL, MD, Murray H	Philadelphia
KIMMEL, MD, Robert M	Philadelphia
KINDER, MD, Roy R	Delaware
KING, MD, Andrew J	Cambria
KING, MD, Arthur B	Bradford
KING, MD, Arthur H	Westmoreland
KING, MD, Barbara L	Allegheny
KING, MD, Bernard D	Chester
KING, MD, Charles C	Philadelphia
KING, MD, Diane L	Lancaster
KING, MD, Joseph T	Bradford
KING, MD, Leo M	Allegheny
KING, MD, Lois I	Philadelphia
KING, MD, Lorraine C	Philadelphia
KING, MD, Phillip E	Cambria
KING, MD, Robert L	Allegheny
KING, MD, S Victor	Blair
KING, MD, Weir L	Berks
KINGHORN, MD, Mildred A	Allegheny
KINGSBURY, MD, Robert C	Montgomery
KINKEAD, KEVIN P	Allegheny
KINLAW, MD, W Bernard	Montgomery
KINNEY, MD, Mary S	Westmoreland
KINOSIAN, MD, Mary J	Venango
KINSEL, MD, Alvin A	Allegheny
KINTZEL, MD, James E	Lehigh
KINTZER JR, MD, John S	Northampton
KINTZI, MD, Harry E	Lancaster
KIPP, MD, James E	Lancaster
KIPROFF, MD, Paul M	Allegheny
KIRALY, MD, Laszlo	Lackawanna
KIRBY, MD, Cheryl L	Philadelphia
KIRBY, MD, Claude W	Cambria
KIRBY, MD, Jacqueline P	Luzerne
KIRBY, MD, James E	York
KIRCHDOERFER, MD, Elaine J	Berks
KIRCHHOFER, MD, Lewis H	Delaware
KIRCHNER, MD, G Gary	Lancaster
KIRCHOFFER, MD, James B	Luzerne
KIRK, MD, Daniel L	Northmbrland
KIRK, MD, Jacquelyn M	Allegheny
KIRK, MD, Marvel S	Lancaster
KIRKER JR, MD, Walter R	Dauphin
KIRKPATRICK, MD, Daniel W	Montgomery
KIRKPATRICK, MD, John R	Allegheny
KIRKPATRICK, MD, Robert L	Crawford
KIRKPATRICK, MD, Samuel A	York
KIRKPATRICK JR, MD, David D	Crawford
KIRSCH, MD, Paul B	Mckean
KIRSCH, MD, William J	Blair
KIRSHBAUM, MD, Bernard A	Philadelphia
KIRSHBAUM, MD, Gary R	Philadelphia
KIRTLAND III, MD, Howard H	Venango
KISH, MD, George F	Erie

KISH, DO, John M	Luzerne
KISH, MD, Robert S	Centre
KISH, MD, Zoltan L	Indiana
KISLOFF, MD, Barry	Allegheny
KISNER, MD, Robert G	Allegheny
KISSELL, MD, Dewitt C	Allegheny
KISTLER, MD, David W	Luzerne
KISTLER, MD, Kermit K	Lehigh
KISTLER, MD, Paul M	Montgomery
KISTLER, MD, Philip E	Chester
KISTLER, MD, Priscilla J	Montgomery
KISTLER, SHARON A	Student
KISTLER, MD, Warren D	Franklin
KISTLER, MD, William S	Montgomery
KITCHEN II, MD, James G	Monroe
KITCHEN III, MD, James G	Delaware
KITEI, MD, Milton N	Philadelphia
KITEI, MD, William J	Northampton
KITSKO, DO, Dennis	Washington
KITSKO, MD, William T	Cambria
KITTLEBERGER, MD, William C	Bucks
KITTRELL, MD, William H	Washington
KITTS, MD, Ellen L	Allegheny
KITZMILLER, MD, John K	Dauphin
KIVITZ, MD, Alan J	Blair
KLAG, DO, Joseph V	Beaver
KLAIN, MD, Matthew N	Allegheny
KLAIN, MD, Miroslav	Allegheny
KLASKIN, DO, Bruce D	Allegheny
KLASKO, MD, Stephen K	Lehigh
KLATCHKO, MD, William W	Lebanon
KLATMAN, MD, Samuel J	Allegheny
KLAUS, MD, Thomas C	Erie
KLAVAN, MD, Marshall	Delaware
KLAWON, MD, David L	Erie
KLAY, MD, John W	Allegheny
KLECKNER, MD, Francis S	Lehigh
KLEEMAN, MD, Audrey K	Philadelphia
KLEES, MD, Athanasius	Lehigh
KLEES, DO, David A	Erie
KLEIN, ALAN H	Allegheny
KLEIN, MD, Dorothy E	Philadelphia
KLEIN, MD, Fred S	Washington
KLEIN, MD, Gerald M	Delaware
KLEIN, MD, Howard	Philadelphia
KLEIN, MD, Joseph F	Chester
KLEIN, MD, Joseph M	Luzerne
KLEIN, MD, Lawrence	Monroe
KLEIN, MD, Michael A	York
KLEIN, MD, Michael E	Dauphin
KLEIN, DO, Milton J	Allegheny
KLEIN, MD, Raymond A	Berks
KLEIN, MD, Richard M	Allegheny
KLEIN, MD, Robert	Columbia
KLEIN, MD, Robert F	Montour
KLEIN, MD, Sanford M	Allegheny
KLEIN, MD, Sheldon	Philadelphia
KLEIN, MD, Theodore C	Jefferson
KLEIN, MD, Thomas E	Delaware
KLEIN JR, MD, William J	Berks
KLEINBART, MD, Morris	Philadelphia
KLEINBERG, DO, Harvey S	Philadelphia
KLEINER, MD, Anton J	Berks
KLEINER, MD, Henry T	Philadelphia
KLEINER, MD, Laurence I	Philadelphia
KLEINERT, MD, Richard W	Clearfield
KLEINMAN, DO, Jay M	Delaware
KLEINSCHMIDT, MD, Robert F	Allegheny
KLEIST, MD, Paul C	Allegheny
KLEM, MD, Albert J	Luzerne
KLEMENS, MD, Lee J	Cambria
KLEMENS, MD, Robert F	Cambria
KLEPPINGER, MD, Richard K	Berks
KLETTER, MD, Jan C	Philadelphia
KLIEFOTH, DO, William L	Bucks
KLIEGER, MD, Herman L	Westmoreland
KLIGERMAN, MD, Morton M	Philadelphia
KLIGMAN, MD, Albert M	Philadelphia
KLIMAS, MD, Victor A	Erie
KLIMES, MD, Ronald L	York
KLINE, MD, Edgar W	Montgomery
KLINE, MD, Irwin K	Delaware
KLINE, MD, Jack A	York
KLINE, MD, Robert M	Lebanon
KLINE, MD, Robert W	Allegheny
KLINE, MD, Tilde S	Delaware
KLINEFELTER, MD, Hylda C	Delaware
KLINGENSMITH, MD, Mark R	Dauphin
KLINGENSMITH, MD, Walter C	Philadelphia
KLINGER, MD, Frank A	Venango
KLINGER, MD, Harry M	Montour
KLINGHOFFER, MD, June F	Philadelphia
KLINGHOFFER, MD, Leonard	Philadelphia
KLINMAN, MD, Steven W	Philadelphia
KLINMAN, MD, William	Philadelphia
KLINOW, MD, Linda F	Delaware
KLINZING, MD, Gerard F	Delaware
KLIONSKY, MD, Bernard L	Allegheny
KLOIN, MD, Jay E	Lehigh
KLOSE, MD, Paul L	Somerset
KLOTZ, MD, Donald J	Lehigh
KLUFAS, MD, Alexander J	Chester
KLUFT, MD, Richard P	Berks
KLUG, MD, Gerald D	Allegheny
KLUTZ, MD, Joseph P	Allegheny
KNAPP, MD, Michael A	Bucks
KNAPP, MD, Robert C	Beaver
KNAPPENBERGER, MD, William L	Allegheny
KNAPPER, MD, Elizabeth J	Lehigh
KNAPPMAN, MD, John W	Berks
KNAUB, MD, Marilyn B	Lancaster
KNEBL, DO, Janice A	Montour
KNECHT, MD, Charles L	Lehigh
KNEE, DO, Norman S	Philadelphia
KNEIFATI, MD, Ahmed	Northmbrland
KNELLER PHD EXEC DIR, W RICHARD	Lackawanna
KNEPLEY, MD, David W	Columbia
KNEPP, MD, Elizabeth E	Allegheny
KNEPP, MD, Mary E	Monroe
KNEPPER, MD, Joseph A	Lancaster
KNERR, MD, Richard A	Centre
KNERR JR, MD, Edgar D	Lancaster
KNIAZER, MD, Barry	Berks
KNIGHT JR, MD, Emerson L	Dauphin
KNOCH, MD, H Roebling	York
KNOLL, MD, George M	Northampton
KNOTT, MD, Albert P	Allegheny
KNOUSE, MD, Albert B	Bucks
KNOWLES, MD, Harry J	Philadelphia
KNOWLES, MD, Willard E	Delaware
KNOWLTON JR, MD, Stephen B	Montgomery
KNOX, MD, Mark A	Centre
KNOX JR, MD, James D	Montgomery
KNOX-LEE, DO, Margaret M	Lancaster
KNUPP, MD, Donna L	Allegheny
KNUPP, MD, Melvin L	Dauphin
KO, MD, Chan S	Schuylkill
KO, MD, Eugene C H	Lancaster
KO, MD, Jehoon	Beaver
KO, MD, Min-Hsiung	Philadelphia
KO, MD, Yih S	Carbon
KO, MD, Yih Song	Mercer
KOBALY, MD, David J	Allegheny
KOBAN, JAMES M	Student
KOBB, MD, Mark E	Philadelphia
KOCH, MD, Andrew W	Lancaster
KOCH, MD, Joseph C	Allegheny
KOCH, MD, L Von	Lackawanna
KOCH, MD, Pamela J	Armstrong
KOCH, MD, Thomas J	Lehigh
KOCHAN, MD, Jeffrey P	Philadelphia
KOCHEL, MD, Randy L	Lancaster
KOCHU, MD, Steve	Berks
KODALI, MD, Raja V	Allegheny
KODSI, MD, Magdi S	Philadelphia
KODUMAL, MD, Luis E	Delaware
KODURI, MD, Parandham	Allegheny
KOEHL JR, MD, C Warren	Luzerne
KOELLER, MD, Royal R	Cambria
KOELSCH, MD, Robert R	Bucks
KOENIG, MD, Hans	Allegheny
KOENIG, MD, Johann A	Luzerne
KOENIG, MD, Mark A	Allegheny
KOENIG, MD, Theodore R	Clarion
KOENIGSBERG, MD, Bess S	Philadelphia
KOEPSELL, MD, Don G	Philadelphia
KOERBER JR, MD, Walter A	Dauphin
KOFF, MD, Richard A	Bucks
KOFFLER, MD, Howard B	Bucks
KOFLANOVICH, SUSAN E	Student
KOFSKY, MD, Phillip M	Philadelphia
KOGAN, MD, Allan J	Philadelphia
KOHAN, DO, David A	Lehigh
KOHL, MD, David H	Armstrong
KOHL, MD, E James	Philadelphia
KOHL, MD, Stephen D	Berks
KOHLER, MD, F Peter	Delaware
KOHLER, MD, Henry J	Philadelphia
KOHLER EXEC SEC, MICHAEL P	Cambria
KOHLHAS, MD, Jacob J	Montgomery
KOHN, MD, Mark I	Philadelphia
KOHRT, MD, Alan E	Wayne/Pike
KOHUTIAK, MD, Vsevolod	Delaware
KOIMATTUR, MD, Arwind	Allegheny
KOIVUNEN, MD, Debra G	Dauphin
KOIWAI, MD, Eichi K	Philadelphia
KOKALES, MD, John G	Allegheny
KOLANDER, MD, Scott A	Philadelphia
KOLANSKY, MD, Harold	Philadelphia
KOLB, MD, Aaron J	Lycoming
KOLB, MD, Charles E	Lycoming
KOLB, MD, Norman R	Allegheny
KOLBER, MD, Lauren R	Bucks
KOLENICH, MD, James J	Mercer
KOLESSAR, MD, David J	Philadelphia
KOLFF, MD, Jacob	Philadelphia
KOLINER, MD, Charles M	Allegheny
KOLLER, MD, Harold P	Montgomery
KOLOCK, MD, Robert A	Allegheny
KOLONICH, KIMBERLY A	Student
KOLTER, MD, James S	Chester
KOLTER JR, MD, Joseph P	Allegheny
KOLTES, MD, John A	Philadelphia
KOLTON, MD, Vladimir J	Berks
KOMALAHIRANYA, MD, Amnuay	Washington
KOMALAHIRANYA, MD, Usa E	Washington
KOMEN, MD, Supote S	Washington
KOMER, LOUIS M	Student
KONCHANIN, MD, Lynn M	Bucks
KONCHAR, MD, William C	Montour
KONDASH, DO, Dennis J	Lackawanna
KONDAVEETI, MD, Kotayya	Allegheny
KONDRATOWSKI, MD, Richard Z	Philadelphia
KONDROT, MD, Edward C	Allegheny
KONECKE, MD, Lee L	Montgomery
KONECKE, MD, M Louis	Luzerne
KONGSTVEDT, MD, Peter R	Allegheny
KONHAUS, MD, Carol H	Dauphin
KONRAD, MD, Mark G	Beaver
KONTRA, MD, Joseph M	Lancaster
KONVOLINKA, MD, Carl W	Cambria
KONWINSKI, MD, Edward S	Mckean
KOO, MD, Kim Eng	Philadelphia
KOO, MD, Peter J	Bucks
KOO, MD, Wook H	Luzerne
KOOLPE, MD, Harvey A	Philadelphia
KOOLPE, MD, Louis	Philadelphia
KOOROS, MD, Kian S	Allegheny
KOOSER, MD, Robert R	Allegheny
KOPACH, MD, Kathleen	Columbia
KOPEN, MD, Dan F	Luzerne
KOPENHAVER, MD, Donald B	Lehigh
KOPP, MD, Nel	Centre
KOPPEL, MD, Max M	Philadelphia
KOPROWSKA, MD, Irena	Philadelphia
KOPROWSKI, MD, Christopher D	Philadelphia
KOPROWSKI, MD, Hilary	Philadelphia
KOPYT, DO, Nelson P	Lehigh
KORBONITS, MD, Charles W	Chester
KORDEK, MD, Michael E	Cambria
KOREN, MD, Phillip A	Philadelphia
KORENTZWITT, MD, Edith	Philadelphia
KOREY, CHARLOTTE L	Allegheny
KOREY, MD, Joseph J	Philadelphia
KOREY JR, MD, Joseph J	Berks
KORHAMMER, MD, Alan F	Northampton
KORINCHAK, MD, Jerome L	Mifflin/Juni
KORMAN, MD, Michael J	Philadelphia
KORMIS, KAREN K	Student
KORNELUK-REILLY, MD, Theresa	Philadelphia
KORT, MD, Joseph F	Northmbrland
KOSCO, MD, George M	Jefferson
KOSENKO, MD, Alexander	Erie
KOSENSKE, TED D	Allegheny
KOSHAR, MD, Mark I	Northampton
KOSIEROWSKI, MD, Richard R	Bucks
KOSSOL, MD, Janet M	Allegheny
KOST, MD, Kenneth R	Armstrong
KOST, MD, Lewis V	Dauphin
KOST, MD, Paul F	Allegheny
KOST, VIRGINIA L	Allegheny
KOSTER, MD, Lee H	Westmoreland
KOSTIN, MD, Raymond F	Dauphin
KOSTYAL, MD, John L	Allegheny
KOTAKIS, MD, John	Philadelphia
KOTALA, STANLEY H	Student
KOTCH, MD, Michael J	Luzerne
KOTLER, MD, Barry M	Philadelphia
KOTLOFF, MD, Leon	Philadelphia
KOTTAPALLY, MD, Srinivas M	Allegheny
KOTTNER JR, MD, W Wallace	Washington
KOTYO, MD, John A	Delaware
KOUGH, MD, Robert H	Montour
KOUKAL, MD, Ludwig R	Lawrence
KOUL, MD, Hira	Cambria
KOUNTZ, MD, David S	Philadelphia
KOUSEN, MD, Morton	York
KOUTCHER, MD, Martin E	Philadelphia
KOVACS, MD, Donald J	Cumberland
KOVACS, DO, James E	Luzerne
KOVACS, MD, Robert J	Lehigh
KOVAL, MD, Joseph C	Lackawanna
KOVALOVICH, KELLEN K	Student
KOVALSKI, MD, Raymond	Chester
KOVALSKY, MD, Don A	Philadelphia
KOVALSKY, MD, Kenneth	Berks
KOVAR, MD, Charles E	Northampton
KOVATCH, MD, Anthony L	Allegheny
KOVELESKIE, JOSEPH R	Student
KOVEN, MD, Norman L	Philadelphia
KOWALLIS, MD, George F	Allegheny
KOWALSKI, MD, Joseph J	Luzerne
KOZART, MD, David M	Philadelphia
KOZERA, MD, Richard J	Philadelphia
KOZICKY, MD, Peter W	Northampton
KOZIN, MD, William	Delaware
KOZINN, MD, Wesley P	Northampton
KOZIUPA, MD, Diana M	Bucks
KOZLEK, MD, Thomas F	Luzerne
KOZLOWSKI, DO, Maryann	Erie
KOZMINSKY, MD, Mark E	Clearfield
KOZUB, MD, Robert E	Philadelphia
KRABLIN, MD, Ronald	Adams
KRACKOW, MD, Joel A	Delaware
KRAEMER, MD, David W	Allegheny
KRAFCHIN, MD, Ira C	Lackawanna
KRAFTOWITZ, MD, Robert E	Allegheny
KRAH ASST EXEC DIR, JOHN G	Allegheny
KRAIN, MD, Raymond	Delaware
KRAINSKY, MD, Semyon M	Philadelphia
KRAK, MD, Michael	Allegheny
KRAKOVITZ, MD, Jay A	Philadelphia
KRALJEVIC, MD, Juan E	Berks
KRALL, MD, J Thomas	Delaware
KRAM, MD, John E	Allegheny
KRAMER, MD, David J	Philadelphia
KRAMER, MD, Frederick L	Philadelphia
KRAMER, MD, Kenneth	Northampton
KRAMER, MD, Mark S	Philadelphia
KRAMER, MD, Randall K	Berks
KRAMER, MD, Selma	Philadelphia
KRAMER, MD, Simon	Philadelphia
KRAMER, MD, William A	Franklin
KRANE, MD, Marvin A	Philadelphia
KRANIK, MD, Andrew D	Allegheny
KRANTZ, MD, Kathryn E	Philadelphia
KRANTZ, MD, Walter J	Montgomery
KRANTZLER, MD, Joseph D	Montgomery
KRARAS, MD, Christine M	Philadelphia
KRASNOFF, MD, Sidney O	Philadelphia
KRATZ, MD, Vernon H	Bucks
KRATZER, MD, Guy L	Lehigh
KRAUS, MD, David R	Allegheny
KRAUS, ELIZABETH A	Allegheny
KRAUS, MD, John F	Allegheny
KRAUS, MD, Richard E	York
KRAUS, MD, Theodore J	Philadelphia
KRAUSE, DO, Craig J	Schuylkill
KRAUSE, MD, Helen F	Allegheny
KRAUSE, MD, Marilyn	Philadelphia
KRAUSE, MD, Norman M	Allegheny
KRAUSE, MD, Robert E	Lackawanna
KRAUSE, MD, Robert L	Philadelphia
KRAUSE, MD, Seymoure	Allegheny
KRAUSS, MD, Jack	Philadelphia
KRAUSZ, MD, Marcos	Delaware
KRAUSZ, MD, Martin R	Philadelphia
KRAVIS, MD, Lillian P	Montgomery
KRAVITZ, MD, Bernard J	Montgomery
KRAVITZ, MD, Charles H	Philadelphia
KRAYBILL, MD, Harold E	Lancaster
KRAYBILL, MD, Leon S	Lancaster
KRAYER JR, MD, Nicholas H	Beaver
KRAYNACK, MD, Barry J	Berks
KRAYNAK, MD, Joseph C	Montgomery
KRAYNICK, MD, Benjamin M	Lehigh
KREBS, MD, James A	Allegheny
KREBS, MD, Stephen J	Cumberland
KREGER, MD, Spencer	Cambria
KREGER JR, MD, Oliver J	Westmoreland
KREHL, MD, Willard A	Philadelphia
KREIDER, MD, Edward E	Lebanon
KREIDER, MD, Henry L	Lancaster
KREIDER, MD, John K	Lancaster
KREIDER, MD, John W	Dauphin
KREIDER, MD, Kathleen A	Lancaster
KREINBROOK, MD, Suzanne B	Allegheny
KREISER JR, MD, Joseph R	Dauphin
KREITHEN, MD, Harold	Lehigh
KRELL, MD, Arthur S	Cambria
KREMENS, MD, Victor	Philadelphia
KREMER, MD, Frederic B	Philadelphia
KREMER, MD, Howard U	Philadelphia
KREMER JR, MD, Edwin S	Erie
KREMSER, MD, Charles A	Allegheny
KRENIS, MD, Laurence J	Philadelphia
KRENZEL, MD, Archibald R	Philadelphia
KRESH, MD, Norman N	Allegheny
KRESOCK JR, MD, Frank D	Montour
KRESPAN, MD, Charles B	Lancaster
KRESSLER, MD, Robert J	Philadelphia
KRETZ, MD, Stewart F	Allegheny
KRETZING, MD, Harold G	Cumberland
KREULEN, MD, Thomas H	Philadelphia
KREUZBURG, MD, Robert C	Columbia
KREVOLIN, DO, Larry E	Philadelphia
KREVSKY, MD, Benjamin	Philadelphia
KRICUN, MD, Morrison E	Philadelphia
KRICUN, MD, Robert	Lehigh
KRIEBEL, MD, Dorothy E	Berks
KRIEBEL, MD, Richard H	Bucks
KRIEDMAN, MD, Terry F	Philadelphia
KRIEGER, MD, Benson	Philadelphia
KRIEGER, MD, Harry L	Northampton
KRIEGER, MD, Steven M	York
KRIFCHER, MD, Charles	Allegheny
KRIFCHER, MD, Emanuel	Allegheny
KRING, MD, Carroll S	Berks
KRINSKY, MD, Sam I	Cambria
KRISANDA, MD, Joseph B	Lackawanna
KRISCH, MD, Ronald A	Lehigh
KRISHNA, MD, Bhupendra	Chester
KRISHNA, MD, Narendra	Chester
KRISHNAN, MD, Geeta	Columbia
KRISHNAN, MD, Kalyan S	Montour
KRISHNAN, MD, R G	Allegheny
KRISHNAPPA, MD, Boriah N	Westmoreland
KRISHNASWAMI, MD, Subramania	Allegheny
KRISHNASWAMI, MD, V	Allegheny
KRISSINGER, MD, Robert C	Lancaster
KRISTAN, MD, William G	Allegheny
KRISTO, MD, Catherine V	Delaware
KRISTOFIC, MD, John D	Allegheny
KRISTVINSSON, MD, Hoskuldur	Monroe
KRIVENKO, MD, Charles A	Luzerne
KRIVINKO, MD, Dennis M	Allegheny
KROB, MD, Mary Jeanne	Allegheny
KROEGER, MD, Hilda H	Allegheny
KROL, MD, Ronald C	Berks
KROMASH, MD, Marvin H	Montgomery
KRON, MD, Kenneth M	Philadelphia
KRON, MD, Samuel D	Philadelphia
KROOP, MD, Howard S	Philadelphia
KROPINICKI, MD, William C	Bucks
KROSER, MD, Albert S	Philadelphia
KROSER, MD, Lila S	Philadelphia
KROSNICK, JODY A	Student
KROSNOFF, MD, Michael	Washington
KROSS, MD, Dean E	Allegheny
KROSS, MD, Timothy J	Allegheny

KROT, DO, Alexander A	Jefferson
KROTEC, MD, Joseph W	Philadelphia
KROTEC, MD, Joseph W	Allegheny
KROUSE, MD, John M	Westmoreland
KROUSKOP, MD, Andrew C	Allegheny
KRUG, MD, Edgar S	Centre
KRUGH, MD, Francis J	Allegheny
KRUGH, MD, James W	Allegheny
KRUPER, MD, John S	York
KRUPIN, MD, Theodore	Philadelphia
KRUPSKI, MD, Carol A	Allegheny
KRUSEN, MD, David E	Lancaster
KRUSZEWSKI, MD, Stefan P	Cambria
KRYSTON JR, DO, John J	Luzerne
KRYWICKI, MD, William J	Luzerne
KRZYWICKI, MD, Paul L	Philadelphia
KSIAZEK, MD, Susan M	Philadelphia
KUBER, MD, Matthew E	Philadelphia
KUBER, MD, Matthew T	Wayne/Pike
KUBIK, MD, Carolyn J	Allegheny
KUCER, MD, Frank T	Bucks
KUCER, MD, Kathleen A	Bucks
KUCHARCZUK, MD, John B	Lehigh
KUCHERA, MD, Michael W	Allegheny
KUCIRKA, MD, Susan J	Northampton
KUHN, MD, Richard H	Erie
KUHNEN, MD, Walter H	Warren
KUHNLEY, MD, Edward J	Centre
KUKLINSKI, MD, Lawrence M	Erie
KUKLINSKI, MD, Louise H	Montgomery
KUKORA, MD, John S	Montgomery
KUKRIKA, MD, Miodrag D	York
KULBASKI, MD, Frank E	Luzerne
KULBASKI, MARK J	Allegheny
KULCZYCKI, MD, Edward	Bradford
KULKARNI, MD, Pradeep K	Cambria
KULLING, MD, David L	Clearfield
KULP, MD, Jeffrey T	Philadelphia
KUMAR, MD, Ashok	Washington
KUMAR, MD, Harinath V	Venango
KUMAR, MD, Pradeep	Washington
KUMAR, MD, Prem	Butler
KUMAR, MD, Rakesh	Allegheny
KUMAR, MD, Ravi J	Butler
KUMAR, MD, Satish	Greene
KUMAR, MD, V Hema	Westmoreland
KUMAR, MD, V Rama	Westmoreland
KUMAR, MD, Veerandra	Philadelphia
KUN, MD, Joseph	Allegheny
KUNDA, MD, Gopal D	Westmoreland
KUNDU, MD, Sambhu N	Dauphin
KUNIS, MD, Chris C W	Franklin
KUNKEL, MD, Barbara K	Dauphin
KUNKEL, MD, George A	Fayette
KUNKEL, MD, George W	Dauphin
KUNKEL, MD, Herbert G	Allegheny
KUNKEL, MD, James V	Allegheny
KUNKEL, MD, Mary E	Fayette
KUNKEL, MD, Nanette C	Philadelphia
KUNKEL, MD, W Minster	Dauphin
KUNKEL, MD, William H	Allegheny
KUNSCHNER, MD, Alan J	Allegheny
KUNSCHNER, MD, Albert J	Allegheny
KUNSMAN, MD, William E	Allegheny
KUNZ, MD, Harold G	Lehigh
KUNZ, ROBERT A	Student
KUO, JAMES S	Student
KUO, JOHN S	Student
KUPERSMITH, MD, Stephen J	Bucks
KUPFER, MD, Samuel	Allegheny
KUPP, MD, John H	Carbon
KUPREVICH, DO, William J	Columbia
KURELLO, MD, Philip J	Luzerne
KUREMSKY, MD, Dale A	Allegheny
KUREY, MD, Robert J	Lancaster
KURIAN, MD, Santhamma	Blair
KURTZ, ADELLE G	Student
KURTZ, MD, Alfred B	Philadelphia
KURTZ, MD, J Stephen	Philadelphia
KURTZ, MD, James W	Delaware
KURTZ, MD, John E	Allegheny
KURTZ, MD, Michael B	Delaware
KURTZ, MD, Rosa T	Delaware
KURZ, MD, Richard B	York
KURZ, MD, Susan D	York
KUSH, MD, Frank H	Allegheny
KUSH, MD, Margaret B	Allegheny
KUSH, MD, Michael J	Jefferson
KUSHEL, MD, Steven M	Philadelphia
KUSHNER, MD, Bertrand	Dauphin
KUSHNER, MD, Lois N	York
KUSHNER JR, MD, George	York
KUSIAK, MD, Joseph F	Philadelphia
KUSIAK, MD, Michael T	Luzerne
KUSIAK, MD, Victoria M	Philadelphia
KUSKIN, MD, Louis F	Dauphin
KUSSMAUL, MD, William G	Berks
KUTALEK, MD, Steven P	Philadelphia
KUTCH, MD, James D	Wayne/Pike
KUTNER, MD, Barry N	Bucks
KUTNEY, MD, Francis G	Delaware
KUTSCHER, MD, Harlan A	Berks
KUTSENKOW, MD, Michael	Allegheny
KUTTY, MD, Ahmed C	Philadelphia
KUTZ, MD, Charles M	Clarion
KUTZ, MD, Eugene R	Bedford
KUWIK, MD, Richard J	Allegheny
KUZMA JR, MD, Paul M	Beaver
KWA, MD, Daniel M	Philadelphia
KWA, LINDA A	Allegheny
KWAPIEN, MD, Frederic J	Delaware
KWEI, MD, Josephine M	Potter
KWITKA, MD, George	Crawford
KWON, MD, Jong D	Blair
KYLANDER, KRISTIN A	Allegheny
KYLE, MD, G Clayton	Philadelphia
KYNE, MD, Peter J	Allegheny
KYRCZ, MD, Robert W	Philadelphia
KYREAGES, MD, Constantine G	Allegheny
KYRIACOPOULOS, MD, John D	Allegheny

L

LABBATE, MD, Victor A	Luzerne
LABE, MD, Alexander	Philadelphia
LABELLE, MD, Patrice	Montgomery
LABKOFF, STEVEN E	Student
LABORDA, MD, Oscar E	Delaware
LABORDE, MD, Andrea T	Delaware
LABOSH, MD, Timothy J	Berks
LABOWSKIE, MD, Eugene M	Montgomery
LABRIOLA, PAULA A	Allegheny
LABUDA II, MD, Joseph M	Fayette
LACAVARO, MD, Jules A	Delaware
LACE, MD, Thomas E	Westmoreland
LACHMAN, MD, Bernard E	Lehigh
LACHMAN, MD, Joseph	Delaware
LACKNER, MD, David F	Allegheny
LACOUTURE, MD, Luis	Allegheny
LACZI, MD, Joseph B	Luzerne
LADANI, MD, Chhaganlal D	Allegheny
LADDA, MD, Roger L	Dauphin
LADDEN, MD, Paul A	Philadelphia
LADENHEIM, MD, Steven E	Philadelphia
LADO, MD, Michael	Schuylkill
LAFFERTY, THOMAS E	Student
LAFLEUR, MD, Richard P	Luzerne
LAFOLLETTE, MD, Bruce F	Montour
LAFONTAINE, MD, Mildred H	Philadelphia
LAFONTANT, MD, Raymond F	Philadelphia
LAFONTANT, MD, Robert R	Westmoreland
LAGNESE, MD, Margaret A	Allegheny
LAGRIMAS, MD, Fernando C	Northmbrland
LAGUNILLA, MD, Juanito L	Montgomery
LAHAV, MD, Erika	Northampton
LAIBSON, MD, Peter R	Philadelphia
LAIGON, MD, Eugene E	Carbon
LAING, MD, John W	Franklin
LAING, MD, Patrick G	Allegheny
LAKDAWALA, MD, Shabbir	Allegheny
LAKOVICS, MD, Magnus	Centre
LAKSHMIN, MD, Murali	Berks
LALLI, MD, Joanne M	Lycoming
LALLY, MD, Francis L	Allegheny
LALLY, MD, Francis L	Mercer
LALLY, MD, Michael E	Allegheny
LALLY, MD, Patrick T	Westmoreland
LALUNA, MD, Francis J	Lackawanna
LAM, MD, Carl A	Lehigh
LAMADE, MD, Charles D	Lycoming
LAMAN JR, MD, Paul D	Allegheny
LAMANNA, MD, John V	Berks
LAMARQUE, MD, Edward E	Dauphin
LAMAS, MD, Carlos C	Allegheny
LAMB, MD, Kathleen G	Allegheny
LAMB, MD, Michael G	Allegheny
LAMBERT, MD, Barbara A	Philadelphia
LAMBERT, DO, Joan C	Philadelphia
LAMBERT, MD, Kenneth P	Berks
LAMBERT, MD, Maciej	Philadelphia
LAMBERT, MD, Robert L	Philadelphia
LAMBERTI, MD, William F	Lackawanna
LAMBERTON, MD, William D	Erie
LAMBERTON, MD, William F	Erie
LAMBERTSEN, MD, Christian J	Philadelphia
LAMBIASE, MD, Louis R	Allegheny
LAMBICHI, MD, Marika E	Delaware
LAME, MD, Edwin L	Philadelphia
LAMON, MD, Charles P	York
LAMONTE, MD, Thomas E	Fayette
LAMP, MD, Albert L	Erie
LAMP JR, MD, Clyde B	Allegheny
LAMPE II, MD, William T	York
LAMPERSKI, MD, Curtis R	Allegheny
LAMPERSKI, MD, Lloyd G	Allegheny
LAMSBACK, MD, Edward G	Philadelphia
LAN, MD, Sung-Shu	Indiana
LAN, YUHUAN	Student
LANAUZE, MD, Harry E	Allegheny
LANCASTER, MD, Stewart L	Beaver
LANCASTER JR, MD, Edward L	Lancaster
LANCELLOTTI, MD, Giuseppe	Lancaster
LANDAU, MD, Leo W	Luzerne
LANDAU, MD, Philip M	Allegheny
LANDAY, MD, Louis H	Allegheny
LANDAY, MD, Ronald A	Allegheny
LANDER, MD, Jeffrey R	York
LANDER, MD, William W	Montgomery
LANDERMAN, MD, Nathaniel S	Allegheny
LANDES, MD, Ray P	Bucks
LANDFAIR, MD, Roy J	Allegheny
LANDFRIED, DO, Robert M	Adams
LANDIS, MD, Floyd M	Lancaster
LANDIS, MD, Ray L	Wyoming
LANDIS, MD, Richard M	Lancaster
LANDIS, MD, Robert C	York
LANDIS, TIMOTHY D	Allegheny
LANDIS, MD, William A	York
LANDOLF, MD, Michael J	Bradford
LANDON, BRUCE E	Student
LANDON JR, MD, Lyndon H	Allegheny
LANDSBERG, MD, Marc A	Philadelphia
LANDWEHR, MD, Douglas M	Allegheny
LANE, MD, Barbara	Bucks
LANE, MD, C Darrell	Berks
LANE, MD, Jane L	Montgomery
LANE, MD, John D	Bucks
LANE, MD, John F	Washington
LANE, MD, Sally D	Philadelphia
LANG, DAVID F	Student
LANG, DO, Eric L	Philadelphia
LANG, MD, Gregory M	Lehigh
LANG, MD, Howard N	Allegheny
LANG, DO, John B	Northampton
LANG, MD, Kathie J	Union
LANG, MD, Nikki	Philadelphia
LANG, MD, Stanley	Jefferson
LANGAN III, MD, E Lawrence	Delaware
LANGAN III, MD, Eugene M	Bradford
LANGE, MD, Julie M	Philadelphia
LANGE JR, MD, Paul C	Allegheny
LANGENHEIM, MD, Geosette A	Washington
LANGER, MD, D Morton	York
LANGER, MD, Terry	Philadelphia
LANGHEINRICH, MD, Walter S	Allegheny
LANGOL JR, MD, George	Allegheny
LANGON, MD, James	Schuylkill
LANGRALL, MD, Harrison M	Chester
LANGSAM, MD, Andrew	Lancaster
LANGSTON, MD, William C	York
LANIGAN, MD, Christine J	Philadelphia
LANIGAN, MD, James J	Mifflin/Juni
LANOCE, MD, Louis F	Philadelphia
LANPHER, MD, Gregory B	York
LANSHE, MD, Harold F	Dauphin
LANSING, MD, Dorothy I	Chester
LANTOS, MD, Raymond J	Cambria
LANTZY, MD, Alan	Allegheny
LANZ, MD, Richard K	Allegheny
LANZ JR, MD, Robert J	Allegheny
LANZILLO, MD, Joseph H	Lancaster
LAPAT, MD, Richard C	Philadelphia
LAPAYOWKER, MD, Marc S	Philadelphia
LAPE JR, MD, I Samuel	Lebanon
LAPES, MD, George A	York
LARA, MD, Henry R	Erie
LARACH, MD, David R	Dauphin
LAREAU, MD, Daniel G	Warren
LARGE, MD, Fred D	Washington
LARGE, MD, Hiram S	Northampton
LARGOZA, MD, Nacianceno T	Philadelphia
LARKIN, MD, Francis L	Fayette
LARKIN, G LUKE	Student
LARKIN, MD, Joyce M	Philadelphia
LARKIN, MD, Stephen G	Elk/Cameron
LARKIN, MD, Walter J	Lackawanna
LARKIN, MD, William A	Fayette
LARKIN JR, MD, Michael J	Lawrence
LARKIN JR, MD, Vincent D	Lackawanna
LARKIN JR, MD, Walter J	Lackawanna
LAROSSA, MD, Donato D	Philadelphia
LARRIEU, MD, Alberto J	Philadelphia
LARSON, MD, Christopher E	Allegheny
LARSON, MD, Eleanor	Tioga
LARSON, MD, Thomas J	Allegheny
LARSON JR, MD, Theodore S	Lycoming
LASALVIA, MD, Lucy A	Philadelphia
LASHER, MD, J Donald	Erie
LASHER, MD, Robert L	Erie
LASKA, MD, Edward M	Delaware
LASKAS, MD, John J	Delaware
LASKAS JR, MD, John J	Delaware
LASKIN, MD, Isadore	Philadelphia
LASKY, MD, Henry P	Mercer
LASOTA, MD, George L	Chester
LATCHAW, MD, Richard E	Allegheny
LATMAN, MD, Stephen F	Berks
LATOFF, MD, Thomas J	Chester
LATOUR, MD, Frantz	Philadelphia
LATOUR, MD, Marie G	Philadelphia
LATSHAW, MD, Robert F	Lancaster
LATTANAND, MD, Saowanee	Delaware
LATTANZI, MD, Daniel R	Allegheny
LATTIMER, MD, Gary L	Lycoming
LATTIMORE, MD, Kenneth R	Susquehanna
LATTIN, MD, Gary M	Berks
LATUSKA, MD, Richard F	Allegheny
LATZKO, MD, Paul J	Luzerne
LAUANDOS, MD, Ibrahim E	Bucks
LAUB, MD, Curtis H	Crawford
LAUB, MD, Irene F	Northampton
LAUBACH, MD, George B	Northampton
LAUBACH JR, MD, Charles A	Montour
LAUBY, MD, Vincent W	Philadelphia
LAUCIUS, MD, J Frederick	Philadelphia
LAUCKS, MD, S Philip	York
LAUCKS, MD, Stephen O	York
LAUCKS II, MD, Samuel S	York
LAUDENSLAGER, MD, Elmer C	Bucks
LAUFE, MD, Marc D	Allegheny
LAUFE, MD, Martin B	Philadelphia
LAUFER, MD, Elizabeth U	Philadelphia
LAUFER, MD, Fred	Lehigh
LAUKAITIS, MD, Ronald B	Lancaster
LAUREANO, MD, Reynaldo E	Butler
LAURY, MD, William L	Philadelphia
LAUTER, MD, O Scott	Lancaster
LAUTERBACH, MD, Edwin W	Montgomery
LAUTZ, MD, Virginia H	Philadelphia
LAVAN, MD, Donald W	Philadelphia
LAVANIER, MD, Gregory L	Berks
LAVERAN STIEBER, MD, Rudolf F	Philadelphia
LAVERDE, MD, Philip S	Venango
LAVIN, MD, David M	Erie
LAVIN, MD, Morris	Philadelphia
LAVIN-LESKA, MD, Linda S	Bucks
LAWLESS, MD, David F	Cambria
LAWLOR, MD, Robert J	Montgomery
LAWRENCE, MD, Gary W	Luzerne
LAWRENCE, MD, James B	Philadelphia
LAWRENCE, MD, John W	Delaware
LAWRENCE, MD, Philip H	Monroe
LAWRENCE, MD, Salvatore A	Lackawanna
LAWRENCE JR, MD, Slavatore A	Lackawanna
LAWSKY, MD, Alan R	Allegheny
LAWSON, LORI A	Student
LAYDEN, MD, Paul W	Erie
LAYMAN, MD, Richard P	Franklin
LAYNE, MD, David A	Allegheny
LAYTON, MD, Bradley W	Wayne/Pike
LAZAR, MARK U	Allegheny
LAZAR, MD, Richard J	Luzerne
LAZARO MORAN, MD, Miguela D	Philadelphia
LAZARUS, DO, Ben G	Lancaster
LAZARUS, MD, Gerald S	Philadelphia
LAZARUS, ROBERT E	Student
LAZO, MD, Alfonso	Franklin
LAZOFF, MD, Marjorie	Philadelphia
LAZORIK, MD, Francis C	Delaware
LAZZARO, MD, Theodore A	Westmoreland
LE, MD, Danh V	Washington
LEAHEY, MD, Alan B	Montgomery
LEAL, MD, Gumersindo R	Schuylkill
LEAMAN, MD, David M	Dauphin
LEAMAN, MD, Ivan B	Lancaster
LEAMAN, MD, Phyllis L	Lancaster
LEAR, MD, Benjamin F	Armstrong
LEAR, MD, William L	Indiana
LEARNER, MD, Norman	Philadelphia
LEASE, DO, James A	Delaware
LEASE, MD, John R	Luzerne
LEASER, MD, Joseph P	Dauphin
LEATHERWOOD II, MD, Donald F	Philadelphia
LEAVITT, MD, Herbert M	Northampton
LEAVITT, MD, Richard D	Philadelphia
LEAVITT, DO, Richard Jay	Philadelphia
LEBEAU, MD, Jack	Montgomery
LEBER, MD, David C	Dauphin
LEBER, MD, Paul E	Lycoming
LEBERMAN, MD, Paul R	Philadelphia
LEBISCHAK, MD, Helene C	Lancaster
LEBO, MD, Arland A	Lancaster
LEBOUITZ, MD, Stanton S	York
LEBOVITZ, MD, Charles N	Allegheny
LEBOVITZ, MD, Jerome J	Allegheny
LEBOVITZ, MD, Paul J	Philadelphia
LECHMAN, MD, Michael J	Delaware
LECHMANICK, MD, Eugene A	Allegheny
LECHNER, MD, Frederic C	Lycoming
LECKS, MD, Leonard E	Philadelphia
LEDDY, MD, Cheryl	Philadelphia
LEDIS, MD, Seymour	Bucks
LEE, MD, Bernard L	Philadelphia
LEE, MD, Bong S	Philadelphia
LEE, MD, Chanchi	Bucks
LEE, MD, Charles Y	Delaware
LEE, MD, Chong S	Northampton
LEE, MD, Chung H	Carbon
LEE, MD, Daniel	Chester
LEE, MD, David C S	Philadelphia
LEE, MD, David R	Franklin
LEE, MD, Edward Y	Lackawanna
LEE, ELAINE Y	Student
LEE, ELIZABETH T	Allegheny
LEE, MD, Ferrol J	Bradford
LEE, MD, Foo T	Allegheny
LEE, MD, H C	Northampton
LEE, MD, Henry F	Philadelphia
LEE, MD, Howard G	Chester
LEE, MD, Howard J	Bucks
LEE, MD, In W	Erie
LEE, MD, Jangwoo	Schuylkill
LEE, MD, John Keun-Sang	Allegheny
LEE, MD, Jong Y	Westmoreland
LEE, MD, Jung S	Berks
LEE, MD, Jung-Pil	Berks
LEE, MD, Kenneth K	Huntingdon
LEE, MD, Ki B	Luzerne
LEE, MD, Kwan I	Allegheny
LEE, MD, Kwang W	Philadelphia
LEE, MD, Kyung C	Lackawanna
LEE, MD, Martin L	Montour
LEE, MD, Ook J	Allegheny
LEE, MD, Robert E	Allegheny
LEE, MD, Rotan	Philadelphia
LEE, MD, Samuel	Bradford
LEE, MD, Sang T	Northampton
LEE, MD, Sangeui L	Allegheny
LEE, MD, Seung C	Crawford
LEE, SOOJI	Allegheny
LEE, THOMAS C	Student
LEE, WILLIAM E	Allegheny
LEE, MD, Won Y	Schuylkill
LEE, MD, Ying P	Fayette
LEE, MD, Young W	Wayne/Pike
LEE JR, MD, Charles T	Philadelphia
LEE JR, MD, James H	Philadelphia

LEECH, MD, John W	Allegheny
LEEGARD, MD, Robert L	Philadelphia
LEEN, MD, Raymond L	Allegheny
LEERS, MD, Steven A	Allegheny
LEET, MD, Thomas E	Lehigh
LEFEVER, MD, Gerald S	Philadelphia
LEFEVER, MD, Robert S	Adams
LEFF, MD, Bernard	Allegheny
LEFKOE, MD, Roy T	Philadelphia
LEFKOE, TODD P	Student
LEFLER, MD, Kenneth D	Cambria
LEFTON, MD, Harvey B	Philadelphia
LEGA, MD, Mark	Allegheny
LEGENDRE, MD, Gerald M	Montgomery
LEGUM, MD, Ronald M	Lancaster
LEHAR, MD, Sarah C	Allegheny
LEHMAN, MD, Clara M	Allegheny
LEHMAN, MD, Clinton J	Luzerne
LEHMAN, DO, Gregory M	Delaware
LEHMAN, MD, Harvey L	Lancaster
LEHMAN, MD, John W	Beaver
LEHMAN, MD, Joy C	Dauphin
LEHMAN, MD, Nelson R	Lancaster
LEHMAN, MD, Ralph A	Dauphin
LEHMAN, MD, Ruby V	Dauphin
LEHMANN, MD, Dale E	York
LEHRER, MD, Lewis	Philadelphia
LEHRICH, MD, Henry E	Lehigh
LEIB JR, MD, Richard C	Cambria
LEIBENSPERGER, MD, Stephen N	Allegheny
LEIBMAN, MD, Daniel	Philadelphia
LEIBMAN, MD, Joseph B	Lackawanna
LEIBOWITZ, MD, Arthur N	Delaware
LEIBOWITZ, MD, Helen A	Delaware
LEIBOWITZ, MD, Leonard D	Allegheny
LEIBY, MD, David K	Bucks
LEICHT, MD, John P	York
LEICHT, MD, Michael J	Montour
LEIGH, MD, Flora B	Delaware
LEIGH, MD, Rewng	Westmoreland
LEIGHT, ROBIN L	Student
LEIGHTON JR, JOHN C	Student
LEIGHTY, MD, Ralph G	Somerset
LEIMAN, MD, Paul M	Lackawanna
LEINWEBER, MD, Bruce K	Philadelphia
LEIPHART, MD, Clarence D	Lancaster
LEIPOLD, MD, Robert W	Montour
LEIS, MD, Dean J	Dauphin
LEISAWITZ, MD, Elliott G	Berks
LEISAWITZ, MD, Paul A	Berks
LEISE, MD, Eleanor O	Delaware
LEISTER, MD, C Merrill	Lehigh
LEISTER, MD, Howard A	Bucks
LEITEL, MD, Harold L	Jefferson
LEITNER, MD, Stephen J	Delaware
LEKAWA, MD, Thaddeus	York
LELE, MD, Pramod S	Delaware
LEMAN, MD, William W	Delaware
LEMASTERS, DO, Thomas R	Schuylkill
LEMASTERS, DO, William C	Northmbrland
LEMBERG, MD, Jeffrey D	Allegheny
LEMBERSKY, MD, Barry C	Allegheny
LEMENTOWSKI, MD, Michal	Fayette
LEMERT, MD, Michael R	Chester
LEMOLE, MD, Gerald M	Philadelphia
LEMONCELLI, MD, Gary L	Allegheny
LEMPERT, MD, Steven L	Allegheny
LEN, PAMELA	Student
LENAHAN, MD, Paul J	Luzerne
LENAHAN, MD, Terrence P	Philadelphia
LENCHNER, MD, Gregory S	Philadelphia
LENGEL, MD, Gary P	Berks
LENKEY, MD, Joseph L	Allegheny
LENNERT, MD, Joseph B	Northampton
LENOW, MD, Jeffrey L	Bucks
LENOX, MD, Cora C	Allegheny
LENOX, MD, John E	Allegheny
LENOX, MD, Robert J	Bradford
LENTINI, MD, J Charles	Luzerne
LENTINI, MD, Joseph A	Luzerne
LENTON, MD, Herbert P	Cumberland
LENTZ, MD, Conrad L	Northampton
LENTZ, MD, John W	Philadelphia
LENTZ, MD, Kenneth H	Allegheny
LENTZ, MD, Mark R	Allegheny
LENTZ, MD, Robert E	Lehigh
LENYO, MD, George E	Luzerne
LEO, MD, Louis R	Philadelphia
LEON, MD, Donald F	Allegheny
LEONARD, MD, Dianne J	Montour
LEONARD, MD, Marcia W	Lehigh
LEONARD, MD, Michael E	Susquehanna
LEONARD III, DANIEL J	Student
LEONARD JR, MD, Edward C	Philadelphia
LEONE, MD, Charles R	Erie
LEONE, MD, Guy R	Westmoreland
LEONI, MD, Joseph	Berks
LEONIDA, MD, Elfren L	Westmoreland
LEOPOLD, MD, Lance H	Philadelphia
LEOPOLD, DO, Norman A	Delaware
LEOPOLD, MD, Robert L	Philadelphia
LEOPOLD JR, MD, A Reid	Mifflin/Juni
LEPAR, MD, Edwin	Philadelphia
LEPONE, MD, Kenneth	Lebanon
LERBERG, MD, David B	Allegheny
LERNER, MD, Arthur M	Philadelphia
LERNER, MD, Harvey J	Philadelphia
LERNER, MD, Samuel M	Lehigh
LEROY, MD, N Blair	Montgomery
LESACA, MD, Timothy G	Fayette
LESCANIC, MD, Michael L	Centre
LESHOCK, MD, Leon E	Carbon
LESLIE, MD, David C	Washington
LESLIE JR, MD, M Russell	Allegheny
LESNIAK, MD, John P	Lackawanna
LESNIK, MD, Robert H	Montgomery
LESNOCK, MD, Robert G	Washington
LESSE, MD, S Michael	Northampton
LESSER, BETTINA B	Student
LESSER, MD, Glenn J	Dauphin
LESSIG, MD, Harry J	Philadelphia
LESSIN, MD, Stuart R	Delaware
LESTER, MD, Daniel E	Washington
LESTER, MD, Mark C	Lehigh
LETOCHA, MD, Charles E	York
LETWIN, MD, Lee B	Montgomery
LEUCCI, MD, Gino	Philadelphia
LEUTE, MD, Millard S	Delaware
LEVAN, MD, John B	Berks
LEVANDOSKI JR, MD, Gerald J	Montour
LEVENBERG, MD, David	Philadelphia
LEVENBERG, RICHARD J	Student
LEVENDORF, MD, Melvin	Allegheny
LEVENE, ERIC J	Allegheny
LEVENSON, MD, Carl	Philadelphia
LEVENSON, MD, David J	Allegheny
LEVENSON, MD, Morton W	Lancaster
LEVENTHAL, MD, Robert I	Allegheny
LEVEY, MD, Barbara Ann	Allegheny
LEVEY, MD, Gerald S	Allegheny
LEVICK, MD, Leonard J	Philadelphia
LEVICK, MD, Marvin H	Allegheny
LEVICK, MD, Stanley N	Philadelphia
LEVIN, MD, Andrew J	Philadelphia
LEVIN, MD, Barry L	Philadelphia
LEVIN, MD, Bradley H	York
LEVIN, MD, Daniel M	Dauphin
LEVIN, ERIC J	Student
LEVIN, MD, Eric M	Franklin
LEVIN, MD, Gary J	Chester
LEVIN, MD, Gene D	Bucks
LEVIN, HAL W	Student
LEVIN, MD, Howard M	Erie
LEVIN, MD, Kenneth	Philadelphia
LEVIN, LAWRENCE M	Student
LEVIN, MD, Michael D	Philadelphia
LEVIN, MD, Morris	Bucks
LEVIN, MD, Norman P	Philadelphia
LEVIN, MD, Randy	Dauphin
LEVIN, MD, Richard L	Bucks
LEVIN, MD, Richard M	Lancaster
LEVIN, MD, Robert W	Philadelphia
LEVIN, MD, Ronald M	Philadelphia
LEVIN, MD, Simon	Delaware
LEVIN, STEVEN C	Allegheny
LEVIN, WILLIAM I	Allegheny
LEVINE, MD, Alan P	Berks
LEVINE, MD, Arnold H	Philadelphia
LEVINE, MD, Arthur L	Lehigh
LEVINE, BRUCE D	Allegheny
LEVINE, MD, Charles R	Lehigh
LEVINE, MD, Jacob	Westmoreland
LEVINE, MD, Jeffrey S	Philadelphia
LEVINE, MD, Laurie Jayne	Philadelphia
LEVINE, MD, Macy I	Allegheny
LEVINE, MD, Mark A	Montour
LEVINE, MD, Michael	Allegheny
LEVINE, MD, Phillip R	Allegheny
LEVINE, MD, Samuel	Philadelphia
LEVINE, MD, Sheldon R	Allegheny
LEVINSKY, MD, Walter J	Philadelphia
LEVINSON, MD, Bradley A	Allegheny
LEVINSON, MD, Julian P	Allegheny
LEVINSON, MD, Peter G	Erie
LEVINSON, MD, Sander J	Lackawanna
LEVINSON, MD, Stuart L	Philadelphia
LEVINSON, MD, William D	Westmoreland
LEVIS, MD, Michael P	Allegheny
LEVISON, MD, Sandra P	Philadelphia
LEVIT, MD, Edithe J	Philadelphia
LEVIT, MD, Samuel M	Philadelphia
LEVITIN, MICHELLE S	Student
LEVITSKY, MD, Carl M	Philadelphia
LEVITT, MD, D Troy	Philadelphia
LEVITT, MD, Jerry D	Philadelphia
LEVITT, MD, Lawrence P	Lehigh
LEVITT, ROBERT M	Student
LEVY, MD, David J	Erie
LEVY, MD, Edwin J	Delaware
LEVY, MD, Howard A	Philadelphia
LEVY, MD, Jeffrey A	Cambria
LEVY, MD, Jon A	Allegheny
LEVY, MD, Karen R	Bradford
LEVY, MD, Leslie J	Allegheny
LEVY, MD, Marshall S	Allegheny
LEVY, MD, Michael H	Philadelphia
LEVY, MD, Paul F	Berks
LEVY, MD, Reinhardt D	Allegheny
LEVY, MD, Sharon F	Philadelphia
LEVY, MD, William	Philadelphia
LEVY, MD, William K	Montgomery
LEVYN, DO, Jonathan B	Philadelphia
LEVYN, DO, Murry E	Bucks
LEW, MD, Chung M	Beaver
LEWBART, MD, Marvin L	Delaware
LEWIN, MD, Bernard	Bucks
LEWIN, MD, Julian R	Allegheny
LEWIN, MD, Karl K	Allegheny
LEWIN, MD, Stanley B	Dauphin
LEWINE, MD, Yale S	Cambria
LEWIS, MD, Alan E	Philadelphia
LEWIS, MD, Daniel W	Philadelphia
LEWIS, MD, Earl T	Chester
LEWIS, MD, Gary W	Allegheny
LEWIS, MD, Gregory L	Cumberland
LEWIS, MD, Henry C	Westmoreland
LEWIS, MD, Ivor	Northmbrland
LEWIS, DO, James	Delaware
LEWIS, MD, Kathryn A	Blair
LEWIS, MD, L Clifford	Chester
LEWIS, MD, Maurice J	Dauphin
LEWIS, MD, Mitchell D	Schuylkill
LEWIS, MD, Paul L	Philadelphia
LEWIS, MD, Rachel E	Philadelphia
LEWIS, MD, Richard P	Allegheny
LEWIS, MD, Robert E	Allegheny
LEWIS, STEPHEN F	Allegheny
LEWIS, MD, Stuart H	Delaware
LEWIS, MD, Thomas J	Washington
LEWIS, MD, William J	Delaware
LEWIS JR, MD, George C	Philadelphia
LEWIS JR, MD, Howard T	Allegheny
LEWIS JR, MD, Thomas J	Allegheny
LEWITT, MD, Michael H	Philadelphia
LEY, MD, James S	Philadelphia
LEYENDECKER, JOHN R	Student
LEYZIN, MD, Mara S	Luzerne
LEZEK, MD, Vincent J	Allegheny
LIACHOWITZ, MD, Claire H	Philadelphia
LIANG, MD, David Y	Allegheny
LIANG, MD, Marc D	Allegheny
LIANG, MD, Maria	Allegheny
LIANG, MD, Ping Tchang	Allegheny
LIAW, MD, Ming T	Philadelphia
LIAW, MD, Wen Haw	Philadelphia
LIBASSI, MD, Mark J	Philadelphia
LIBERACE, MD, Ettore V	Delaware
LIBERI, MD, Alfred A	Delaware
LIBERTA, MD, Thomas R	Northampton
LIBORO, MD, Regina K	Philadelphia
LIBUNAO III, MD, Jose P	Venango
LICHTENBERG, MD, Richard A	Delaware
LICHTENSTEIN, MD, Israel	Philadelphia
LICHTENSTEIN, MD, Stephen B	Philadelphia
LICHTER, MD, Isadore A	Allegheny
LICHTER, MD, James G	Allegheny
LICHTMAN, MD, Joseph M	Philadelphia
LIDDELL, MD, Albert G	Lycoming
LIDSTON, MD, Bruce M	Huntingdon
LIEBEN, MD, Jan	Philadelphia
LIEBENBERG, MD, Robert E	Philadelphia
LIEBENTRITT, MD, Frank J	Erie
LIEBER, MD, Claude P	Philadelphia
LIEBERMAN, MD, Daniel	Philadelphia
LIEBERMAN, MD, Donald H	Philadelphia
LIEBERMAN, MD, Francis A	Lehigh
LIEBERMAN, MD, George E	Philadelphia
LIEBERMAN, MD, Lance A	Blair
LIEBERMAN, MD, Richard M	Lehigh
LIEBERMAN, MD, Samuel	Philadelphia
LIEBERMAN, MD, Steven L	Philadelphia
LIEBERMAN JR, MD, Joseph A	Lehigh
LIEBLER, MD, George A	Allegheny
LIEBMAN, MD, Emil P	Philadelphia
LIEBMAN, MD, Irvin M	Bucks
LIEF, MD, Harold I	Philadelphia
LIFTON, MD, Lester J	Dauphin
LIGGETT, MD, John S	Allegheny
LIGGETT, MD, Joseph G	Allegheny
LIGHT, MD, Harry G	Northampton
LIGHT, MD, John H	Centre
LIGHT, MD, John J B	Lebanon
LIGHT, MD, Wilma C	Westmoreland
LIGHTMAN, MD, David A	Montour
LIGHTS, MD, Verneda M	Philadelphia
LIGNELLI, MD, Gregory J	Berks
LILIAN, MD, Michael L	Philadelphia
LILIK, MD, Kenneth W	Lackawanna
LILLEY, MD, George W	Delaware
LILLI, MD, Elmo J	Monroe
LILLMARS, DO, Steven A	Montour
LIM, ALAN A T	Allegheny
LIM, MD, Dawson	Allegheny
LIM, MD, Edward T	Allegheny
LIM, MD, Elizabeth G	Allegheny
LIM, MD, Emmanuel R	Northampton
LIM, MD, Heng-Feng	Dauphin
LIM, MD, Lourdes T	Mercer
LIM, MD, Mario R	Philadelphia
LIM, MD, Michael K	Lackawanna
LIM, MD, Nyok Kheng	Philadelphia
LIM, MD, Osmundo U	Delaware
LIM, PETER C	Student
LIM, MD, Rebecca B	Bradford
LIM, DO, Scott J M	Luzerne
LIM, MD, Young K	Westmoreland
LIMA, MD, Claudio A	Allegheny
LIMBERAKIS, MD, Anthony J	Philadelphia
LIMBERGER, MD, William A	Chester
LIMBERT, MD, Lawrence	Montgomery
LIMCUANDO, MD, Emiliano D	Somerset
LIMKAKENG, MD, Alexander D	Mercer
LIMOGES, MD, Richard F	Philadelphia
LIN, MD, Angela E	Allegheny
LIN, MD, Ching H	Schuylkill
LIN, MD, Hong-Der	Allegheny
LIN, MD, Luke	Allegheny
LIN, MARK A	Allegheny
LIN, MD, Mei Pu	Schuylkill
LIN, MICHELLE	Student
LIN, MD, Ming-Shek	Allegheny
LIN, MD, Paul M	Philadelphia
LIN, MD, Paul S	Union
LIN, MD, Pu Ching	Elk/Cameron
LIN, MD, Rong-Chung	Allegheny
LIN, MD, Shiow-Bih	Allegheny
LIN, MD, Wu Jan	Elk/Cameron
LIN, MD, Zwu-Shin	Lehigh
LINCOFF, MD, William	Delaware
LINDBLAD, MD, John H	Allegheny
LINDEMUTH, MD, Edmund K	Bucks
LINDENBAUM, MD, Jorge	Allegheny
LINDENFELD, MD, Arthur	Lehigh
LINDER, LAWRENCE S	Student
LINDER, MD, Lisa J	Delaware
LINDHOLM, MD, Dale D	Lackawanna
LINDQUIST, MD, John N	Philadelphia
LINDQUIST, MD, Sheryl L	Chester
LINDSAY, MD, David A	Lycoming
LINDSEY, MD, Richard L	Allegheny
LINE, MD, Dennis E	Cumberland
LINES, MD, Laurence G	Venango
LING, MD, Charles C	Schuylkill
LINGANNA, MD, B Y	Lawrence
LINGENFELTER, KYLE A	Allegheny
LINGUITI, MD, Charles	Montour
LINHART, MD, Randolph W	Allegheny
LINN, MD, John L	Warren
LINN, MD, Sheldon H	Lehigh
LINN JR, MD, Jay G	Allegheny
LINNEMANN, MD, Roger E	Philadelphia
LINS, MD, Jeffrey A	Allegheny
LINTGEN, MD, Arthur B	Montgomery
LINTZMEYER, MD, Emil A	Delaware
LINVILLE, MD, Terry L	Westmoreland
LIPANA, MD, Oscar N	Westmoreland
LIPAPIS, MD, Christy N	Allegheny
LIPKIN, MD, David E	Montgomery
LIPKIN, DO, Herbert J	Philadelphia
LIPMAN, MD, Bernard L	Philadelphia
LIPMAN, MD, Rodney C	Allegheny
LIPMAN, MD, Sidney P	Erie
LIPPA, MD, Erik A	Philadelphia
LIPPA, MD, Linda S M	Philadelphia
LIPPERT, MD, Louis C	Jefferson
LIPPIN, MD, Richard A	Philadelphia
LIPPMANN, MD, Michael L	Philadelphia
LIPPO, MD, Frank L	Philadelphia
LIPSCHUTZ, MD, Arthur	Philadelphia
LIPSCHUTZ, DO, Bruce J	Lehigh
LIPSCHUTZ, DO, Jay B	Lehigh
LIPSCHUTZ, MD, Louis B	Philadelphia
LIPSCHUTZ, MD, Steven M	Philadelphia
LIPSHUTZ, MD, Harold	Philadelphia
LIPSHUTZ, MD, Hugh	Montgomery
LIPSHUTZ, MD, William H	Philadelphia
LIPSITZ, MD, H David	Allegheny
LIPSIUS, MD, Edward I	Philadelphia
LIPSON, MD, M Barry	Bucks
LIPSON, MD, Stephen D	Lycoming
LIPTON, MD, Allan	Dauphin
LIPTON, MD, Steven E	Montgomery
LIS, MD, Edward T	York
LISAN, MD, Philip	Philadelphia
LISAN, MD, Ronald M	Philadelphia
LISBERGER, MD, Mark D	Delaware
LISI, MD, Louise M	Philadelphia
LISKA, MD, John R	Westmoreland
LISKER, MD, Sheldon A	Philadelphia
LISKOV, MD, David M	Luzerne
LISOWITZ, MD, Gerald M	Westmoreland
LISS, MD, Arthur	Luzerne
LISS, MD, Donald	Philadelphia
LISS, MD, Gilbert A	Chester
LISS, MD, Jonathan	York
LISTA, MD, William A	Philadelphia
LISTWA, DO, Howard M	Lehigh
LIT, MD, Joan A	Montgomery
LITCHMAN, MD, Joseph F	Luzerne
LITCHMAN, MD, Maureen R	Luzerne
LITKA, MD, Paul A	Philadelphia
LITMAN, RANDY G	Student
LITMAN, MD, Stephen E	Montgomery
LITOVSKY, MD, Daniel A	Bucks
LITRENTA, MD, David E	York
LITT, MD, Lawrence M	Montgomery
LITTLE, MD, G Robert	Dauphin
LITTMAN, MD, Solomon I	Delaware
LITTON, MD, Jason J	Dauphin
LITTON, MD, Linda T	Dauphin
LITVIN, MD, Henry	Montgomery
LIU, MD, Jeffrey E	Philadelphia
LIU, MD, Nancy J	Philadelphia
LIU, MD, Philip G	Wayne/Pike
LIU, MD, Randal J	Philadelphia
LIU, MD, Rosita O	Wayne/Pike
LIU, MD, Winston T	Philadelphia
LIVECCHI, MD, John T	Lackawanna
LIVELY, MD, Henry S	Bradford
LIVENGOOD, MD, Margaret A	Luzerne
LIVOLSI, MD, Philip D	Philadelphia
LIZERBRAM, DO, Bruce M	Bucks
LIZERBRAM, DO, Deborah G	Bucks
LJUNGMUN, MD, Thomas N	Allegheny
LLINAS, MD, Alfredo J	Bradford
LLOYD, BENJAMIN J	Student
LLOYD, MD, David A	Allegheny
LLOYD, MD, Edgar C	Berks

LLOYD, MD, Gerald R	Erie
LLOYD, MD, Jon C	Allegheny
LO, MD, Fredric T	Beaver
LOBAS, MD, David M	Allegheny
LOBEL, MD, Jeffrey S	Montour
LOBES JR, MD, Louis A	Allegheny
LOBITZ, MD, Stanley A	Luzerne
LOBL, MD, Lawrence T	Allegheny
LOCHHEAD, MD, Harrie B	Philadelphia
LOCKARD JR, JOHN W	Student
LOCKE, MD, David L	Allegheny
LOCKE, MD, Harry R	Montgomery
LOCKEY III, MD, Stephen D	Lancaster
LOCKMAN, MD, Bruce E	Philadelphia
LODER, DO, Donald I	Berks
LODISE, MD, Raymond J	Philadelphia
LOEB, MD, Robert L	Erie
LOEB, MD, Roland A	Lancaster
LOEFFLER JR, MD, John G	Cumberland
LOEPER, MD, Donald J	Berks
LOESCH, DANIEL V	Student
LOEV, MD, Marvin	Bucks
LOEW, MD, Clifford G	Philadelphia
LOEWENBERG, MD, Leopold S	Philadelphia
LOFARO, MD, Salvatore A	Delaware
LOFFREDO, LINDA S	Allegheny
LOFINK, PAMELA J	Allegheny
LOFTUS, MD, Joseph A	Luzerne
LOFTUS, MD, Thomas A	Philadelphia
LOFTUS, MD, Thomas M	Philadelphia
LOGAN, ANNE D	Allegheny
LOGAN, MD, Kenneth M	Allegheny
LOGAN, MD, Lewis P	Lycoming
LOGAN, MD, Thomas M	Philadelphia
LOGSDON, MD, Gregory A	Allegheny
LOGUE, MD, James G	Philadelphia
LOH, MD, Charles K	Cumberland
LOHIER, MD, Raymond	Philadelphia
LOISIDES, PETER M	Allegheny
LOK, MD, Mai Pai	Schuylkill
LOLLEY, MD, David M	Allegheny
LOMAX JR, MD, Walter P	Philadelphia
LOMBARD, MD, Michael F	Luzerne
LOMBARD, MD, Robert M	Lancaster
LOMBARD, MD, Sharon M	Montour
LOMBARD JR, MD, Robert M	Dauphin
LOMBOY, MD, Norma T	Lehigh
LOMIBAO, MD, Eduardo C	Northampton
LONDINO JR, MD, Aldo V	Allegheny
LONDON, MD, Gladys Z	Delaware
LONDON, MD, Philip	Philadelphia
LONDON, MD, Richard L	Lehigh
LONDON, MD, W Thomas	Philadelphia
LONERGAN, MD, Robert P	Dauphin
LONG, MD, Cathy R	Greene
LONG, MD, David A	Dauphin
LONG, MD, David M	Allegheny
LONG, MD, Edwin T	Allegheny
LONG, MD, Elmer C	Lehigh
LONG, MD, J Stephen	York
LONG, MD, Jim T	Greene
LONG, MD, Joseph P	Cumberland
LONG, MD, Kathleen B	Montgomery
LONG, MD, Paul R	Luzerne
LONG, MD, Richard A	Washington
LONG, MD, Robert D	Union
LONG, MD, Ronald A	Huntingdon
LONG, MD, Theodore K	Lebanon
LONG JR, MD, Herbert C	Indiana
LONG JR, MD, William C	Clinton
LONG SR, MD, William L	Philadelphia
LONGABAUGH, MD, Edward E	Dauphin
LONGACRE, MD, Jane M	Montgomery
LONGARINI, MD, Amilcar E	Schuylkill
LONGENBACH, MD, Eric W	Lycoming
LONGENDERFER, MD, Roger L	Lancaster
LONGENECKER, MD, Benjamin E	Berks
LONGENECKER, MD, Roger N	Berks
LONGENHAGEN, MD, John B	Lehigh
LONGO, MD, Santo	Northampton
LONGWELL, MD, Robert H	Lancaster
LONGWELL JR, MD, Benton E	Cambria
LONSDORF, MD, Richard G	Philadelphia
LOOMIS, MD, James W	Lackawanna
LOOSE, DO, George T	Lebanon
LOPATIN, MD, Mark A	Philadelphia
LOPEZ, MD, Aisa G	Philadelphia
LOPEZ, MD, Frank W	Dauphin
LOPEZ, MD, Ubaldo P	Montour
LOPONTE, MD, Marie A	Philadelphia
LOPUSNIAK, MD, Mieczyslaw S	Delaware
LORAH, MD, Kevin N	Montour
LORBER, MD, Stanley H	Philadelphia
LORD, MD, Brian	Philadelphia
LORD, MD, Kenneth J	Erie
LORD, MD, William H	Berks
LOREL, MD, John M	Allegheny
LORENTZ, MD, Gerald T	Franklin
LORENZ, MD, Howard	Philadelphia
LORENZ III, MD, Stephen A	Allegheny
LORENZO, MD, Frederick V	Adams
LORICO, MD, Abegael N	Philadelphia
LORRY, MD, Ralph W	Philadelphia
LOSARDO, MD, Richard E	Luzerne
LOSASSO, MD, Dominic E	Armstrong
LOSS, DO, Beth A	York
LOTKE, MD, Paul A	Philadelphia
LOTTICK, MD, Edward A	Luzerne
LOTZ, MD, Andrew J	Chester
LOUCKS, MD, James H	Philadelphia
LOUGH, MD, Frederick C	Berks
LOUGHEAD JR, MD, John R	Berks
LOUGHRIDGE, NANCY S	Student
LOUIS-CHARLES, MD, Roy	Philadelphia
LOUKA, MD, Mounir H	Philadelphia
LOUX, MD, Norman L	Bucks
LOVE, MD, Carol A	Philadelphia
LOVE, MD, James T	Allegheny
LOVE, MD, Michael B	Philadelphia
LOVE, MD, Willard H	Dauphin
LOVECCHIO, MD, Francis A	Monroe
LOVELAND, MD, Mary W	Philadelphia
LOVELL, MD, Donald R	Blair
LOVERANES, MD, Mariano D	Erie
LOVETT, MD, William J	Lebanon
LOVETTE, MD, John B	Cambria
LOVRINIC, MD, Daniel F	Luzerne
LOVRINIC, MD, William S	Chester
LOW, MD, Diong O	Philadelphia
LOW, MD, Thomas H	Northampton
LOWDER JR, MD, Ralph J	Allegheny
LOWE, CHERYL F	Student
LOWE, MD, David A	Philadelphia
LOWE, MD, Stephen J	Philadelphia
LOWELL, MD, Fred M	Lancaster
LOWERY, MD, Susan C	Montgomery
LOWERY, MD, Willa D	Allegheny
LOWMAN, MD, Gerald F	Northampton
LOWRY, MD, Don A	Cambria
LOWRY, MD, Donald J	Dauphin
LOWRY, JONATHAN C	Student
LOWRY, MD, Louis D	Philadelphia
LOWRY, STEVEN J	Student
LOWY JR, MD, Alexander D	Allegheny
LOYCHIK, MD, Sandra G	Blair
LOZANO, MD, Ramon G	Allegheny
LU, MD, Luis W	Elk/Cameron
LU, MD, Milton M	Lancaster
LU, MD, Ta Shung	Bradford
LUBAHN, MD, John D	Erie
LUBBE, MD, Willem J	Lycoming
LUBERTI, MD, Anthony A	Delaware
LUBIC, MD, Lowell G	Allegheny
LUBIN, DO, David I	Franklin
LUBIN, DO, Howard S	Delaware
LUBIN, MD, Joseph D	Philadelphia
LUBIZKA, MD, Alexandria	Philadelphia
LUBOW, MD, Harry	Westmoreland
LUBOWITZ, MD, Richard M	Montgomery
LUCAS, MD, Irene D	Luzerne
LUCAS, MD, R Dubois	Philadelphia
LUCAS, MD, Richard M	Lancaster
LUCAS-FEHM, MD, Lynn M	Philadelphia
LUCASTI, DO, Christopher J	Philadelphia
LUCCA, MD, Michael	Philadelphia
LUCCHINO, MD, David B	Luzerne
LUCENA, MD, Aurora L	Delaware
LUCENA, MD, Ernesto E	Delaware
LUCHACO, MD, Anne L	Philadelphia
LUCHETTE, MD, Albert A	Mercer
LUCIER, MD, Alfred C	Delaware
LUCINE JR, MD, Albert A	Chester
LUCKENBAUGH, AMY S	Student
LUDIVICO, MD, Charles L	Northampton
LUDKIEWICZ, MD, Wayne S	Beaver
LUDMER, MD, Mario	Allegheny
LUDOLPH, MD, Carol Ann	Philadelphia
LUDWICK, MD, David J	Montgomery
LUDWIG, MD, Jacob S	York
LUDWIG, MD, Karl D	Allegheny
LUFT, MD, William C	Bradford
LUGER, MD, Selina M	Allegheny
LUGO, MD, Steven J	Blair
LUGUE, MD, Carmela S	Clearfield
LUGUE JR, MD, Amado B	Clearfield
LUISTRO, MD, Patria D	Philadelphia
LUKAS, MD, Raymond A	Lycoming
LUKASIEWICZ, MD, Lisa M	Montgomery
LUKASZCZYK, MD, Thomas A	Northampton
LUKETICH, MD, James D	Philadelphia
LUKMAN, MD, Hatim	Dauphin
LUMB, MD, George D	Philadelphia
LUMINAIS, MD, Steven K	Chester
LUMISH, MD, Robert M	Allegheny
LUNA, MD, Fredesvinda	Clearfield
LUNA, MD, Roberto S	Clearfield
LUND, MD, Peere C	Cambria
LUND, MD, Peter S	Erie
LUNDIE, MD, William M	Westmoreland
LUNDY, MD, Barbara S	Montgomery
LUNDY, MD, Theodore	Philadelphia
LUNG, MD, Richard J	Luzerne
LUNSFORD, MD, Lawrence D	Allegheny
LUO, MD, Solomon C	Schuylkill
LUONGO, MD, Joseph C	Delaware
LUONGO JR, MD, Romeo A	Philadelphia
LUPARELLO, MD, Frank J	Allegheny
LUPARIELLO, MD, Angelo D	Allegheny
LUPAS, MD, John A	Montgomery
LUPIN, MD, Gordon W	Montgomery
LUPINETTI, MD, Michael F	Allegheny
LUPO, DO, Stephen F	Erie
LURIE, MD, Abraham A	Montgomery
LUSCH, MD, Charles J	Berks
LUSCOMBE, MD, Herbert A	Philadelphia
LUSSER, MD, Martha A	Lehigh
LUSSIER, MD, Robert G	Clarion
LUSSKY, MD, Richard C	Allegheny
LUSTBADER, MD, Michael L	Beaver
LUSTIG, MD, Keith A	Erie
LUTHER, MD, Robert J	Cambria
LUTHRA, MD, Damyanti	Westmoreland
LUTHRA, MD, Manmohan S	Westmoreland
LUTMAN, MD, Frank C	Philadelphia
LUTNESS, MD, Mark P	Montour
LUTTERMOSER, MD, Gary K	Dauphin
LUTZ, MD, Charles K	Allegheny
LUTZ, MD, Harold E	Indiana
LUTZ, MD, Raymond J	Lehigh
LUTZ, MD, Ronald A	Lehigh
LUTZ JR, MD, Roland B	Montgomery
LYCHAK, MD, John C	Northampton
LYET, MD, J Paul	Lancaster
LYKENS, MD, Harry D	Centre
LYLE, MD, Donald F	Philadelphia
LYNCH, MD, Christopher G	Lehigh
LYNCH, MD, David A	Blair
LYNCH, MD, James D	Berks
LYNCH, MD, James J	Philadelphia
LYNCH, MD, James P	Philadelphia
LYNCH, MD, James R	Westmoreland
LYNCH, MD, Robert E	Chester
LYNCH, MD, Stanley S	Philadelphia
LYNCH, DO, William J	Clarion
LYND JR, MD, Clifford W	York
LYNESS, MD, Samuel S	Montgomery
LYNN, MD, Charles A	Butler
LYNN, MD, Richard E	Westmoreland
LYON, MD, Edward	Lycoming
LYON, MD, William R	York
LYON-LOFTUS, MD, Diana J	Franklin
LYON-LOFTUS, MD, Gregory T	Franklin
LYONS, MD, Carolann W	Erie
LYONS, MD, Christine W	Chester
LYONS, MD, Clifford H	Berks
LYONS, MD, Daniel C	Berks
LYONS, MD, Gary W	Erie
LYONS, GEORGE R	Student
LYONS, MD, John C	Erie
LYONS, MD, Lawrence L	Allegheny
LYONS, MD, Richard C	Erie
LYONS, MD, Wilbert A	Bucks
LYONS JR, MD, John W	Philadelphia
LYTLE, MD, Larry H	Clinton

M

MAAS, MD, Anthony E	Dauphin
MAAS, MD, Kurt D	Lackawanna
MACARANAS, MD, Renato R	Clearfield
MACARIN, MD, Richard M	Lackawanna
MACART, BERNADETTE A	Student
MACCHIAROLI, JOSEPH A	Allegheny
MACDONALD, MD, Allan R	Armstrong
MACDONALD, MD, Douglas A	Allegheny
MACDONALD, MD, George F	Allegheny
MACDONALD, MD, Robert R	Allegheny
MACDOUGALL, MD, Donald B	Allegheny
MACDOUGALL, MD, Howard H	York
MACDOUGALL, MD, James H	Allegheny
MACDOUGALL, MD, Robert D	York
MACEK, MD, Ralph C	Blair
MACFADYEN, MD, Bruce V	Philadelphia
MACHANIC, MD, Harmon J	Lycoming
MACHIKO, MD, Gregory G	Allegheny
MACHIRAJU, MD, V R	Allegheny
MACHT JR, MD, Elmer L	Philadelphia
MACIELAK, MD, James R	Allegheny
MACKALL, MD, Samuel J	Luzerne
MACKAY, MD, Bruce R	Bradford
MACKELL, MD, James V	Philadelphia
MACKELL, MD, Thomas E	Bucks
MACKELL JR, MD, James V	Philadelphia
MACKENZIE, MD, Charles E	Warren
MACKENZIE, MD, Iain L	York
MACKENZIE, MD, Norman D	Chester
MACKEY JR, MD, James G	Montgomery
MACKIE, MD, Julius A	Philadelphia
MACKINNEY, MD, Charles C	Philadelphia
MACKLER, MD, Gerald L	Bradford
MACKRELL, MD, James J	Lackawanna
MACKRELL, MD, James P	Allegheny
MACKRELL, MD, William P	Lackawanna
MACLACHLAN, MD, Margaret J	Allegheny
MACLACHLAN, MD, William W	Erie
MACLAY, MD, Patricia L	Allegheny
MACLEAN, MD, Duncan S	Dauphin
MACLEAR, DO, Douglas G	Centre
MACLEOD, MD, Bruce A	Allegheny
MACLEOD, MD, Gordon K	Allegheny
MACMILLAN, MD, Bruce B	Allegheny
MACMORAN, MD, Jay W	Philadelphia
MACNICHOL, MD, Glenn E	York
MACPHAIL, MD, John A	Westmoreland
MACPHERSON, MD, Trevor A	Allegheny
MACUT, MD, S Sava	Dauphin
MACVAUGH III, MD, Horace	Philadelphia
MACY, MD, Charles T	Montgomery
MADAN-RAO, MD, Vijay	Philadelphia
MADANY, MD, Bahij H	Bucks
MADDEN, MD, Francis P	Bucks
MADDEN, MD, James J	Montgomery
MADDEN, MD, John F	Philadelphia
MADDEN, MD, Kevin G	Lackawanna
MADDEN, MD, Robert A	Bucks
MADDEN JR, MD, Lawrence H	Allegheny
MADDER, DO, Robert D	Beaver
MADDREY, MD, Willis C	Philadelphia
MADELL, MD, Seth D	Philadelphia
MADHAVAN, MD, Vasantha C	Allegheny
MADIANOS, MD, Michael	Philadelphia
MADOFF, MD, Henry R	Allegheny
MADONNA, MD, John J	Lehigh
MADOW, MD, Leo	Philadelphia
MADURA, MD, Joseph R	Mercer
MAENZA, MD, Ronald M	Philadelphia
MAERZ, MD, John C	Montgomery
MAFFEO, MD, Alphonse A	Lehigh
MAGARGAL, MD, Helga O	Philadelphia
MAGARGAL, MD, Larry E	Philadelphia
MAGARGLE, MD, R Lynn	Dauphin
MAGBOJOS, MD, Quirico R	Franklin
MAGBOJOS, MD, Zenaida V	Franklin
MAGEE, MD, Joan M	Chester
MAGEE, MD, John G	Philadelphia
MAGEE, MD, Richard S	Blair
MAGGIONCALDA, MD, Joseph A	Berks
MAGGITTI, MD, Michael J	Chester
MAGID, MD, Warren P	York
MAGIDA, MD, Theodore M	Philadelphia
MAGILL, MD, Richard M	Dauphin
MAGILL, MD, William H	Perry
MAGILL III, MD, John T	Union
MAGILNER, MD, Arthur D	Philadelphia
MAGILNER, MD, Louis	Philadelphia
MAGLEY, MD, Robert C	Cambria
MAGLEY, MD, Robert Scott	Cambria
MAGNANI, MD, Thomas J	Centre
MAGNESS, MD, Rose Lynne	Philadelphia
MAGOVERN, MD, George J	Allegheny
MAGOVERN JR, MD, George J	Allegheny
MAGRAN, MD, Leonardo	Philadelphia
MAGUIRE, DO, F William	Chester
MAGUIRE, MD, Joseph I	Delaware
MAGUIRE, MD, Leo J	Delaware
MAGUIRE, MD, Randall F	Philadelphia
MAHA, MD, George E	Philadelphia
MAHA JR, ROBERT J	Allegheny
MAHALINGAPPA, MD, C	Westmoreland
MAHAN, MD, James C	Allegheny
MAHAN, MD, John P	Bucks
MAHBOUBI, MD, Riaz	Bucks
MAHER, MD, John C	Allegheny
MAHER, MD, John P	Chester
MAHER, DO, Patricia M	Delaware
MAHER, MD, Regis M	Fayette
MAHER, MD, Yvonne B	Allegheny
MAHER JR, MD, Thomas D	Allegheny
MAHMOOD, MD, Arshad	Lawrence
MAHMOOD, MD, Edna Z	Berks
MAHMUD, MD, Faruq	Montour
MAHON, MD, John K	Northampton
MAHON, MD, Marilyn S	Dauphin
MAHON, MD, Wilmer B	Dauphin
MAHON JR, MD, Frank B	Bradford
MAHONEY, JOHN F	Allegheny
MAHOOD, MD, William H	Montgomery
MAHSOOB, MD, Abdul Hamed	Allegheny
MAIDA, MD, Frank V	Westmoreland
MAIER, MD, Willis P	Philadelphia
MAIGUR, MD, William S	Lackawanna
MAINGI, MD, Naresh S	Dauphin
MAINZER, MD, Francis K	Erie
MAINZER, MD, Francis S	Huntingdon
MAINZER, MD, Thomas R	Huntingdon
MAIORANA, MD, S Leroy	Berks
MAISEL, MD, Wilfred	Northampton
MAISH JR, MD, George O	Northampton
MAISSEL, MD, Gerda S	Chester
MAITIN, IAN B	Student
MAITLAND, MD, Leah A	Adams
MAITLEN, MD, Robert W	Cambria
MAIVALD, MD, Pavel	Allegheny
MAJERNICK, DO, Thomas G	Wyoming
MAJERONI, MD, Barbara A	Potter
MAJESKI, MD, Joseph T	Lackawanna
MAJEWSKI, MD, Jerzy	Armstrong
MAJID, MD, Nasira Y	Montgomery
MAJMUDAR, MD, Harshit P	Allegheny
MAJMUDAR, MD, Vasanti H	Allegheny
MAJOR, MD, David A	Philadelphia
MAKAROUN, MD, Michel S	Allegheny
MAKAROWSKI, MD, William S	Erie
MAKARY, MD, Adel Z	Montour
MAKDAD, MD, Ameene G	Westmoreland
MAKHDOMI, MD, A Rashid	Northampton
MAKHIJA, MD, Kailash R	Carbon
MAKLER, MD, Jacob S	Philadelphia
MAKLER, MD, P Todd	Philadelphia
MAKNOON, MD, Ali A	Venango
MAKOUS, MONTE	Student
MAKOUS, MD, Norman	Philadelphia
MAKSIMAK, MD, Janis F	Montour
MAKSIMAK, MD, Martin	Montour
MAKWANA, MD, Girish N	Cambria
MALAYIL, MD, Michael T	Washington
MALCOLM, MD, Donald C	Huntingdon
MALCOLM, MD, John A	Allegheny
MALCOLM JR, MD, John A	Union
MALDONADO, MD, Benjamin A	Clearfield
MALEK, MD, Mansour	Philadelphia
MALETTA, MD, Karen A	Westmoreland
MALEY, MD, Edward D	Lancaster
MALEY, MD, Richard H	Allegheny
MALHOTRA, MD, Narinder K	Allegheny
MALHOTRA, MD, Rajeshwar P	Mifflin/Juni
MALHOTRA, MD, Shashpal	Mifflin/Juni
MALHOTRA, MD, Vijay K	Cambria

MALICK, MD, Donald V	Schuylkill
MALICK, MD, Gerald P	Berks
MALIK, MD, Hussain G	Monroe
MALIK, MD, Khalid M	Armstrong
MALIK, MD, Maqsood A	Schuylkill
MALIK, MD, Mohammed A	Lehigh
MALIK, MD, Rajat P	Jefferson
MALIK, MD, Shakuntala M	Jefferson
MALIN, MD, Thomas H	Dauphin
MALINIAK, MD, Keith K	Dauphin
MALINICK, MD, Charles D	Allegheny
MALINOWSKI, MD, John A	Allegheny
MALINS, MD, David A	York
MALISHAUCKI, MD, Mary G	Schuylkill
MALISHAUCKI, MD, Thomas J	Schuylkill
MALIT, MD, Lee A	Montgomery
MALIT, MD, Paulita Y	Allegheny
MALIVER, MD, Deborah S	Indiana
MALIVER, MD, Leonard E	Indiana
MALJOVEC, MD, Joseph J	Warren
MALKIN, MD, Alan G	Philadelphia
MALKIN, MD, Richard I	Philadelphia
MALL, MD, Albert K	Cambria
MALLETTE, MD, Arthur E	Chester
MALLIN, MD, Richard K	Montgomery
MALLINGER, MD, Michael	Allegheny
MALLINGER, MD, Samuel H	Beaver
MALLIS, MD, Neil J	Philadelphia
MALLIT, MD, Melvin L	Allegheny
MALLOTT, MD, I Floyd	Allegheny
MALLOY, MD, Edward L	Allegheny
MALLOY, MD, Edwin S	Lackawanna
MALLOY, MARGARET A	Student
MALLOY, MD, Terrence R	Philadelphia
MALMUD, MD, Leon S	Philadelphia
MALOLES JR, MD, Orlando Z	Delaware
MALONE, MD, Richard P	Philadelphia
MALONE, MD, William J	Venango
MALONEY, MD, Donald W	Montgomery
MALONEY, MD, Richard W	Erie
MALSCH, MD, Evamarie	Philadelphia
MALVAR, MD, Thomas Q	Lawrence
MALVICA, MD, Robert P	Bradford
MAMATAS, MD, Emanuel E	Allegheny
MAMBU, MD, Joseph F	Montgomery
MAMO, MD, George E	Westmoreland
MAMOURIAN, MD, Alexander C	Dauphin
MAMROS, MD, Mark A	Washington
MAMULA, MD, Milton	Allegheny
MANASSE, MD, Howard S	Erie
MANAVI, DANIEL S	Allegheny
MANCALL, MD, Elliott L	Philadelphia
MANCHESTER, MD, George A	Lycoming
MANCIA, MD, Bonita M	Luzerne
MANCINI, MD, Alfred M	Allegheny
MANCINO, MD, Peter J	Lawrence
MANDAL, MD, Sanat K	Philadelphia
MANDARINO, MD, Michael J	Philadelphia
MANDEL, KEITH E	Allegheny
MANDEL, MD, Martin M	Philadelphia
MANDEL, MD, Robert J	Dauphin
MANDEL, MD, Samuel	Philadelphia
MANDEL, MD, Steven	Philadelphia
MANDELKORN, MD, Robert M	Allegheny
MANDELL, MD, Gerald A	Chester
MANDELL, MD, Morton S	Philadelphia
MANDERS, MD, Ernest K	Dauphin
MANDETTA, MD, Donald F	Centre
MANDLER, MD, John I	Montgomery
MANGAN, MD, Martin J	Allegheny
MANGAN, MD, Thomas F	Montour
MANGANARO, MD, Kimberly J	Mifflin/Juni
MANGANIELLO, MD, Charles M	Luzerne
MANGES, MD, John P	Franklin
MANGES, MD, W Bosley	Philadelphia
MANI, MD, Shobha T	Philadelphia
MANIGLIA, MD, Angelo J	Blair
MANIGLIA, MD, Anthony J	Blair
MANIGLIA, RICHARD J	Student
MANIGLIA, MD, Rosario	Dauphin
MANKIN, KEITH P	Allegheny
MANKO, MD, Michael A	Montgomery
MANKOVICH, MD, Paul A	Westmoreland
MANLEY, MD, Charles R	Susquehanna
MANLEY, MD, Donelson R	Philadelphia
MANLEY, DO, James W	Northampton
MANLOVE, MD, Francis R	Philadelphia
MANN, MD, Arthur F	Montgomery
MANN, MD, Douglas G	Delaware
MANN, MD, Irving A	Delaware
MANN, MD, Lowell D	Lancaster
MANN, MD, Orrin	Beaver
MANN, MD, Richard M	Allegheny
MANN, MD, Robert J	Montgomery
MANN, RONALD M	Student
MANN JR, MD, William M	Warren
MANNARINO, MD, Anthony P	Luzerne
MANNING, MD, Dennis M	Allegheny
MANNING, MD, Harry L	Lycoming
MANNING, MD, James A	Allegheny
MANNING, MD, Russell G	Jefferson
MANNINO, MD, Stanley C	Allegheny
MANOHARAN, ASHA	Student
MANOS, MD, John E	Somerset
MANRIQUE, MD, Jose V	Luzerne
MANSELL, MD, John L	Lawrence
MANSFIELD, MD, Carl M	Philadelphia
MANSTEIN, MD, Carl H	Philadelphia
MANSTEIN, MD, George	Philadelphia
MANSTEIN, MD, Mark E	Philadelphia
MANSURE, MD, Frank T	Delaware
MANTICA, MD, Robert P	Beaver
MANUBAY, MD, Marcelo A	Berks
MANUEL, MD, Laureano M	Columbia
MANUS, MD, Nathan	Philadelphia
MANUSOW, MD, David N	Allegheny
MANZ, MD, Donald J	Montgomery
MANZELLA, MD, John P	York
MANZETTI, MD, Gene W	Allegheny
MANZIONE, MD, Marc	Montgomery
MANZO, MD, Thomas L	Montgomery
MANZONE, TIMOTHY A	Student
MAPP, MD, Esmond M	Philadelphia
MAQUERA, MD, Andre G	Lehigh
MARAKOWSKI, DO, James J	Perry
MARASCO JR, MD, Joseph A	Allegheny
MARATTA, MD, Jan W	Allegheny
MARAVALLI, MD, Camille J	Cambria
MARBACH, MD, A Herbert	Philadelphia
MARCELLA, MD, Lawrence C	Lawrence
MARCELLA, MD, Stephen W	Luzerne
MARCELLI, MD, Gene A	Mercer
MARCELO, MD, Flordeliza S	Philadelphia
MARCH, MD, Herman C	Montgomery
MARCHAND, MD, Patrice M	Philadelphia
MARCHANT, MD, Deforrest W	Montgomery
MARCHETTO, BARRY E	Allegheny
MARCHETTO, MD, Paul A	Philadelphia
MARCINCIN, MD, Robert P	Northampton
MARCONIS, MD, Joseph T	Schuylkill
MARCUCCI, CATHERINE	Student
MARCUCCI, MD, James W	Allegheny
MARCUS, MD, Florence L	Allegheny
MARCUS, MD, Gary J	Beaver
MARCUS, MD, Jerome I	Berks
MARCY, MD, Joseph H	Allegheny
MARDEN, MD, Philip A	Philadelphia
MARDER, MD, Daniel M	Allegheny
MARDER, SARA J	Student
MARFATIA, MD, Sudhir K	Bucks
MARFATIA, MD, Usha S	Bucks
MARGARIDA, MD, Leopoldo E	Montgomery
MARGATE, MD, Pedro R	Philadelphia
MARGIE JR, MD, Walter E	Northampton
MARGIOTTI, MD, Gerard A	Philadelphia
MARGOLES, MD, Louis	Philadelphia
MARGOLIS, MD, Bernard	Philadelphia
MARGOLIS, MD, Bernard M	Dauphin
MARGOLIS, MD, Harry M	Allegheny
MARGOLIS, MD, Stephen H	Philadelphia
MARGRAF, MD, John W	Lehigh
MARGUGLIO, DO, A Eugene	Clarion
MARGULIES, DO, Jerry A	Philadelphia
MARGULIES, MD, Milton	Delaware
MARGULIES, DO, Sidney	Philadelphia
MARI-MAYANS, MD, Juan B	Cambria
MARIANI, MD, Stephen S	Lackawanna
MARIANO JR, MD, Benedicto P	Westmoreland
MARIANO JR, MD, Tomas A	Lycoming
MARIGLIO JR, MD, Joseph A	Berks
MARINARI, MD, Lawrence A	Montgomery
MARINCHAK, MD, Roger A	Philadelphia
MARINELLI, RICCARDO R	Allegheny
MARINER, MD, David R	Luzerne
MARINO, MD, Daniel J	Delaware
MARINO, MD, Joseph N	Lackawanna
MARINO, MD, Joseph V	Bradford
MARINO, MD, Ralph J	Philadelphia
MARINO JR, MD, Anthony	Philadelphia
MARION, MD, Roy H	Beaver
MARIS, JOHN M	Student
MARK, MD, George E	Philadelphia
MARK, MD, William S	Chester
MARKARIAN, MD, Michael	Susquehanna
MARKER, BRENDA L	Allegheny
MARKLEY, MD, Ralph	Lawrence
MARKMANN, MD, William J	Philadelphia
MARKOE, MD, Arnold M	Philadelphia
MARKOFF, MD, Joseph I	Philadelphia
MARKOPOLOS, MD, Melissa A	Philadelphia
MARKOSI JR, MD, Charles	Monroe
MARKOW, MD, Harry G	Philadelphia
MARKOWITZ, MD, Philip I	Philadelphia
MARKS, DO, Charles H	Clarion
MARKS, MD, Fred S	Allegheny
MARKS, MD, Gerald	Philadelphia
MARKS, KATHY A	Student
MARKS, MD, Meyer A	Philadelphia
MARKS, MD, Pauline C	Allegheny
MARKS, MD, Stanley M	Allegheny
MARKS, MD, Victor J	Montour
MARKS TABBY, MD, Sara	Philadelphia
MARKSON, MD, Victor I	Beaver
MARLING, MD, Ray	Allegheny
MARLOWE, MD, Andrew M	Philadelphia
MARLOWE, MD, Frank I	Philadelphia
MARLOWE, MD, Sarah K	Philadelphia
MARLOWE, SCOTT D	Student
MARMAR, MD, Earl C	Philadelphia
MARMO, MD, Theodore	Lackawanna
MARNATTI, MD, Carl T	Allegheny
MARON, MD, John J	Montgomery
MARON, MD, Norman L	Northampton
MARONE, MD, Phillip J	Philadelphia
MAROON, MD, Joseph C	Allegheny
MAROUN, MD, William J	Carbon
MARQUEZ, MD, Pedro A	Fayette
MARRANGONI, MD, Albert G	Allegheny
MARRONE, MD, Michael S	Lebanon
MARRONE, MD, R Thomas	Montgomery
MARRYSHOW, MD, Basil A	Allegheny
MARSDEN, JENNIFER S	Allegheny
MARSH, MD, Carol L	Chester
MARSH, MD, Robert J	Erie
MARSH, MD, William E	Westmoreland
MARSHALL, MD, David S	Schuylkill
MARSHALL, MD, E Wayne	Philadelphia
MARSHALL, MD, Helen L	Schuylkill
MARSHALL, MD, Jack H	Erie
MARSHALL, MD, Jane M	Venango
MARSHALL, MD, John E	Berks
MARSHALL, MD, John S	Beaver
MARSHALL, MD, Linda R	Chester
MARSHALL, DO, Lonnie L	Allegheny
MARSHALL, MD, William C	Allegheny
MARSHALL JR, MD, Matthew	Allegheny
MARSHALL JR, DO, V Blake	Delaware
MARSICO, DO, Dominic E	Delaware
MARTE, MD, Egon	Dauphin
MARTELLA JR, MD, Arthur	Montgomery
MARTHOUSE, MD, Stephen J	Mifflin/Juni
MARTIN, MD, Arthur E	Lancaster
MARTIN, MD, C Edwin	York
MARTIN, MD, Charles D	Allegheny
MARTIN, CHARLES E	Student
MARTIN, MD, Donald E	Lebanon
MARTIN, DO, Elvin L	Somerset
MARTIN, MD, Frederick H	Lehigh
MARTIN, MD, Fredric W	Allegheny
MARTIN, MD, Gerald B	Cumberland
MARTIN, MD, Horace F	Adams
MARTIN, MD, J Campbell	Columbia
MARTIN, MD, J Scott	Montour
MARTIN, MD, James S	Lancaster
MARTIN, MD, James W	Crawford
MARTIN, MD, James W	Allegheny
MARTIN, MD, John H	Philadelphia
MARTIN, MD, Louis F	Dauphin
MARTIN, MD, Manuel T	Allegheny
MARTIN, MD, Martina M	Montgomery
MARTIN, MD, Melanie C	Montgomery
MARTIN, MD, Philip G	Cambria
MARTIN, MD, Richard A	Lackawanna
MARTIN, MD, Ronald C	Crawford
MARTIN, MD, Thomas J	Montour
MARTIN, MD, Thomas J	Philadelphia
MARTIN, MD, Thomas J	Dauphin
MARTIN, MD, Thomas P	Allegheny
MARTIN JR, MD, John B	Washington
MARTIN JR, MD, Philip R	Monroe
MARTINA, DO, Peter A	Washington
MARTINEZ, MD, Augusto J	Allegheny
MARTINEZ, MD, Diane G	Mercer
MARTINEZ, MD, Irisaida	Philadelphia
MARTINEZ, MD, Jess M	Washington
MARTINEZ, MD, Jorge A	Allegheny
MARTINEZ, MD, Juan C	Westmoreland
MARTINEZ, MD, Zeferino	Berks
MARTINEZ-HERNANDEZ, MD, Antonio	Philadelphia
MARTINEZ-RAMOS, MD, Maria A	Lehigh
MARTINI, MD, Enrico T	Lancaster
MARTINI, MD, Susan L	Allegheny
MARTINI, MD, Victor S	Erie
MARTINSON, MD, Mark W	Montour
MARTONE, MD, Christine	Allegheny
MARTONE, MD, Louis H	Allegheny
MARTSOLF, MD, John	Beaver
MARTSOLF, MD, Robert H	Mercer
MARTUCCI, MD, John J	Monroe
MARTUCCI, MD, William J	Monroe
MARTYAK, MD, Emil T	Luzerne
MARTYAK, DO, Gabriel S	Montour
MARTYAK, MD, Nicholas A	Luzerne
MARTYN, MD, Lois J	Philadelphia
MARTZ, MD, Mark N	Lehigh
MARTZLUF, MD, Douglas R	Franklin
MARVA, MD, Donald J	Philadelphia
MARVI, MD, Davoud	Lehigh
MARVIN, MD, Robert F	Delaware
MARWAHA, MD, Asha	Butler
MARWAHA, MD, Raj Kumar	Butler
MARX, MD, Marvin H	Montgomery
MARYNIAK, MD, Girard M	Berks
MARZEWSKI, MD, David J	Montour
MASANKAY, MD, Manuel G	Lackawanna
MASARACHIA, MD, Sam C	Philadelphia
MASCETTA, DO, Peter J	Blair
MASCHKE, MD, Stuart P	York
MASCIOTRA, MD, Nicholas J	Cambria
MASH, MD, Marlene J	Montgomery
MASH, MD, Michael J	Montgomery
MASIN, MD, F Ned	Allegheny
MASLAND, MD, David S	Cumberland
MASLOFF, MD, Melvin L	Philadelphia
MASLOW, MD, Joel N	Montgomery
MASON, MD, Charles E	Venango
MASON, MD, Daniel	Philadelphia
MASON, MD, Debra J	York
MASS, MD, Burton	Philadelphia
MASSANISO, MD, Frank P	Philadelphia
MASSENGALE, MD, Alexander T	Berks
MASSEY, MD, Gordon J	Erie
MASSUCCI, JAMES E	Allegheny
MASSULLO JR, MD, Ralph E	Fayette
MAST, MD, Clarence M	Wyoming
MAST, MD, Truman E	Lancaster
MASTANDREA, MD, Carl A	Allegheny
MASTERS, MD, Raymond E	Allegheny
MASTERS, MD, Ruth S	Allegheny
MASTRANGELO, MD, Michael J	Philadelphia
MASTRIAN, MD, Anthony S	Lawrence
MASTRINE, MD, Larry R	Cambria
MASTROIANNI, MD, Luigi	Philadelphia
MASTROPIETRO, MD, N Anthony	Lancaster
MASUCCI, MD, Douglas J	York
MATADAR, MD, Akbar G	Allegheny
MATARESE, MD, Emil L	Bucks
MATEER, MD, Eugene H	Centre
MATEER, MD, Frank M	Allegheny
MATEER, MD, John E	Centre
MATEER JR, MD, Harry O	Schuylkill
MATEO, MD, Rod B	Philadelphia
MATEYA, MD, Dennis J	Allegheny
MATEYA JR, MD, Louis P	Allegheny
MATHAI, MD, John	York
MATHEWS, MD, Robert S	Lancaster
MATHEWS JR, MD, Neilson M	Montgomery
MATHIS, MD, Robert P	Luzerne
MATHUR, MD, Ajay K	Cambria
MATHUR, MD, Dinesh P	Cambria
MATHUR, MD, Kailash	Schuylkill
MATLACK, MD, Eileen O	Bucks
MATLIN, DO, Emily W	Dauphin
MATLIN, MD, Robert A	Lancaster
MATRAGRANO, MD, Andrew P	Montour
MATRISCIANO, MD, James G	Dauphin
MATSKO, JANE R	Student
MATSKO, MD, Janine A	Philadelphia
MATSKO, MD, Michael E	Luzerne
MATSKO, DO, Robert P	Perry
MATSUMOTO, MD, Teruo	Philadelphia
MATTA, MD, Isaac I	Bradford
MATTAS, MD, Oliver E	Blair
MATTEO, MD, Anthony J	Montgomery
MATTEUCCI, MD, Walter V	Philadelphia
MATTHEWS, MD, George R	Berks
MATTLEMAN, DO, Joel H	Lancaster
MATTLEMAN, MD, Steven J	Philadelphia
MATTSON, MD, Ronald J	Montgomery
MATULEWSKI, MD, Thomas J	Delaware
MATUNIS, MD, Joseph J	Perry
MATUNIS, MD, Suzanne F	Allegheny
MATUS, MD, Nancy R	Northampton
MATVEY, MD, Shari A	Allegheny
MATZELLE, MD, Donald W	Franklin
MATZKO, JOHN	Student
MAUK, MD, Joyce E	Bucks
MAUNUS, MD, Howard B	Philadelphia
MAURER, MD, Carol N	Venango
MAURER, MD, Philip M	Delaware
MAURIELLO, DO, Charles A	Philadelphia
MAURIELLO II, MD, Alfred J	Chester
MAURO, KIRK J	Allegheny
MAUST, MD, Paul E	Butler
MAUTHE, MD, Robert W	Philadelphia
MAXIN, MD, Charles W	Centre
MAXWELL, MD, Doris B	Westmoreland
MAXWELL, MD, Emilie L	Montgomery
MAXWELL, MD, Ned G	Allegheny
MAXWELL, DO, Steven L	Dauphin
MAXWELL JR, MD, Robert A	Montgomery
MAY, CHRISTOPHER S	Student
MAY, MD, Daniel C	Wayne/Pike
MAY, MD, John C	Lancaster
MAY, MD, Mark M	Allegheny
MAY, MD, Robert E	Philadelphia
MAYBERRY, DO, Joseph J	Lancaster
MAYDAK, DO, John H	Schuylkill
MAYER, MD, Bernard W	Montgomery
MAYER, 968, David P	Philadelphia
MAYER, MD, Eugene M	Philadelphia
MAYER, MD, Henry S	Montgomery
MAYER, MD, Nathaniel H	Philadelphia
MAYER, MD, Robert A	Chester
MAYERNIK, MD, David G	Allegheny
MAYERS JR, MD, Stanley P	Centre
MAYES, MD, Richard L	Montgomery
MAYHEW, MD, J Morgan	Westmoreland
MAYLOCK, MD, John H	Bedford
MAYO, LMD, Edith A	Delaware
MAYO, MD, James P	Westmoreland
MAYOCK, MD, Robert L	Philadelphia
MAYRO, MD, Julian	Philadelphia
MAYS, MD, Richard R	Lycoming
MAZAHERI, MD, Ahmed	Bucks
MAZER, MD, Howard	Philadelphia
MAZER, MD, Julius	Allegheny
MAZERO, MD, John R	Westmoreland
MAZIARZ, MD, Dennis M	Bucks
MAZICH, MD, Theresa E	Bucks
MAZUR-ELLIS, MD, Paula M	Beaver
MAZUZ, MD, Meir	Berks
MAZZA, MD, Joseph L	Allegheny
MAZZA JR, MD, Patrick A	Berks
MAZZEI, JILL M	Student
MAZZEI, MD, Joseph M	Allegheny
MCADAMS, MD, Andrew J	Allegheny
MCAFEE, MD, Roy D	Venango
MCAFOOS, MD, J Allen	Allegheny
MCALEER, MD, David J	Delaware
MCALLISTER, MD, Helen B	Philadelphia
MCALLISTER, MD, John D	Allegheny
MCALLISTER II, MD, John D	Allegheny
MCALOOSE, MD, Louis T	Luzerne
MCANDREW, MD, Francis J	Northampton

MCANDREW, MD, John J	Lackawanna
MCANDREW, DO, Patrick J	Lackawanna
MCANDREW, MD, Paul C	Lackawanna
MCARDLE, MD, David Q	Westmoreland
MCARDLE, MD, Gilbert C	Adams
MCARDLE, MD, M Jacquelyn	Adams
MCAULIFFE, MD, Thomas C	Philadelphia
MCAVOY, MD, William B	Allegheny
MCBETH JR, MD, Orville G	Adams
MCBRIDE, MD, James G	Northampton
MCBRIDE, MD, Thomas J	Delaware
MCCABE, MD, James L	Montgomery
MCCABE, MD, John S	Washington
MCCADDEN, MD, Joseph A	Delaware
MCCAFFERTY, MD, John P	Philadelphia
MCCAFFERTY, MD, Michael H	Allegheny
MCCAGUE, MD, James J	Allegheny
MCCAGUE, MD, Ned J	Allegheny
MCCAHAN, MD, Wesley F	Bedford
MCCAIRNS, MD, Robert G	Philadelphia
MCCALL, MD, William M	Dauphin
MCCANDLESS, MD, David P	Venango
MCCANDLESS, MD, Warren J	Venango
MCCANN, DO, James E	Beaver
MCCANN, MD, Tomi J	Delaware
MCCANN, MD, William D	Lancaster
MCCARRELL, MD, John K	Washington
MCCARROLL-LINDSEY, MD, Darrolyn M	Erie
MCCARRON, MD, Daniel J	Philadelphia
MCCARTHY, CORNELIUS S	Student
MCCARTHY III, MD, John J	Allegheny
MCCARTHY JR, MD, John J	Allegheny
MCCARTNEY, MD, Ronald L	Erie
MCCAULEY, MD, Francis P	Philadelphia
MCCAULEY, MD, William C	Lycoming
MCCAUSLAND, MD, Paul J	Delaware
MCCENSKY, MD, Gail M	Allegheny
MCCHESNEY JR, MD, Charles T	Chester
MCCLAIN, MD, Charles B	Mifflin/Juni
MCCLAIN, DO, James B	Blair
MCCLAIN JR, MD, Edward J	Allegheny
MCCLAIN JR, MD, Fred H	Huntingdon
MCCLELLAN, MD, R Michael	Delaware
MCCLELLAN, MD, William A	Allegheny
MCCLENAHAN, MD, J Everett	Allegheny
MCCLENATHAN, MD, James E	Adams
MCCLINTIC, DO, William R	Bradford
MCCLINTOCK, MD, W Creighton	Allegheny
MCCLOSKEY, MD, David S	Philadelphia
MCCLOSKEY, MD, Richard C	Allegheny
MCCLOSKEY, MD, Richard V	Philadelphia
MCCLOSKEY, MD, Sister Ann M	Delaware
MCCLOSKEY, DO, Timothy J	Lycoming
MCCLOWRY, MD, James T	Allegheny
MCCLOY, MD, Merritt J	Westmoreland
MCCLUNG, MD, Larry S	Westmoreland
MCCLURE, MD, Jonathan K	Beaver
MCCLURE, THOMAS A	Allegheny
MCCLURE, MD, Thomas D	Westmoreland
MCCLURKEN, MD, James B	Montgomery
MCCLUSKY, MD, Robert C	Venango
MCCOLLUM, MD, George R	Allegheny
MCCOMBS, MD, Elaine M	Montgomery
MCCOMBS, MD, Peter R	Montgomery
MCCOMBS, MD, Ray D	Erie
MCCONAGHY, JOHN R	Allegheny
MCCONAHY, MD, John G	Lawrence
MCCONNEL JR, MD, Charles S	Lehigh
MCCONNELL, MD, Edward L	Philadelphia
MCCONNELL JR, MD, David M	Warren
MCCONVILLE, MD, John H	York
MCCORD, MD, James A	Montgomery
MCCORMICK, DO, Daniel J	Philadelphia
MCCORMICK, MD, George M	Centre
MCCORMICK, MD, John L	Philadelphia
MCCORMICK, MD, John R	Philadelphia
MCCORMICK, MD, John V	Montour
MCCORMICK, MD, Lee H	Allegheny
MCCORMICK, MD, Mark W	Beaver
MCCOY, MD, Andrea C S	Dauphin
MCCOY, MD, Robert L	Northampton
MCCOY, MD, Thomas D	Indiana
MCCOY III, MD, William H	Allegheny
MCCOY JR, MD, George W	Northampton
MCCRACKEN, MD, Stewart	Philadelphia
MCCRAE, MD, Charles R	Berks
MCCRAE, MD, Marcia G	Berks
MCCREARY III, MD, Thomas W	Beaver
MCCUNE, MD, Wallace G	Philadelphia
MCCURDY, MD, Dino E P	Philadelphia
MCCURDY, MD, Layton	Philadelphia
MCCURDY, MD, Richard R	Delaware
MCCUSKEY, MD, William H	Allegheny
MCDANIEL JR, MD, Everett S	Philadelphia
MCDERMIT, MD, John R	Philadelphia
MCDERMOTT, MD, Robert W	Cumberland
MCDERMOTT, MD, Robert W	Allegheny
MCDERMOTT JR, MD, Harry M	Centre
MCDONALD, MD, David R	Allegheny
MCDONALD, MD, Donald J	Philadelphia
MCDONALD, MD, Herbert M	Lackawanna
MCDONALD, MD, Kenneth M	Lehigh
MCDONALD, MD, Marilyn R	Northampton
MCDONALD, MD, Maureen H	Bucks
MCDONALD, MD, Thomas A	Montgomery
MCDONALD JR, DO, James F	Philadelphia
MCDONALD JR, MD, Robert H	Allegheny
MCDONNELL, MD, Thomas J	Lackawanna
MCDONNELL, MD, William V	Philadelphia
MCDONNELL-DATTILO, MD, Colleen	Allegheny
MCDONOUGH, MD, Gerard A	Lehigh
MCDOUGALL, MD, William A	Allegheny
MCDOWELL, MD, Edward P	Indiana
MCDOWELL, MD, Mary J	Allegheny
MCDOWELL, MD, Richard M	Cambria
MCDOWELL, DO, William G	Mercer
MCELLIGOTT, MD, James B	Mckean
MCELREE, MD, James C	Mercer
MCELREE JR, MD, Frank E	Mercer
MCELROY, MD, Philip K	Montgomery
MCELROY, MD, Walter D	Allegheny
MCELWEE JR, DO, Eugene T	Dauphin
MCEVOY, MD, Robert F	Northampton
MCFADDEN, MD, Debra R	Westmoreland
MCFADDEN, MD, Donald D	Clearfield
MCFALLS, SUSAN G	Student
MCFARLAND, MD, Malcolm D	Philadelphia
MCFARLAND, MD, Sally A	Allegheny
MCGANN, MD, Thomas R	Clinton
MCGANNON, MD, Patrick K	York
MCGARR, MD, Janet A	Allegheny
MCGARRIGLE, DO, Robert D	Delaware
MCGARRITY, MD, Susan J	Lebanon
MCGARRY, MD, Thomas E	Bucks
MCGARRY, MD, Thomas F	Delaware
MCGARVEY, MD, Joseph F	Bucks
MCGARVEY, MD, Richard N	Allegheny
MCGARY, MD, Suzan A	Dauphin
MCGAVIC, MD, John S	Montgomery
MCGEADY, MD, Stephen J	Philadelphia
MCGEARY, MD, James E	Warren
MCGEARY, MD, Lester E	Westmoreland
MCGEE, DALE L	Allegheny
MCGEE, MD, Elizabeth L	Montgomery
MCGEE, MD, Michael J	Lancaster
MCGEE JR, MD, Joseph P	Delaware
MCGEEHAN, MD, John F	Lackawanna
MCGEEHAN, MD, John T	Chester
MCGEEHAN, MD, Paul A	Erie
MCGEEHIN III, MD, Frank C	Montgomery
MCGEHEE, MD, Daniel	Venango
MCGEHEE, MD, Edward H	Philadelphia
MCGEORGE, MD, Francis R	Allegheny
MCGIBNEY, KEVIN J	Student
MCGILL, MD, Charles W	Montour
MCGILL, MD, Herman I	Philadelphia
MCGILL, MD, Kenneth W	Lancaster
MCGILL, MD, Regina B	Delaware
MCGINLEY, MD, George W	Lehigh
MCGINNIS, MD, Andrew W	Delaware
MCGINNIS, MD, David E	Philadelphia
MCGLAUGHLIN, MD, Michael J	Adams
MCGLUMPHY, MD, Thomas H	Montgomery
MCGLYNN JR, MD, Thomas J	Dauphin
MCGONIGAL, MD, Michael P	Allegheny
MCGOWAN, MD, William E	Delaware
MCGRANE, MD, Maria K	Luzerne
MCGRATH, MD, Edmund W	Luzerne
MCGRATH, MD, Glenn A	Montgomery
MCGRATH, MD, Joseph M	Dauphin
MCGRATH, DO, Robert C	Westmoreland
MCGRATH, DO, William J	Westmoreland
MCGRAW, MD, Donald J	Allegheny
MCGRAW, MD, Thomas E	Philadelphia
MCGRAW JR, MD, John J	Bucks
MCGREEVEY, MD, John R	Philadelphia
MCGROGAN, MD, Frank P	Allegheny
MCGRUDER, MD, Ewart G	Philadelphia
MCGUINN, MD, William J	York
MCGUIRE, MD, Edward J	Lackawanna
MCGUIRE, MD, Francis E	Beaver
MCGUIRE, MD, James J	Northampton
MCGUIRE, MD, Richard J	Centre
MCGUIRE, MD, Sean P	Allegheny
MCGUIRE, MD, Thomas E	Erie
MCHATTIE, MD, Thomas J	Montour
MCHENRY, MD, D J	York
MCHENRY, MD, Thomas	Allegheny
MCHUGH, MD, Elmer F	Allegheny
MCHUGH, MD, Regis W	Westmoreland
MCHUGH, MD, Richard D	Allegheny
MCILVAINE, MD, Paul W	Bucks
MCINROY, MD, Robert D	Dauphin
MCINTYRE, MD, Edward S	Lehigh
MCIVOR, MD, Owen R	Philadelphia
MCJUNKIN, MD, Cheryl L	Erie
MCKEATING, MD, Philip J	Allegheny
MCKEE, MD, Edward T	Delaware
MCKEE, MD, Michael B	Lancaster
MCKEE, MD, Robert E	Butler
MCKEE, MD, Roderick S	Philadelphia
MCKEE, MD, Wayne O	Somerset
MCKEIGHAN EXEC DIR, DAVID	Delaware
MCKELVEY, MD, Mary E	Philadelphia
MCKENNA, MD, James P	Beaver
MCKENNA, MD, Marc W	Montgomery
MCKENNA, MD, Thomas J	Cambria
MCKENNA JR, MD, Ernest L	Montgomery
MCKENZIE, MD, James G	Franklin
MCKENZIE, MD, Ray	Allegheny
MCKEOWN, MD, Henry G	Clinton
MCKEOWN JR, MD, John J	Philadelphia
MCKILLION, MD, Patrick C	Montour
MCKINLEY, MD, David F	Montour
MCKINLEY, MD, Donald R	Cambria
MCKINLEY, MD, Erin A	Venango
MCKINLEY, MD, James W	Allegheny
MCKINLEY, MD, Richard G	Cambria
MCKINLEY, MD, Wayne S	Jefferson
MCKINLEY, MD, William M	Clarion
MCKINNEY, MD, Henry D	Blair
MCKINSTRY, MD, Robert B	Chester
MCKNIGHT, MD, Lancess	Delaware
MCKRISKY, MD, Paula J	Philadelphia
MCLAMB, MD, James R	Crawford
MCLANE, MD, Rogers D	Clearfield
MCLAUGHLIN, MD, Edward	Delaware
MCLAUGHLIN, MD, Edward D	Philadelphia
MCLAUGHLIN, MD, Frank W	Lancaster
MCLAUGHLIN, MD, George E	Philadelphia
MCLAUGHLIN, MD, James T	Allegheny
MCLAUGHLIN, DO, John P	Dauphin
MCLAUGHLIN, MD, Mary J	Montgomery
MCLAUGHLIN, MD, Raymond S	Chester
MCLAUGHLIN, MD, Thomas W	Schuylkill
MCLAUGHLIN, MD, William B	Allegheny
MCLAUGHLIN JR, MD, Guy W	Philadelphia
MCLEAN, MD, James J	Berks
MCLELLAN JR, MD, Thomas G	Fayette
MCLEOD, MD, Roderick R	Lackawanna
MCLIN, MD, Leon N	York
MCLOONE, MD, John C	Montgomery
MCLUCAS, MD, Russell C	Franklin
MCMAHAN, MD, Joseph N	Washington
MCMAHON, MD, William J	Washington
MCMAHON JR, MD, Joseph F	Northampton
MCMASTER, MD, Gilbert B	Washington
MCMASTER, MD, James H	Allegheny
MCMILLAN, MD, Deborah M	York
MCMILLAN, MD, Donald L	Allegheny
MCMILLAN, MD, James E	Allegheny
MCMILLAN, MD, William B	Allegheny
MCMILLEN, MD, James I	Dauphin
MCMILLIAN, MD, Lothar	Delaware
MCMONAGLE, MD, Carey L	Fayette
MCMUNN, MD, Stuart B	Lehigh
MCMURRAY, MD, Henry A	Westmoreland
MCMURRY, MD, Fred G	Montour
MCNABB, MD, Daniel M	Lackawanna
MCNALL, MD, Pearl G	Allegheny
MCNAMARA, MD, J Arch	Philadelphia
MCNAMARA, DO, Thomas W	Allegheny
MCNAMEE SR, MD, William B	Delaware
MCNAUGHER, MD, William M	Allegheny
MCNEAL, MD, Lori L	Chester
MCNEAL, MD, Samuel W	Lancaster
MCNEIL, MD, John	Mckean
MCNEIL, MD, Peter E	Northmbrland
MCNEIL-JACOBI, MD, Athole G	Philadelphia
MCNEILL, MD, Donald B	Erie
MCNELLIS, MD, Donald R	Northampton
MCNERNEY, DO, Robert A	Butler
MCNETT, MD, Dale L	Warren
MCNICHOLAS, MD, Kathleen W	Philadelphia
MCNULTY, MD, Barbara M	Allegheny
MCNULTY, MD, Larry P	Allegheny
MCNUTT, MD, Frank H	Armstrong
MCPEAK, MD, Vincent J	Philadelphia
MCQUIGG, MD, Richard N	Allegheny
MCSORLEY, MD, John	Allegheny
MCSORLEY, MD, Maryann Bidi	Philadelphia
MCTAMMANY, MD, J Robert	Berks
MCVAY, EDWARD J	Allegheny
MCVAY, MD, William J	Allegheny
MCWHIRTER, MD, William R	Mercer
MCWILLIAMS, MD, Fred D	Westmoreland
MEAD, MD, Robert M	Erie
MEADE, THERESA A	Student
MEADOWCROFT, MD, James A	Montgomery
MEAL, MD, Katharine J	Allegheny
MEANOR JR, MD, Harold H	Allegheny
MEARS, MD, Dana C	Allegheny
MEARS, MD, Elmer E	Bucks
MEARS, MD, Virginia G	Lancaster
MEASLEY, MD, Robert E	Philadelphia
MEBANE, MD, Tom S	Centre
MEBANE III, MD, Tom S	Centre
MECCA, MD, Donato D	Lackawanna
MECCA, MD, John J	Lehigh
MECHANICK, MD, Philip G	Philadelphia
MEDDEN, MD, Edwin J	Mckean
MEDIANO, MD, Wilfredo M	Philadelphia
MEDICH, MD, David S	Allegheny
MEDICH, MD, George F	Beaver
MEDINA, MD, Amando R	Allegheny
MEDINA, MD, Jocyline L	Allegheny
MEDINA, MD, Rodrigo D	Carbon
MEDINA, MD, Roldan G	Fayette
MEDINGER, MD, Fred G	Philadelphia
MEDLEN, MD, Rudolph E	Fayette
MEDLOCK, MD, James B	Lawrence
MEDOFF, MD, Joseph	Philadelphia
MEDWAY, MD, Marc J	Montgomery
MEDWICK, DO, Denise M M	Allegheny
MEDWICK, DO, Gerald R	Allegheny
MEEHAN, MD, John J	Philadelphia
MEEHAN, MD, Kathleen M	Philadelphia
MEERAN, MD, M Mohamed	Schuylkill
MEESS, MD, Mark A	Allegheny
MEGO, THOMAS S	Allegheny
MEHALICK, DO, Pamela G	Philadelphia
MEHARG JR, MD, John G	Berks
MEHDI, MD, Iftikhar J	Franklin
MEHOK, MD, Ronald G	Allegheny
MEHTA, MD, Bharat K	Northampton
MEHTA, MD, Harshad	Allegheny
MEHTA, MD, Niharika D	Columbia
MEHTA, MD, Pankaj	Lycoming
MEHTA, SANJAY M	Student
MEHTA, MD, Smita M	Philadelphia
MEHTA, MD, Sunil K	Mercer
MEHTA, MD, Varsha J	Butler
MEHTA, MD, Yogin P	Mifflin/Juni
MEHTA, MD, Yogini R	Allegheny
MEIER, MD, Louis A	Montgomery
MEIKLE, MD, Charles E	Bradford
MEIKLE, MD, George C	Luzerne
MEINDL, MD, George T	Washington
MEISLER, MD, Jeanne S	Philadelphia
MEISTER, MD, Donald G	Allegheny
MEISTER, MD, Steven G	Philadelphia
MELAMED, MD, Brian R	Lancaster
MELANI, MD, Kenneth R	Allegheny
MELDRUM, MD, Robert W	Columbia
MELICK, MD, Judith E	Philadelphia
MELIN, MD, Jeffrey M	Philadelphia
MELIS, MD, Robert	Lycoming
MELKUS, MD, Daniel J	Bedford
MELLEN, MD, Arthur W	Philadelphia
MELLINGER, JOHN C	Allegheny
MELLINGER, MD, Richard W	Lancaster
MELLON, MD, Robert	Berks
MELLON JR, MD, Lawrence J	Delaware
MELLOTT, JONEL M	Student
MELMAN, MD, Jay E	Lehigh
MELNICK, MD, Howard B	Lebanon
MELNICK, MD, Joseph L	Philadelphia
MELNICOVE, MD, Sidney	Schuylkill
MELODY, MD, M Joseph	Delaware
MELOTTI, MD, Peter M	Allegheny
MELOY, MD, John H	Blair
MELOY, MD, Thomas R	Huntingdon
MELTON, DELIA C	Student
MELTZ, DO, Richard C	Delaware
MELTZER, MD, Alan J	Philadelphia
MELTZER, MD, David	Montgomery
MELTZER, MD, Lawrence E	Philadelphia
MELTZER, MD, Michele S	Philadelphia
MEMON, MD, Mohammad K	Westmoreland
MENA, MD, Lilia D	Montgomery
MENACHE, MD, Michael P	Allegheny
MENACKER, MD, Sheryl J	Bucks
MENARD, MD, Mary K	Philadelphia
MENCHEY, MD, Milton J	York
MENDEL, MD, Kenneth D	Delaware
MENDEL, RICHARD C	Student
MENDELL, MD, Theodore H	Philadelphia
MENDELOW, MD, Harvey	Allegheny
MENDELSOHN, MD, Eugene	Berks
MENDELSON, MD, Ellen B	Allegheny
MENDELSON, MD, Myer	Philadelphia
MENDELSON, MD, S Robert	Allegheny
MENDELSSOHN, MD, Edwin	Philadelphia
MENDELSSOHN, MD, Saul	Luzerne
MENEELY, MD, Alfred W	Dauphin
MENGEL, MD, Charles L	Lehigh
MENGEL, MD, Roger G	Berks
MENGES JR, MD, Job F	Berks
MENICHINO, MD, Anthony J	Berks
MENIN, MD, Richard A	Philadelphia
MENIN, MD, William	Philadelphia
MENIO, MD, John N	Luzerne
MENKOWITZ, MD, Bruce J	Montgomery
MENKOWITZ, MD, Elliot	Montgomery
MENKUS, SHARON D	Allegheny
MENNA, MD, Vincent J	Bucks
MENNELL, MD, John M	Philadelphia
MENNINGER III, MD, Fredrick J	Allegheny
MENON, MD, Venu G	Philadelphia
MENON, MD, Vikram G	Luzerne
MENOTIADES, MD, John C	Allegheny
MENTYKA, MD, Maryjean D	Philadelphia
MENZEL, CHRISTINE L	Allegheny
MENZEL, MD, Paul H	Lackawanna
MENZIES JR, MD, William C	Mercer
MERCADO, MD, Modesto G	Lehigh
MERCED, MD, Jorge M	Venango
MERCHANT, MD, Ralph P	Franklin
MERCIER, MD, Edward E	Erie
MERCURIO, MD, Richard A	Armstrong
MERCURIO, MD, Teresa	Berks
MERENICH, MD, William M	Philadelphia
MERENSTEIN, MD, Joel H	Allegheny
MERESCHAK, MD, Volmar A	Northampton
MERING, MD, Thomas W	Greene
MERING JR, MD, James H	Allegheny
MERKEL, MD, Ira S	Philadelphia
MERKEL, MD, Lois M	Mercer
MERKIN, MD, Alvin	Philadelphia
MERKLE, MD, Larry N	Lehigh
MERKLEY, MD, Kevin H	Montour
MERLIN, MD, Albert A	Philadelphia
MERLO, DO, Francis A	Wayne/Pike
MERMELSTEIN, MD, Alan M	Philadelphia
MERMELSTEIN, MD, Howard A	Allegheny
MEROLA, MD, Joseph C L	Northampton
MEROW, DO, Edwin L	Philadelphia
MERRIMAN, MD, W Clair	Beaver
MERSHON, MD, Charles R	Lancaster
MERSKI, MD, Anthony T	Erie
MERSKY, MD, Martin R	Philadelphia
MERSKY, MD, Steven A	Philadelphia
MERSON, MD, Erich R	Chester
MERTI, GREGORY E	Allegheny

MERZI, MD, Allen J	Washington
MESAROS, GLEN J	Allegheny
MESCHTER, MD, Steven C	Montour
MESETE, MD, A Francis	Delaware
MESHKOV, MD, Arnold B	Philadelphia
MESSEIH, MD, Adel A	Lycoming
MESSINA, MD, Frank C	Philadelphia
MESSMER, MD, John J	Lebanon
MESSNER, MD, Jean T	Dauphin
MESSNER, MD, Kenneth H	Lancaster
MESSORI, MD, Divo A	Philadelphia
META, MD, Louis D	Allegheny
METKUS, MD, Francis M	Bucks
METZ, MD, Walter A R	Allegheny
METZGAR, MD, Thomas I	Monroe
METZGER, MD, Paul C	Lackawanna
METZGER, MD, Paul D	Lackawanna
METZGER, MD, Rose A	Philadelphia
MEUSBURGER, MD, Charles E	Philadelphia
MEYER, MD, Allen E	Delaware
MEYER, MD, Arthur N	Luzerne
MEYER, MD, David G	Westmoreland
MEYER, MD, Jill S	Allegheny
MEYER, MD, Kenneth K	Bradford
MEYER, MONICA A	Student
MEYER, MD, Richard S	Philadelphia
MEYER III, DO, Carl E	Mercer
MEYERS, MD, John L	Berks
MEYERS, MD, Karl R	Philadelphia
MEYERS, MD, Paul T	Cambria
MEYERS, MD, Robert W	Philadelphia
MEZEY, ALAN L	Student
MEZZANOTTE, MD, John J	Philadelphia
MIANO, MD, Lidia	Beaver
MICAILY, MD, Bizhan	Philadelphia
MICEK, MD, Edward W	Philadelphia
MICELI, MD, Silvio	Philadelphia
MICHAEL, MD, Dwight I	Adams
MICHAEL, MD, Gary E	Lehigh
MICHAEL, MD, Nicole V	Berks
MICHAEL, MD, Thomas P	Allegheny
MICHAELS, MD, Bernard I	Allegheny
MICHAELS, MD, Milton M	Allegheny
MICHAELS, MD, Robert M	Bradford
MICHAELSON, MD, Carolyn Z	Philadelphia
MICHAELSON, MD, Janet M	Montgomery
MICHAELSON, MD, Robert I	Montgomery
MICHAELSON, MD, Thomas C	Chester
MICHALAK, MD, Dennis M W	Bradford
MICHALEK, MD, Maria	Dauphin
MICHALS, MD, Timothy J	Philadelphia
MICHAUD, MD, Joseph E	Cambria
MICHEL, MD, Elliot M	Allegheny
MICHEL, MD, John P	Beaver
MICHELSTEIN, MD, Richard D	Luzerne
MICHIE, MD, Alexander J	Monroe
MICHIE, MD, Catharine R	Monroe
MICKLER, MD, Thomas A	Philadelphia
MIDDLEBROOKS, JAYNE T	Allegheny
MIDDLEMAN, MD, Rose R	Allegheny
MIDDLETON, MD, Donald B	Allegheny
MIDDLETON, MD, Robert J	Columbia
MIDGLEY, MD, Peter M	Franklin
MIDHA, MD, Deepak	Butler
MIDMORE, MD, John S	Lycoming
MIECKOWSKI, MD, Gregory C	Armstrong
MIELCAREK JR, MD, Leon M	Delaware
MIGLIORE, MD, Joseph J	Lycoming
MIHELIC, MD, Nicholas E	Huntingdon
MIHOK, MD, Michael R	Allegheny
MIKAELIAN, MD, Diran O	Philadelphia
MIKAYA, MD, Martin L	Bradford
MIKELBERG, MD, Rose R	Philadelphia
MIKELONIS, MD, Robert J	Centre
MIKESELL, MD, Jerry F	Centre
MIKITA, MD, John J	Allegheny
MIKLOS, MD, Bernard G	Allegheny
MIKLOS, MD, Michael V	Allegheny
MIKNEVICH, MD, Maryann	Allegheny
MIKOWSKI, MD, I Edmund	Philadelphia
MIKULLA, MD, John M	Allegheny
MIKUTA, MD, John J	Philadelphia
MILAI JR, MD, Ahmed S	Allegheny
MILANI, MD, Frank A	Lackawanna
MILAZZO, MD, John V	Bucks
MILDENBERG, MD, Budd J	Montgomery
MILDER, MD, James E	Cambria
MILES, DO, G Bruce	Northampton
MILES, MD, Michael A	Berks
MILEWSKI, MD, Leonard F	Delaware
MILFORD, MD, Henry E	Dauphin
MILICH, MD, Zarko D	Monroe
MILICIA, MD, Anthony P	Philadelphia
MILKE, MD, Denis J	Dauphin
MILKS, MD, Carl J	Wayne/Pike
MILLAGER, ABBY A	Allegheny
MILLER, ALAN K	Allegheny
MILLER, MD, Alan M	Montgomery
MILLER, MD, Allen C	Philadelphia
MILLER, MD, Ann C	Montgomery
MILLER, MD, Brian A	Bucks
MILLER, MD, C Eugene	Lancaster
MILLER, MD, C Joseph	Philadelphia
MILLER, MD, Calvin E	Armstrong
MILLER, MD, Carl S	Lebanon
MILLER, CAROL A	Student
MILLER, MD, Charles F	Chester
MILLER, MD, Clarke T	Washington
MILLER, MD, Claude J	Lebanon
MILLER, CLAY D	Student
MILLER, MD, Curt D	Delaware
MILLER, MD, Cynthia L	Philadelphia
MILLER, MD, David	Philadelphia
MILLER, MD, David H	Bucks
MILLER, MD, David L	Clarion
MILLER, MD, David L	Allegheny
MILLER, MD, David M	Philadelphia
MILLER, MD, David S	Huntingdon
MILLER, MD, David S	Allegheny
MILLER, MD, Earl R	Lycoming
MILLER, MD, Edward J	Carbon
MILLER, MD, Eric S	Allegheny
MILLER, MD, Felix H	Allegheny
MILLER, MD, Francine J	Philadelphia
MILLER, MD, Frank L	Montgomery
MILLER, MD, Frederick A	Allegheny
MILLER, MD, Gerald E	Lancaster
MILLER, MD, Gladys M	Philadelphia
MILLER, MD, Harry I	Allegheny
MILLER, MD, Herbert D	Allegheny
MILLER, MD, Herman	Delaware
MILLER, MD, Howard J	Potter
MILLER, DO, James C	Dauphin
MILLER, MD, James M	Susquehanna
MILLER, MD, James R	York
MILLER, MD, Jay B	Berks
MILLER, MD, Jeffrey L	Philadelphia
MILLER, DO, Jeri L	Philadelphia
MILLER, MD, Jerome	Philadelphia
MILLER, DO, Jerome	Philadelphia
MILLER, DO, Joel P	Philadelphia
MILLER, MD, John L	Mercer
MILLER, MD, Joseph A	Lehigh
MILLER, MD, Joseph J	Franklin
MILLER, MD, Kerry D	Lehigh
MILLER, MD, Lawrence S	Philadelphia
MILLER, MD, Lee C	Dauphin
MILLER, MD, Lee H	Bucks
MILLER, MD, Leon	Montgomery
MILLER, MD, Leonard D	Philadelphia
MILLER, MD, Michael D	Allegheny
MILLER, MD, Morris	Philadelphia
MILLER, MD, O Fred	Montour
MILLER, MD, Parry J	Lancaster
MILLER, MD, Ralph J	Indiana
MILLER, MD, Richard C	Carbon
MILLER, MD, Richard E	Schuylkill
MILLER, MD, Robert H	Montgomery
MILLER, MD, Roland E	Erie
MILLER, MD, Stephen J	Allegheny
MILLER, MD, Thomas J	Montgomery
MILLER, MD, Thomas L	Lancaster
MILLER, MD, Wallace T	Philadelphia
MILLER, MD, Warren A	Northampton
MILLER, WAYNE R	Student
MILLER, MD, William B	Allegheny
MILLER, DO, William H	Dauphin
MILLER, MD, William H	Allegheny
MILLER II, MD, George C	Union
MILLER II, MD, Tom R	Erie
MILLER JR, MD, Clarence M	Allegheny
MILLER JR, MD, John W	Lancaster
MILLER JR, MD, William B	Dauphin
MILLER PROFETA, MD, Lauren B	Philadelphia
MILLER-BOUDREAU, MD, Karen L	Philadelphia
MILLIGAN, MD, Robert S	Allegheny
MILLINER, MD, David H	Delaware
MILLS, MD, John W	Indiana
MILLS, MD, M Duane	Dauphin
MILLS, MD, William L	Bucks
MILLS EXECUTIVE SEC, MRS CAROLINE	Beaver
MILON, MD, Charles F	Philadelphia
MILROTH, MD, William L	Franklin
MILSOVIC, MD, Robert C	Crawford
MILSTEIN, MD, Harold J	Luzerne
MILSTEIN, MD, Seymour W	Delaware
MILTON, AMI C	Student
MIN, MD, Henry M	Elk/Cameron
MIN, MD, Jung T	Beaver
MIN, MD, Tae C	Beaver
MINARD, MD, William D	Montgomery
MINDE, MD, Eric J	Allegheny
MINEHART, MD, Charles R	Berks
MINEHART, MD, John R	Philadelphia
MINEO, MD, Cyrus L	Chester
MINERVA, MD, Felicisima B	Philadelphia
MINERVA, MD, Justin G	Montgomery
MINES, MD, Samuel C	Allegheny
MINGRONI, DO, Julius A	Philadelphia
MINIELLY, MD, Richard W	Bradford
MINN, MD, Fredrick L	Montgomery
MINNER, MD, Roger J	Lehigh
MINNICH, MD, Philip H	York
MINNO, MD, Alexander M	Allegheny
MINO, MD, David E	Bucks
MINO, MD, Robert D	Montgomery
MINORA, MD, Michael A	Lackawanna
MINORA, MD, Thomas L	Lackawanna
MINSEK, MD, Robert C	Lancaster
MINSHULL, MD, James B	Allegheny
MINTEER, MD, James W	Elk/Cameron
MINTEER, MD, Jeffrey F	Washington
MINTEER JR, DO, Donald W	Armstrong
MINTON, MD, Michael D	Allegheny
MINTON, MD, Russell F	Philadelphia
MINTZ, MD, Paul S	Berks
MINTZER, MD, David M	Philadelphia
MIR, MD, David J	Erie
MIR, MD, Tahir U	Indiana
MIRA, MD, Allan J	Cumberland
MIRA, MD, John F	Cumberland
MIRAGLIA, MD, Richard J	Monroe
MIRANDA, MD, Aurora M	Allegheny
MIRANDA, MD, Cesar P	Butler
MIRANDA, MD, Jorge	Lackawanna
MIRANDA, MD, Ralph A	Westmoreland
MIRARCHI, MD, Vincenzo	Northmbrland
MIRCEA, MD, Cornel	Philadelphia
MIRSKY, MD, Howard A	Erie
MIRSKY, POLLY J	Student
MIRSKY, MD, Robert S	Bucks
MIRTH-JACOBELLI, DO, Barbara L	Bucks
MIRZA, MD, Mohammad R	Lycoming
MISAGE, MD, John R	Allegheny
MISCHLER, MD, Forrest C	Erie
MISENHIMER, MD, Martin D	Lehigh
MISHALOVE, MD, R David	Delaware
MISHEL, MD, Henry S	Montgomery
MISHKIN, MD, Mark H	Lehigh
MISHKIN, MD, Mark M	Philadelphia
MISHRA, MD, Manorama	Greene
MISSRI, ALBERT A B	Student
MISTAL, DO, Deborah J	Luzerne
MISTRY, MD, Meherwan J	Wayne/Pike
MITAL, MD, Mohan S	Cambria
MITAL, MD, Nirmal G	Cambria
MITCHELL, MD, Arthur B	Luzerne
MITCHELL, MD, Cheryl M	Allegheny
MITCHELL, MD, Donald D	Cambria
MITCHELL, MD, Fenton M	Allegheny
MITCHELL, MD, Harold L	Allegheny
MITCHELL, MD, Henry	Indiana
MITCHELL, MD, James R	Philadelphia
MITCHELL, JOHN A	Allegheny
MITCHELL, MD, John F	Lehigh
MITCHELL, MD, Michael J	Beaver
MITCHELL, MD, Robert M	Philadelphia
MITCHELL, MD, William J	Fayette
MITNICK, MD, Paul D	Berks
MITRA, MD, Amitabha	Philadelphia
MITRA, MD, Atin K	Erie
MITRE, MD, Ricardo J	Allegheny
MITRO, MD, William	Allegheny
MITRUKA, MD, Vicky Abbott	Philadelphia
MITSOS, WILLIAM J	Allegheny
MITTAL, MD, Basant K	Northmbrland
MITTAL, MD, Vimal	Cambria
MITTELDORF, MD, Stephen E	Philadelphia
MITTELL, MD, David C	Washington
MITTERLING, MD, Robert C	Delaware
MITTICA, MD, Nicholas M	Lawrence
MIURA, MD, Karen K	Philadelphia
MIYAMOTO, MD, Curtis T	Delaware
MIZIN, MD, Lakshmi D J	Lackawanna
MLECKO, MD, Lawrence M	Allegheny
MOAKEH, MD, Mohamed	Crawford
MOBERG, MD, F Barrie	Lancaster
MOCK, MD, Gregory D	Cambria
MODARRESS, MD, John	Schuylkill
MODI, MD, Jashwant B	Allegheny
MODIC, MD, Christopher W	Allegheny
MODY, MD, Mahendra I	Bucks
MODY, MD, Smita S	Schuylkill
MOERKIRK, MD, George E	Lehigh
MOFFETT, KATHRYN S	Student
MOFFITT, MD, Vincent J	Berks
MOFFITT JR, MD, George R	Dauphin
MOFFSES, MD, Garabed H	Philadelphia
MOGERMAN, MD, Jeffrey A	Lackawanna
MOGERMAN, MD, Richard L	Lackawanna
MOGHADAM, MD, Abdol Nabi	Philadelphia
MOGHADAM, MD, Eileen S	Philadelphia
MOGIL, MD, Robert A	Philadelphia
MOGLIA, MD, Bernadine A	Dauphin
MOGUL, MD, Robert	Bucks
MOHAMED-ALI, MD, Abul-Kassim	Lackawanna
MOHAN, MD, Brij	Northampton
MOHAN, MD, Krishna K	Philadelphia
MOHIUDDIN, MD, Mohammed	Philadelphia
MOHIUDDIN, MD, Mohammed A	Philadelphia
MOHLER, MD, J Harold	Lancaster
MOHR, MD, Rose M	Philadelphia
MOHYUDDIN, MD, Moiz	Monroe
MOIDEL, MD, Robert A	Montgomery
MOKRYNSKI, MD, Greg	Philadelphia
MOKYCHIC, MD, Walter E	Luzerne
MOLDOFSKY, MD, Philip J	Philadelphia
MOLDOVER, MD, Jonathan R	Lehigh
MOLINA, MD, Ramon B	Monroe
MOLL, MD, Alison	York
MOLL, MD, David C	Bucks
MOLL, MD, George A	Philadelphia
MOLL, MD, Thomas B	Berks
MOLLER, MD, George A	Clinton
MOLLICK, MD, James A	Montgomery
MOLNAR, MD, Theodore J	Allegheny
MOLONEY, MD, Joseph D	Dauphin
MOMAN JR, MD, Lawrence C	Allegheny
MOMIN, MD, Malik N	Dauphin
MONAHAN, MD, George R	Montgomery
MONAHAN, MD, Maryellen R O	Lackawanna
MONARDO, MD, Alfred	Allegheny
MONASTERIO, MD, Jose R	Chester
MONCMAN, DO, Michael-Gerard	Blair
MONCRIEF, MD, Richard D	Lancaster
MONDALA-OCBO, MD, Elisa V	Berks
MONDEJAR, MD, Magdalena D	Adams
MONDERO, DO, Nancy A	Lancaster
MONDIK, MD, Barbara L	Allegheny
MONDZELEWSKI, MD, James P	Allegheny
MONHEIT, MD, Richard S	Philadelphia
MONK, MD, John S	York
MONK JR, MD, John S	York
MONKOWSKI, MD, Alfred M	Bucks
MONROE, MD, Carl B	Bucks
MONROE JR, JOHN J	Student
MONSAERT, MD, Ronald P	Montour
MONSHAW, MD, Robert A	Philadelphia
MONSOUR, MD, Geoffrey B	Westmoreland
MONSOUR, MD, Robert G	Westmoreland
MONSOUR, MD, Roy C	Westmoreland
MONSOUR, MD, Roy E	Adams
MONSOUR, MD, William J	Westmoreland
MONTA, MD, Arturo D	Allegheny
MONTAGUE, MD, James W	Lycoming
MONTALBO, MD, Antonio A	Centre
MONTALBO, MARIONITO N	Allegheny
MONTALBO, MD, Serafin A	Westmoreland
MONTANA, MD, Barbara E	Philadelphia
MONTANER, MD, Carmen G	Lehigh
MONTANER, MD, Jose L	Dauphin
MONTEFUSCO, MD, Patrick P	York
MONTEITH JR, MD, William E	Bucks
MONTELEONE, MD, Paul N	Cambria
MONTELLA, MD, Michael	Lackawanna
MONTELLESE, MD, Phyllis B	Allegheny
MONTELLO, MD, Joan M	Cumberland
MONTES, MD, Manuel Y	Carbon
MONTGOMERY, MD, Bruce B	Montgomery
MONTGOMERY, MD, Ernest J	Armstrong
MONTGOMERY, MD, Hugh	Philadelphia
MONTGOMERY, MD, Karla J	Philadelphia
MONTGOMERY, MD, Lynn C	Philadelphia
MONTGOMERY, MD, Mark R	Fayette
MONTGOMERY, MD, Maxine D	Lancaster
MONTGOMERY, MD, Patricia A	Delaware
MONTGOMERY, MD, Thaddeus L	Philadelphia
MONTGOMERY JR, MD, George A	Somerset
MONTONE, KATHLEEN T	Student
MONTOZZI, MD, Richard L	Philadelphia
MONYAK, MD, John G	Beaver
MOODY, MD, Jack H	Dauphin
MOODY, MD, Robert A	Bradford
MOOLA, MD, Jagadeesh K	Cumberland
MOON, MD, Sung B	Westmoreland
MOONDA, MD, Gulamhusain	Mercer
MOONEY, MD, Benjamin R	York
MOONEY, MD, William E	Allegheny
MOORE, MD, Barry B	Dauphin
MOORE, BRAD B	Student
MOORE, MD, Craig C	Lehigh
MOORE, MD, Daniel W	Montgomery
MOORE, MD, David H	Luzerne
MOORE, MD, Donnica L	Philadelphia
MOORE, MD, Ernest E	Butler
MOORE, MD, George W	Lawrence
MOORE, MD, James P	Armstrong
MOORE, MD, James T	Montgomery
MOORE, MD, Jay R	Philadelphia
MOORE, MD, Joseph J	Tioga
MOORE, MD, Leroy C	Clinton
MOORE, MARTHA J	Allegheny
MOORE, MD, Mary Elizabeth	Philadelphia
MOORE, MD, Matthew T	Philadelphia
MOORE, MD, Michael F	Lackawanna
MOORE, SHARON Y	Allegheny
MOORE, MD, Susan J	Dauphin
MOORE, MD, Terence E	Armstrong
MOORE, MD, Terence N	Lancaster
MOORE II, MD, Jack C	Dauphin
MOORE JR, MD, John H	Philadelphia
MOORE JR, MD, Samuel R	Philadelphia
MOORE JR EXEC DIR, H DAVID	Allegheny
MOORE SR, MD, Robert G	Lancaster
MOOSSY, MD, John J	Allegheny
MORACA, MD, John I	Allegheny
MORADIA, MD, Vijay J	York
MORAITIS, MD, Constantine Z	Allegheny
MORALES, MD, Agustin P	Allegheny
MORALES, MD, Diego	Philadelphia
MORALES, MD, Francisco J	Lebanon
MORALES, MD, Gladys D	Northampton
MORALES, MD, Jose O	Philadelphia
MORALES-PELAEZ, MD, Eileen S	Philadelphia
MORAN, MD, John J	Montour
MORAN, MARY M	Allegheny
MORAN JR, MD, Theodore R	Mercer
MORAN JR, MD, Thomas W	Westmoreland
MORANI, MD, Alma D	Philadelphia
MORANZ, MD, Joel G	Delaware
MORASCO, MD, Edward R	Lebanon
MORENO, MD, Manuel V	Lycoming
MORENO, MD, Misael A	Philadelphia
MORETTO, MD, Joseph L	Lawrence
MOREY, MD, Merrill I	Allegheny
MORFFI, MD, Oscar A	Lehigh
MORGAN, MD, Albert P	Lackawanna
MORGAN, MD, Allan V	Allegheny
MORGAN, MD, Cheryl L	Allegheny

MORGAN, MD, Corinne M	Montgomery
MORGAN, MD, Harry E	Delaware
MORGAN, MD, Jeffrey F	Warren
MORGAN, MD, John M	Delaware
MORGAN, MD, Owen K	Cambria
MORGAN, MD, Russell E	Northampton
MORGAN, MD, William A	Philadelphia
MORGAN, MD, William F	Northampton
MORGAN JR, MD, James W	Union
MORGAN JR, MD, Vernon W	Lackawanna
MORGAN JR, MD, William R	York
MORGANROTH, MD, Joel	Philadelphia
MORGART, MD, Douglas R	Luzerne
MORGENLANDER, MD, Lynn E	Philadelphia
MORGENSTERN, MD, Bruce L	Allegheny
MORGENSTERN, MD, Stephen A	Montgomery
MORI, MD, Gino	Lackawanna
MORI, MD, Hugo	Lackawanna
MORITZ, MD, Michael J	York
MORITZ, MD, Michael J	Philadelphia
MORITZ, MD, Mordekhai	Lackawanna
MORK, MD, Gustave W	Erie
MORLEY, MD, Robert R	Delaware
MORREELS JR, MD, Charles L	York
MORRELL, DO, Roger W	Cambria
MORRIS, MD, Adrian J	Lackawanna
MORRIS, DAVID W	Allegheny
MORRIS, MD, Dennis L	Lehigh
MORRIS, MD, Eleanor G	Somerset
MORRIS, MD, Joel S	Montour
MORRIS, MD, John L	Erie
MORRIS, KAREN GUCKERT	Allegheny
MORRIS, MD, Leslie E	Allegheny
MORRIS, DO, Matilda J	Mercer
MORRIS, MD, Patricia A	Northampton
MORRIS, MD, Rebecca F	Crawford
MORRIS, MD, Richard J	Delaware
MORRIS, MD, Robert S	Montgomery
MORRIS, MD, Sam E	Allegheny
MORRIS, MD, Sheldon L	Delaware
MORRIS, MD, Vernon R	Berks
MORRIS, MD, William J	Crawford
MORRIS JR, MD, James A	Delaware
MORRIS JR, MD, Robert G	Wyoming
MORRIS JR, DO, Wilson S	Lebanon
MORRISON, MD, Alan N	Lehigh
MORRISON, MD, Archibald	Montgomery
MORRISON, MD, Carol A	Philadelphia
MORRISON, MD, Diane C	Philadelphia
MORRISON, MD, Donald E	Dauphin
MORRISON, MD, Marjorie G	Lehigh
MORRISON, MD, Samuel S	Montour
MORRISON JR, MD, David P	Bucks
MORRISON JR, MD, Ralph W	Cambria
MORRISON SR, MD, Joseph F	Luzerne
MORRISSEY, MD, William L	Philadelphia
MORRISSEY JR, MD, E James	Berks
MORRONE, DO, Charles C	Philadelphia
MORROW, MD, Bert A	Berks
MORROW, MD, Charles A	Tioga
MORROW, MD, Gerald J	Northampton
MORROW, MD, Herbert J	Westmoreland
MORROW, MD, Robert A	Lehigh
MORROW, MD, Robert E	Monroe
MORROW, MD, Thayer K	Westmoreland
MORSBACH JR, MD, Louis F	Philadelphia
MORSE, MD, W Scott	Allegheny
MORTEL, MD, Rodriguez	Dauphin
MORTON, MD, John C	Dauphin
MORTON, MD, Robert J	Wayne/Pike
MORY, MD, Stephen C	Warren
MOSCATO, MD, Anthony F	Northampton
MOSCH, MD, George C	Potter
MOSCH, MD, George C	Clearfield
MOSCH, MD, Herman C	Potter
MOSER, MD, Barbara E S	Montour
MOSER, MD, Edward N	Lycoming
MOSER, MD, John C	Berks
MOSER, MD, Manny H	Berks
MOSES, MD, James M	Cambria
MOSES, MD, Melvin L	Philadelphia
MOSESSO JR, VINCENT N	Allegheny
MOSIENKO, MD, Keith D	Washington
MOSKAL, MD, Joseph P	Philadelphia
MOSKOVITZ, MD, Morry	Beaver
MOSKOWITZ, MD, Barry D	Allegheny
MOSS, MD, Edward R	Philadelphia
MOSS, MD, N Henry	Philadelphia
MOSS JR, MD, Vassar Y	Allegheny
MOSSER, MD, Jeffrey F	York
MOSSER, MD, Kevin H	York
MOST-LEVIN, MD, Carol	Montgomery
MOSTER, MD, Marlene R	Philadelphia
MOSTOUFIZADEH, MD, Mahpareh Z	Allegheny
MOTLEY, MD, John F	Montgomery
MOTSAY, MD, George J	Northampton
MOTT, JOSEPH A	Student
MOURY JR, MD, Nelson F	Montgomery
MOUSSA, MD, Mohamad	Blair
MOUSSA, MD, Samir M	Allegheny
MOUTSOS, MD, Spero E	Crawford
MOWAD, EUGENE M	Allegheny
MOWAD, MD, Joseph J	Montour
MOWERY, MD, Robert F	Montgomery
MOXEN, MD, John M	Lackawanna
MOYER, MD, Dennis L	Bucks
MOYER, MD, Earl S	Dauphin
MOYER, MD, Glenn E	Northampton
MOYER, MD, James E	Monroe
MOYER, MD, John F	Allegheny
MOYER, MD, John H	Cambria
MOYER, MD, John P	Bucks
MOYER, MD, Paul R	Bucks
MOYER, MD, Ray A	Philadelphia
MOYER, MD, Susan M	Philadelphia
MOYER, MD, Thelbert R	Erie
MOYERS, MD, Robert N	Crawford
MOYLAN, MD, J Denise	Philadelphia
MOYLAN, MD, Joseph E	Lackawanna
MOYLAN III, MD, David J	Schuylkill
MOZDY, MD, Frank E	Erie
MRAZ, MD, James E	Erie
MRAZ, MD, John P	Erie
MRKICH, MD, Robert	Cambria
MRUK, MD, Celeste C	Montgomery
MRVOS, MD, Diana L	Allegheny
MRVOS, MD, Donald M	Allegheny
MSZANOWSKI, MD, Edwin M	Erie
MUALLEM, MD, Nabil S	Berks
MUCH, DO, Mandell J	Delaware
MUCHLADO, MD, Felix J	Allegheny
MUDRICK, MD, David L	Delaware
MUELLER, MD, Garry L	Lancaster
MUELLER, MD, Henry M	Mercer
MUELLER, MD, Scott D	Dauphin
MUETTERTIES, MD, Craig L	Delaware
MUFSON, MD, Richard A	Bucks
MUHLENBERG, MD, John P	Berks
MUHLFELDER, MD, Warren J	Blair
MUHONEN, D, Oliver A	Allegheny
MUJSCE, MD, Dennis J	Lancaster
MUKERJEE, MD, Manju G	Luzerne
MULBERGER, MD, Robert D	Philadelphia
MULHATTEN, MD, Donald E	Centre
MULHERN, MD, Lawrence M	Allegheny
MULHOLLAND, MD, S Grant	Philadelphia
MULL, MD, Joseph C	Warren
MULL, MD, Thomas D	Montgomery
MULLEN, MD, James L	Philadelphia
MULLEN, MD, Mark J	Philadelphia
MULLER, MD, Alfons J	Philadelphia
MULLER, DO, Arthur J	Dauphin
MULLER, MD, H Arnold	Lebanon
MULLER, MD, Otto F	Delaware
MULLICK, MD, Jowheri J	Venango
MULLIGAN, MD, James F	York
MULLIGAN, MD, Margaret A	Montgomery
MULLIGAN, MD, Robert L	Berks
MULLIN, MD, Kathleen M	Montgomery
MULLIN, MD, Raymond J	Bucks
MULLIN JR, MD, Edward M	Lehigh
MULLIN JR, MD, Hugh J	Bucks
MULLINS, DANIEL J	Student
MUMIE, MD, Lawrence E	Luzerne
MUNCHAK, MD, Alexander M	Lackawanna
MUNCHAK JR, MD, John	Lehigh
MUNDTH, MD, Eldred D	Delaware
MUNIR, MD, Mohammad M	Northmbrland
MUNIR, MD, Muhammad	Schuylkill
MUNLEY, MD, Brian J	Bucks
MUNOZ, MD, Juan T	Allegheny
MUNRO, MD, Ross F	Chester
MUNSON, MD, Frederick J	Northampton
MUNTEANU, MD, V Peter	Lancaster
MUNVES, MD, Jonathan H	Northampton
MUNZER, MD, Steven J	Philadelphia
MURALI, MD, Bhaskaran	Cambria
MURCEK, MD, Martin A	Westmoreland
MURCKO, REGINA G	Student
MURDOCK, MD, Fred E	Jefferson
MURDOCK, MD, Morton G	Philadelphia
MURELLO, MD, David M	Fayette
MURN, ALVIN J	Allegheny
MURNIN, MD, Patrick J	Montour
MUROFF, DO, Robert E	Delaware
MURPHEY, MD, Sheila A	Philadelphia
MURPHEY, MD, Stephen M	Allegheny
MURPHY, MD, Edith L	Lycoming
MURPHY, MD, Edward J	Philadelphia
MURPHY, MD, Gregory L	Lancaster
MURPHY, MD, J Thomas	Montgomery
MURPHY, MD, James A	Chester
MURPHY, MD, Jerry	Philadelphia
MURPHY, MD, John B	Philadelphia
MURPHY, MD, John J	Philadelphia
MURPHY, MD, Martin J	Butler
MURPHY, MARY C	Student
MURPHY, MD, Mary H	Delaware
MURPHY, DO, Pamela D	Berks
MURPHY, MD, Thomas W	Philadelphia
MURPHY, MD, Windell H A	Philadelphia
MURPHY JR, MD, Arthur I	Allegheny
MURR III, MD, George A	Philadelphia
MURRAY, MD, Austin P	Philadelphia
MURRAY, MD, Carroll A	Jefferson
MURRAY, MD, Cheryl L	York
MURRAY, MD, John P	Montgomery
MURRAY, MICHAEL F	Student
MURRAY, MD, Richard C	Cambria
MURRAY, MD, Stephen R	Northampton
MURRAY, MD, William M	Dauphin
MURTAGH JR, MD, Frederick	Philadelphia
MURTAUGH, THOMAS I	Allegheny
MURTHY, MD, Molakalmuru H	Allegheny
MURTHY, MD, Msj	Philadelphia
MURTLAND, MD, Albert M	Bradford
MUSA, MD, Alimad N	Carbon
MUSGRAVE, MD, Ross H	Allegheny
MUSKAT, MD, David I	Allegheny
MUSMANNO, MD, Samuel A	Allegheny
MUSSELMAN, MD, Kirk F	Bradford
MUSSER, MD, Benjamin G	Dauphin
MUSSER, MD, William T	Union
MUSSER JR, MD, Harold E	Somerset
MUSSIO, MD, John A	Cambria
MUSSOLINE, MD, Joseph F	Philadelphia
MUVDI, MD, B Charles	Berks
MYCHAK, MD, Dennis R	Northmbrland
MYERS, MD, Abraham	Philadelphia
MYERS, MD, Carl B	Allegheny
MYERS, MD, Charles E	Luzerne
MYERS, MD, David	Philadelphia
MYERS, MD, Eugene N	Allegheny
MYERS, MD, Frederick B	Luzerne
MYERS, MD, Gerald I	Allegheny
MYERS, MD, Gilbert B	York
MYERS, MD, Gordon D	Dauphin
MYERS, MD, John L	Dauphin
MYERS, MD, Martin A	Montgomery
MYERS, MD, Paul R	Elk/Cameron
MYERS, MD, Scott Elliot	Philadelphia
MYERS III, MD, Franklin J	Dauphin
MYERSON, MD, Ralph M	Philadelphia
MYSTAKAS, MD, Fotis G	Lebanon

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NABATCHI, MD, Ahmad	Clarion
NABATI, MD, Ismail	Northampton
NABAVI, MD, Adbollah	Centre
NABORS, ERIC D	Allegheny
NACHLIS, MD, Allan D	Allegheny
NACK, MD, Steven L	Montgomery
NADAL, MD, Ramon B	Bucks
NADEL, MD, Marcell-Bernh	Philadelphia
NADELLA, MD, V Rao	Mckean
NADER, MD, Joseph N	Lehigh
NADIGA, MD, Chandrasekhara	Beaver
NADKARNY, MD, Uday R	Montour
NADLER, MD, Daniel J	Allegheny
NADLER, MD, M Princeton	Allegheny
NADWORNY, MD, Howard A	Erie
NAEGELE, MD, Karl T	Bradford
NAEGLE, MD, Matthew B	Chester
NAEYE, MD, Richard L	Dauphin
NAFZIGER, MD, John K	York
NAGEL, MD, David B	Lycoming
NAGELKIRK, MD, Joan E	Allegheny
NAGLE, MD, Arlington A	Berks
NAGLE, MD, Douglas B	Erie
NAGLE, MD, Richard W	Erie
NAGLE, MD, W William	Delaware
NAGLE, MD, Warren C	Bradford
NAGLE JR, MD, Frank O	Philadelphia
NAGPAL, MD, Naresh C	Lycoming
NAGY, MD, Robert	Berks
NAHOURAII, ROBERT A	Allegheny
NAIBERT, MD, James R	Mifflin/Juni
NAIDE, MD, David	Philadelphia
NAIDE, MD, Meyer	Philadelphia
NAIDOFF, MD, Michael A	Philadelphia
NAIDS, MD, Richard E	Philadelphia
NAIDU, MD, Jai P	Lycoming
NAIK, MD, Vaishali D	Philadelphia
NAIR, MD, Krishnan K	Erie
NAIR, MD, Madhusudanan	Allegheny
NAIR, MD, V Krishnan	Somerset
NAJI, MD, Ali	Philadelphia
NAJI, MD, Mohammed H	Lawrence
NAJMI, MD, Moosa	Northampton
NAKHJAVAN, MD, Fred K	Philadelphia
NALBANTIAN, MD, Michel S	Philadelphia
NALEVANKO, MD, Albert M	Lackawanna
NALIN, MD, Daniel J	Allegheny
NALLATHAMBI, MD, Helga N	Butler
NALLATHAMBI, MD, Swamikkan A	Butler
NAM, MD, Lam V	Beaver
NAMEY, MD, John T	Mercer
NAMJOSHI, MD, Shashikala D	Philadelphia
NANGIA, MD, Sushma R	Allegheny
NANJUNDASWAMY, MD, Hunasagatta C	Lawrence
NAPLES, MD, Jerry F	Bucks
NAPLES, MD, Louis A	Westmoreland
NAPOLEON, MD, Louis N	Allegheny
NAPPI, MD, Dominic F	Philadelphia
NARASIMHAN, MD, Seethalakshmi	Fayette
NARAYANAN, MD, Edathil K	Bradford
NARDELLA JR, MD, Guy M	Delaware
NARDUCCI, MD, Anthony E	Erie
NARDUZZI, MD, Joann V	Allegheny
NARINE, NALAN	Allegheny
NARLA, MD, Sudhir K	Allegheny
NARTATEZ, MD, Pedro C	Clearfield
NARULA, MD, Amrit P	Schuylkill
NARUS, MD, Vetold T	Erie
NARVAEZ, MD, Richard A	Philadelphia
NARYSHKIN, MD, Sonya	Philadelphia
NASCA, MD, Leonardo S	Erie
NASE, MD, Donald F	Bucks
NASE, MD, P Kenneth	Berks
NASE, MD, Paul M	Bucks
NASEEM, MD, Mohammad	Allegheny
NASH, MD, James D	Lancaster
NASH, MD, Margaret J	Philadelphia
NASO, MD, Francis	Philadelphia
NASSEF JR, MD, Louis A	Montour
NASSIRI-RAHIMI, MD, Cyrus	Philadelphia
NASSUR, MD, Adnan K	Westmoreland
NAST, MD, Max S	Butler
NAST, MD, Philip R	Philadelphia
NASUTI, MD, Floyd T	Philadelphia
NATALI, MD, Daniel E	Allegheny
NATALI, MD, David G	Allegheny
NATHAN, MD, David A	Philadelphia
NATHAN, MD, Lawrence	Philadelphia
NATHAN, MD, Radha	Lackawanna
NATHAN, MD, Robert J	Philadelphia
NATHANSON, MD, Juliet E	Philadelphia
NATIVIDAD, MD, Nita C	Montour
NATOLI, MD, Thomas J	Montgomery
NATTER, MD, Howard M	Delaware
NAUGLE, MD, Ingrid E	Allegheny
NAUSS, MD, Thomas J	Luzerne
NAVARRO, MD, Cyrilda	Bucks
NAVARRO, MD, Roberto N	Franklin
NAWROCKI, MD, Mary F	Allegheny
NAYAK, MD, Narayan	Mckean
NAYAK, MD, Narayan T	Allegheny
NAYAK, MD, Satish R	Somerset
NAYAK, MD, Shanteri U	Lycoming
NAYLOR JR, MD, Douglas F	Philadelphia
NAZAR, MD, Jose E	Bradford
NAZARI, MD, Ahmad	Philadelphia
NAZZARO, MD, Ralph	Venango
NEAGOY, MD, Daniel R	Erie
NEAL, MD, Hunter S	Delaware
NEAL, MD, Roland A	Allegheny
NEAL JR, MD, Harry B	Indiana
NEALE, MD, John M	Indiana
NEALIS, MD, Henry J	Montgomery
NEALON, MD, William K	Allegheny
NECAS, MD, Michael G	Venango
NEDRESKY, MD, Joseph P	Erie
NEDWICH, MD, Alexander	Lehigh
NEE JR, MD, Martin P	Allegheny
NEELEY, MD, Steven W	Beaver
NEELY, MD, Thomas S	Philadelphia
NEFF, MD, Charles A	Lebanon
NEFT, MD, Burton H	Allegheny
NEGREY, MD, John N	Delaware
NEGREY JR, MD, John N	Delaware
NEGRI, MD, Ann M	Allegheny
NEGRO, MD, Attilio G	Westmoreland
NEGRON, MD, Angel M	Erie
NEIDERER, PHILIP A	Student
NEIDHARDT, MD, Paul W	Lancaster
NEIFELD, MD, Kenneth A	Philadelphia
NEIFELD, MD, Lise L M	Philadelphia
NEIGH, MD, John L	Philadelphia
NEILSON, MD, Thomas J	Allegheny
NEIMAN, MD, Harvey L	Allegheny
NEIMAN, MD, Lee M	Allegheny
NEISH, CAROL L	Allegheny
NEJMAN, MD, Joseph H	Montgomery
NELSON, MD, Barry K	Montgomery
NELSON, MD, Diana F	Delaware
NELSON, MD, Edward A	York
NELSON, MD, Eleanor C	Philadelphia
NELSON, MD, Guy M	Philadelphia
NELSON, MD, James E	Luzerne
NELSON, MD, Leonard B	Philadelphia
NELSON, MD, Mortimer T	Bucks
NELSON, MD, Owen A	Fayette
NELSON, MD, Paul B	Allegheny
NELSON, MD, Philip K	Lycoming
NELSON, MD, Theodore C	Allegheny
NELSON, MD, Waldo E	Philadelphia
NELSON, MD, Wenonah L	Montgomery
NELSON, WILLIAM H	Student
NELSON JR, MD, Harry M	Montgomery
NEMANI, MD, Pandharinath	Washington
NEMEZ, MD, Albert	Philadelphia
NEMEZ, MD, Jack S	Philadelphia
NEMIR JR, MD, Paul	Philadelphia
NEMIROFF, MD, Richard L	Philadelphia
NEMIROVSKY, MD, Boris	Philadelphia
NEMZOFF, MD, Sol L	Montgomery
NESBITT, MD, Alexander R	Armstrong
NESBITT, MD, John B	Crawford
NESBITT, SCOTT A	Student
NESE, MD, Anthony J	Lackawanna
NESI, MD, Daniel A	Bucks
NESPER, MD, James A	Indiana
NESPOLA, MD, Anthony M	Tioga
NESPOLI, MD, Anthony M	Northmbrland
NESTICO, MD, Pasquale F	Philadelphia
NETTROUR, MD, Lewis F	Allegheny
NETTROUR III, MD, W Scott	Allegheny
NEUBAUER, MD, Richard	Philadelphia
NEUMAN, WILLIAM R	Student
NEUMANN, MD, George L	Lackawanna
NEUMAR, ROBERT W	Allegheny
NEUREUTER, MD, Louis J	Lancaster
NEUSTADTER, DO, Lawrence M	Philadelphia
NEVILLE, MD, Edwin C	Lackawanna
NEVULIS, MD, John J	Montgomery
NEVYAS, MD, Anita S	Philadelphia
NEVYAS, MD, Herbert J	Philadelphia
NEVYAS, MD, Joann Y	Montgomery
NEWBERG, MD, Aaron N	Philadelphia
NEWBERG, MD, Jay A	Allegheny
NEWCOMER, MD, David L	Lancaster
NEWCOMER, JANET A	Allegheny
NEWELL, MD, Paul M	Westmoreland
NEWHOUSE, MD, Joseph J	Westmoreland

NEWILL, MD, William K Fayette
NEWKIRK, MD, John D Centre
NEWMAN, MD, Andrew Philadelphia
NEWMAN, MD, Benjamin E Philadelphia
NEWMAN, MD, Frank W Delaware
NEWMAN, DO, Harris Montgomery
NEWMAN, MD, Leroy Philadelphia
NEWMAN, MD, Richard A Chester
NEWMAN, MD, William R Bedford
NEWMAN III, MD, William H Lackawanna
NEWMAN JR, MD, Clyde F Montgomery
NEWSOM, MD, John H Bucks
NEWTON, MD, Charles T Lackawanna
NEWTON, MD, E Douglas Allegheny
NEWTON, MD, Frederick C Dauphin
NEWTON, MD, Rex H Allegheny
NEY, MD, F Gregg Butler
NGEOW, MD, Yin K Franklin
NGINYO, MD, Josphat A Cambria
NGUYEN, MD, Bach V Delaware
NGUYEN, MD, Chau H Allegheny
NGUYEN, MD, De Allegheny
NGUYEN, MD, Kham V Delaware
NGUYEN, MD, Nghi V Allegheny
NGUYEN, MD, Nhien D Lebanon
NGUYEN, MD, Tinh-Chau Allegheny
NGUYEN, MD, Toan T Allegheny
NIBBELINK, MD, Donald W Philadelphia
NICASSIO, MD, Anthony J Allegheny
NICASTRO, MD, Gennaro C Philadelphia
NICHINI, MD, Franco M Chester
NICHOLAS, MD, Bradley E York
NICHOLAS, MD, Gary G Lehigh
NICHOLAS, MD, James L York
NICHOLAS, MD, Leslie Philadelphia
NICHOLAS JR, MD, Peter D Berks
NICHOLLS, MD, Joan E Schuylkill
NICHOLLS, MD, Richard H Schuylkill
NICHOLLS, MD, S Glenne Washington
NICHOLS, MD, Claude E Dauphin
NICHOLS, MD, David P Jefferson
NICHOLS, MD, William R Allegheny
NICHOLS JR, MD, Trent W York
NICHOLSON, MD, Joseph T Montgomery
NICHOLSON JR, MD, Walter J York
NICKENS, MD, Oswald J Allegheny
NICKESON, MD, Robert W Allegheny
NICKLAS, MD, Donald A Chester
NICKLAS, MD, Gilbert L Clinton
NICKLEACH, JOANN Allegheny
NICKLIN, MD, David E Philadelphia
NICOLAS, MD, Rudy J Centre
NICOLETTE JR, MD, Anthony J Westmoreland
NICOLO, MD, Enrico Allegheny
NICOLSON, MD, Susan C Philadelphia
NICOTERO, MD, James A Allegheny
NICY, MD, Nadija L Philadelphia
NIDO, MD, Michael P Cambria
NIEBAUM, MD, Albert H Berks
NIEDELMAN, MD, Meyer L Philadelphia
NIEHLS, MD, Beverly J Berks
NIELAND, MD, Michael L Allegheny
NIELAND, MD, Nancy S Allegheny
NIELSEN, MD, Erik W Philadelphia
NIELSEN, MD, R Craig Lycoming
NIELSEN, MD, Robert K Lebanon
NIELSON JR, MD, Robert P Warren
NIEMEYER, MD, Richard H Lancaster
NIEMIEC, DO, Michael J Allegheny
NIERLE, MD, Richard H Lycoming
NIES, MD, Gerald F Washington
NIESEN, MD, Emil T Wayne/Pike
NIESENBAUM, MD, Leonard Philadelphia
NIETO, MD, Victor E Butler
NIEZGODA, MD, Paul E Luzerne
NIGBOROWICZ, MD, Ronald J Allegheny
NIKOO, MD, Hooshang M Philadelphia
NIKOULA, MD, Jawdat A Westmoreland
NILL, MICHAEL R Allegheny
NILSEN, MD, Gwendolyn J Philadelphia
NIMOITYN, MD, Benjamin S Philadelphia
NIMOITYN, MD, Philip Philadelphia
NINO, MD, Raymond F Westmoreland
NIREN, MD, Neil M Allegheny
NISENBAUM, MD, Harvey L Philadelphia
NISENBAUM, MD, Marcia R Allegheny
NISHIZAWA, MD, Ann N Allegheny
NISSLEY, MD, Jay M Union
NISTA, MD, Joseph A Allegheny
NITSKANSKY, MD, Lea Philadelphia
NITZBERG, MD, Robert S Allegheny
NIX, MD, Robert D Allegheny
NJO, MD, Soen H Montgomery
NOBEL, MD, Cecilia V Philadelphia
NOBEL, MD, Golda R Philadelphia
NOBEL, MD, Helen V Allegheny
NOBEL, MD, Joel J Philadelphia
NOBLE, MD, Ellenetta B Washington
NOBLE, MD, Jeyaseelan Bucks
NOBLE, MD, Paul H Philadelphia
NOBLE, MD, Samuel R Philadelphia
NOBLER, MD, Myron P Philadelphia
NOCHE, MD, Cesar N Fayette
NOCKS, MD, James J Philadelphia
NODEN, MD, George T Allegheny
NOE JR, MD, William L Bucks
NOLAN, MD, Teresa A Allegheny
NOLAND, MD, Robert B Allegheny
NOLL, MD, Kathleen R Bradford
NOONE, MD, James P Bradford
NOONE, MD, R Barrett Philadelphia
NOORBAKHSH, MD, Hossein Allegheny
NORATO, MD, Joseph F Dauphin
NORBASH, MD, Alexander M Allegheny
NORD, MD, Roland E Lawrence
NORDENBERG, MD, Aaron Dauphin
NORIS, MD, Maryanne Philadelphia
NORK, MD, Edward P Luzerne
NORMINGTON II, MD, Ernest Y Lehigh
NORRIS, MD, Charles M Philadelphia
NORRIS, MD, David C Allegheny
NORRIS, MD, Edward J Lancaster
NORRIS, MD, Robert F Philadelphia
NORRIS III, MD, Charles W Philadelphia
NORTH, MD, Leon L Montgomery
NORTHROP, MD, Herbert L Montgomery
NORTHRUP, MD, Bruce E Philadelphia
NOSHENY, MD, Stanley Z Philadelphia
NOTARO, MD, John Beaver
NOTHMANN, MD, Bruce J Allegheny
NOTZ, MD, Robert G Montour
NOUMOFF, MD, Joel S Philadelphia
NOURIAN, MD, Ali A Lackawanna
NOVAK, MD, Joseph Allegheny
NOVAK, MD, Joseph F Allegheny
NOVEMBER, MD, Stephen R Lackawanna
NOVESKE, MD, F Gregory Bradford
NOVIELLI, MD, Karen D Philadelphia
NOVINGER, MD, Quentin T Luzerne
NOVOGRADAC, MD, William E Allegheny
NOWACKI, MD, Stanley M Montgomery
NOWAK, MD, Catherine J Philadelphia
NOWOSLAWSKI, MD, Joseph F Philadelphia
NOYES, WILLARD S Student
NSEIR, MD, Nawaf I Westmoreland
NUCUM, MD, Afrodisio N Lebanon
NUKES, THEODORE A Student
NULL, MD, Harry M Allegheny
NULLET, MD, Francis R Erie
NUNEZ, MD, Hermes Allegheny
NUNEZ, MD, Jairo R Allegheny
NUNGESSER, MD, Raymond F Columbia
NUNNA, MD, Nagabhushanam Butler
NURBHAI, MD, Murtaza E Potter
NUSBAUM, MD, Moreye Philadelphia
NUSCHKE, MD, John D Bucks
NUSCHKE JR, MD, John D Lehigh
NUSSBAUM, MD, Allen S York
NUSSBAUM, MD, Arthur J Allegheny
NUSSBAUM, MD, Steven J Delaware
NUTT, MD, Richard L Montgomery
NUTT III, MD, James N Montgomery
NUTTER, MD, David E Lancaster
NYE, BONNIE A Student

O

O'DONNELL, MD, Chris T Allegheny
O'DONNELL, MD, Walter F Allegheny
OAKES, JULIE A Student
OBENRADER, MD, Mark F Montgomery
OBER, MD, Henry E Westmoreland
OBERFIELD, MD, William J Delaware
OBERKIRCHER, MD, Oscar R Montour
OBLEY, MD, David L Allegheny
OBOYLE, MD, James P Lackawanna
OBOYLE, MD, Thomas A Lackawanna
OBRIEN, MD, Edward T Erie
OBRIEN, MD, Francis X Philadelphia
OBRIEN, MD, James J Montgomery
OBRIEN, MD, James S Union
OBRIEN, MD, Mary C Philadelphia
OBRIEN, MD, Robert G Allegheny
OBRIEN, TIMOTHY J Student
OBRIEN, MD, William R Philadelphia
OBRIEN II, MD, John Sebastian Philadelphia
OBSUSIN, MD, Alisa N Philadelphia
OCAMPO, MD, Renato G Mckean
OCHENRIDER, MD, Paul D York
OCHOA, MD, E Ricardo Allegheny
OCHOCO-CAVANAUGH, MD, Lillian A Allegheny
OCONNELL, MD, Barbara K York
OCONNELL, MD, Brent J Dauphin
OCONNELL, MD, C Leonard Greene
OCONNELL, MD, Fred H Philadelphia
OCONNELL, MD, James R Delaware
OCONNELL, MD, Robert L Montgomery
OCONNELL, MD, William F Philadelphia
OCONNOR, MD, John P Allegheny
OCONNOR, MD, John V Venango
OCONNOR, MD, Leo E Cambria
OCONNOR, MD, Mary K Allegheny
OCONNOR, MD, Maureen E Philadelphia
OCONNOR, MD, Michael J Philadelphia
OCONNOR, SUSAN E Allegheny
OCONNOR, MD, Thomas W Lancaster
OCONNOR, MD, William F Beaver
OCONNOR III, MD, Thomas J York
OCONNOR JR, MD, James J Lackawanna
OCONOR, MD, Lorraine M Philadelphia
OCONOR JR, MD, G Thomas Lancaster
OCZYPOK, MD, Paul M Allegheny
ODDI, MD, Frederick J Allegheny
ODIM, MD, Usim Allegheny
ODONNELL, MD, George J Luzerne
ODONNELL, MD, John H Allegheny
ODONNELL, MD, Peter B Berks
OEHRLE, MD, John S Allegheny
OELS, MD, Helen C Montgomery
OESTERLING JR, MD, Everett F Allegheny
OETTING, MD, Lori A Butler
OFALLON, MD, Denis J York
OFFERMAN, MD, Joop Allegheny
OFFNER, MD, Theodore W Philadelphia
OGRODNICK, JOHN P Student
OGUNRO, MD, Charles O Mercer
OH, MD, Chang W Lebanon
OH, MD, Jang K Philadelphia
OH, MD, Kook S Allegheny
OH, MD, Sung K Philadelphia
OH, MD, Yong W Luzerne
OHANISSIAN, MD, Hanrick G Delaware
OHARA, MD, Albert E Philadelphia
OHARA, MD, Kevin R Allegheny
OHARA, MD, Kevin W Delaware
OHEARNE, MD, John S Wayne/Pike
OHL, MD, Bettina M G Adams
OJEDA, MD, Virginia L Philadelphia
OKAGAWA, MD, Rick Philadelphia
OKEN, MD, Donald Philadelphia
OKIN, MD, E Michael Philadelphia
OKOBI, MD, Anthony N Allegheny
OKUNSKI, MD, Walter J Lehigh
OLAH, MD, George W Allegheny
OLEAGA, MD, Juan A Philadelphia
OLEARCHYK, MD, Andrew S Philadelphia
OLEKSZYK, DO, Joseph P Delaware
OLENGINSKI, MD, Thomas P Mercer
OLEWILER JR, MD, H Newton Northampton
OLIM, MD, Dave B Montgomery
OLIN, MD, Stephen T Lancaster
OLINSKY, MD, Stuart M Lycoming
OLIVER, MD, John G Northampton
OLIVER, MD, Orlando P Westmoreland
OLIVERIO, MD, Anthony J Fayette
OLIVERO, MARIA T Student
OLIVES, MD, Manuel Dauphin
OLIVIERI, SUZANNE P Student
OLKEN, MD, Mark D Philadelphia
OLLER, MD, Samuel Montgomery
OLNEY, MD, Franklin B Centre
OLSAKOVSKY, LESLIE A Allegheny
OLSHAN, MD, Arthur R Philadelphia
OLSHEFSKI, RANDAL S Allegheny
OLSHEMSKI, MD, Frank C Luzerne
OLSHIN, MD, Irving J Philadelphia
OLSON, DO, Christopher D Union
OLSON, MD, Dennis A Mckean
OLSON, MD, Emil W Montgomery
OLSON, MD, Janne R York
OLSON, MD, Mary K Allegheny
OLSON, MD, Peter R Allegheny
OLSON, MD, Ronald A Luzerne
OMALLEY, MD, Donald F Allegheny
OMALLEY, DONALD F Allegheny
OMALLEY, MD, Kevin B Philadelphia
OMANA, MD, Jess E Bucks
OMARRO, MD, Steven D Allegheny
ONEAL JR, MD, Alexander H Montgomery
ONEIL, DO, Robert J Allegheny
ONEILL, DANIEL K Student
ONEILL, MD, Hugh Philadelphia
ONEILL, DO, James P Lancaster
ONEILL, MD, John J Delaware
ONG, MD, Bienvenido S Lawrence
ONG, MD, George P Cumberland
ONG, MD, Jimmy J Allegheny
ONIFER, MD, Theodore M Montgomery
ONQUE, MD, Gloria C Allegheny
OPALACK, DO, Cheryl A Montgomery
OPASS, MD, Edward S Bucks
OPIDA, MD, Ciceron L Blair
OPIDA, MD, Marina Blair
OPILA, MD, Loretta A Blair
OPLINGER, MD, Arthur F Berks
ORA, MD, Carmen S Philadelphia
ORAM, MD, Alan J Columbia
ORAM, MD, Melvin Lackawanna
ORANGE, MD, Paul D Franklin
ORDENTLICH, MD, Elena Philadelphia
ORDINARIO JR, MD, Vicente R Crawford
ORDIWAY, MD, M Vernon Elk/Cameron
ORDWAY JR, MD, Eugene E Lehigh
ORECCHIA, MD, Paul M Dauphin
ORIE, MD, John R Allegheny
ORINICK, MICHAEL Allegheny
ORIORDAN, MD, Martin J Philadelphia
ORLAND, MD, Steven M Bucks
ORLANDO, MD, Joseph D Luzerne
ORLANDO, MD, Salvatore J Allegheny
ORLIDGE, MD, Arthur E Somerset
ORMAN, MD, Steven K Dauphin
ORNE, MD, Martin T Philadelphia
OROURKE, MD, David B Berks
OROURKE, MD, John N Montour
OROURKE, MD, Terence L Montour
ORPHANIDES, MD, Timothy Chester
ORQUIZA, MD, Clodualdo S Berks
ORR, MD, Daniel G Chester
ORR, MD, Donald P Allegheny
ORR, MD, Paul L Lehigh
ORR, MD, Sidney H Philadelphia
ORR JR, MD, Ross M Northampton
ORRINGER, MD, David Allegheny
ORRIS, MD, Donald J Jefferson
ORSI, MD, James M Northampton
ORSINI, MD, Michael A Beaver
ORTEGA, DO, Kenneth D Bradford
ORTIZ, MD, Winston R Philadelphia
ORTLEY, DO, Glenn R Delaware
ORVIS, MD, Harold H Chester
OSBORN, MD, Hayler H Montgomery
OSBORN, MD, Ian C Centre
OSBORNE, MD, David P Mckean
OSCAR, MD, Alvin D Philadelphia
OSCHELL, MD, William J Philadelphia
OSCHWALD, MD, Charles J Cambria
OSGOOD, MD, Carroll P Blair
OSHEKA, MD, William Allegheny
OSIAL JR, MD, Thaddeus A Allegheny
OSIAS, MD, Marc B Montgomery
OSKIN, MD, Hilbert E Westmoreland
OSLICK, MD, Theodore Philadelphia
OSMICK, MD, Mary J Philadelphia
OSOFSKY, MD, Murray V Allegheny
OSORIO, MD, Emmanuel P Philadelphia
OSOWSKI, MD, Thad Washington
OST, MD, Mary A Chester
OSTDAHL, MD, Roger H Dauphin
OSTERGAARD, CARY A Student
OSTERHOLM, MD, Jewell L Philadelphia
OSTERMAN, MD, A Lee Philadelphia
OSTFELD, MD, David A Northampton
OSTMAN, MD, Zenaida E Dauphin
OSTROWSKI, DO, Charles A Elk/Cameron
OSTRUM, MD, Bernard J Philadelphia
OSTRUM, MD, Donald S Philadelphia
OSULLIVAN, MD, Cornelius P Washington
OTERO, MD, Jorge A Lehigh
OTOOLE, MD, James D Allegheny
OTOOLE, MD, Thomas F Philadelphia
OTT, MD, Susan E Montour
OTTENBERG, MD, Donald J Philadelphia
OTTONELLO, MD, Domingo G Allegheny
OU, MD, Kuang-Yu Allegheny
OUANO, MD, Romeo C Luzerne
OUTLAND, MD, Cheryl A Delaware
OVERBECK, MD, Michael D Montgomery
OVERFIELD, MD, Edward M Erie
OVERHOLTZER, MD, Julie F Allegheny
OVERLY, MD, Wylie L Westmoreland
OWCZYKOWSKY, MD, Bernard J Armstrong
OWEIDA, MD, Nizar N Westmoreland
OWEN, MD, Barbara J Montgomery
OWENS, MD, David E Luzerne
OWENS, MD, E Reese Allegheny
OWENS, DO, Edward J Crawford
OWENS, MD, John D York
OWENS, MD, R Scott York
OWENS, MD, Thomas A Cambria
OYER, MD, Randall A Philadelphia
OYER, MD, Rosanne H Philadelphia

P

PACANOWSKI, MD, John P Bradford
PACE, MD, Carolyn B Philadelphia
PACEK, MD, Robert F Armstrong
PACETTI, MD, Stephen J Monroe
PACHECO, MD, Jose M Venango
PACHTMAN, MD, Isadore Allegheny
PACIFICO, MD, Ronald L Allegheny
PACIOTTI, MD, Samuel M Monroe
PACIS, MD, Constante D Northampton
PACIULLI, MD, Raffaele Berks
PACKMAN, MD, Barry E Philadelphia
PACKMAN, MD, Ira J Dauphin
PACKOVICH, MD, Milan J Washington
PACURARIU, MD, Radu I Luzerne
PACZKOWSKI, MD, Karen Mifflin/Juni
PADALINO, MD, Michael J Venango
PADEN, MD, Drue R Luzerne
PADGET, MD, Edward S Philadelphia
PADIN, MD, Frederico A Venango
PADIYAR, MD, Ramdas B Berks
PADOLINA, MD, Ruby M Philadelphia
PADUA, MD, Narciso T Philadelphia
PADULA, MD, Anthony M Philadelphia
PAE, MD, Dong W Westmoreland
PAE, MD, Walter E Dauphin
PAEZ, MD, Eduardo J Philadelphia
PAGANA, MD, John P Northmbrland
PAGANA, MD, Timothy J Lycoming
PAGANE, JOSEPH Student
PAGE, DEAN A Allegheny
PAGE, MD, Michael J Dauphin
PAGE, MD, Robert B Dauphin
PAGE JR, MD, Edwin H Beaver
PAGNANELLI, MD, David M Montgomery
PAGNIELLO, MD, Lucia Crawford
PAHLAJANI, MD, Hiro B Philadelphia
PAI, MD, Kochikar G Allegheny
PAIDAS, MD, Michael J Philadelphia
PALANDJIAN, MD, Khatchadour B Lackawanna
PALANISAMY, MD, Subramaniam Allegheny
PALANT, MD, Marina B Philadelphia
PALAO, MD, Manuel C Northampton
PALAT, DO, Herman W Philadelphia
PALATKA, MD, Andrew A Lawrence
PALAZZOLO, MD, Michael J Montgomery
PALENA, MD, Peter V Delaware
PALEPU, MD, Showri Allegheny
PALIN, MD, William E Bedford
PALKO, MD, Michael J Allegheny
PALKOVITZ, MD, Harry P Allegheny
PALKOVITZ, MD, Joseph Allegheny
PALLADINO, MD, Diane P Philadelphia
PALLAN, LAURA A Allegheny

PALLEN, MD, Daniel	Lancaster
PALLEY, DO, Gilbert W	Philadelphia
PALLONE, DO, Leslie T	Beaver
PALMER, MD, Arthur H	Allegheny
PALMER, MD, Clarkson T	Philadelphia
PALMER, ERIC S	Student
PALMER, MD, Michael H	Franklin
PALMER, MD, Robert H	Philadelphia
PALMER, MD, William D	Allegheny
PALMER JR, MD, Dale H	Centre
PALMER JR, MD, William E	Cambria
PALOS, MD, Lorraine C	Delaware
PALUMBO, MD, John A	Lancaster
PALUS, MD, Bernard R	Allegheny
PALUSHOCK, MD, Sharon	York
PALUSO, MD, Eugene F	Washington
PALUSO, MD, John R	Washington
PAN, MD, Dorothy S	Centre
PAN, MD, Edward L	Berks
PAN, RICHARD J D	Allegheny
PANAHANDEH, MD, Abolhassan	Allegheny
PANARO, MD, Rudolph J	Montgomery
PANAYOTOVA, MD, Maria L	Northampton
PANCER, STUART J	Allegheny
PANCHAL, MD, Pravin D	Allegheny
PANCOAST, MD, Stephen J	Lackawanna
PANDELIDIS, MD, Pandelis K	York
PANDELIDIS, MD, Steve M	York
PANDIT, MD, Devayani I	Allegheny
PANDIT, MD, Indravadan N	Allegheny
PANDIT, MD, Niraj P	Philadelphia
PANDIT, MD, Santosh M	Allegheny
PANDOLPH, MD, Stephen J	Centre
PANEBIANCO, MD, Antonio C	Lehigh
PANEK, MD, Bernard S	Cambria
PANG, MD, Dachling	Allegheny
PANICCO, DO, Richard J	Washington
PANIKKAR, MD, Ananda K	Columbia
PANITCH, MD, Deborah	Philadelphia
PANTALONE, MD, Albert	Beaver
PANTALONE, MD, Angelo L	Allegheny
PANTALONE, MD, Frank A	Westmoreland
PANZER, MD, Glenn M	Luzerne
PANZER, MD, Herman M	Montgomery
PAOLINI, MD, Mauro J	Berks
PAPAS, MD, Spiro N	Allegheny
PAPAZIAN, MD, Ara	Allegheny
PAPINCAK, MD, Larry J	Fayette
PAPOLA, MD, Gino G	Delaware
PAPOLA, MD, John S	Lehigh
PAPPANO JR, MD, Joseph E	Montgomery
PAPPAS, MD, Michael T	Allegheny
PARABOSCHI, CHARLES F	Allegheny
PARADOWSKI, MD, Frank W	Philadelphia
PARAGAS SR, MD, Lamberto S	Centre
PARAMESWARIN, MD, R	Philadelphia
PARANJPE, MD, Mohan K	Allegheny
PARCELLA, MD, Phyllis A	Berks
PARCINSKI, DO, Richard E	Cambria
PARDINE, MD, Marilyn T	Wayne/Pike
PARENT JR, MD, Fernand N	Washington
PARENTE, MD, Romulo Q	Blair
PARENTE JR, JOHN P	Student
PARENTI, MD, Dennis L	Northampton
PARENTI, MD, John M	Montour
PARESO, MD, James D	Washington
PARIKH, MD, Bharati K	Allegheny
PARIKH, MD, Kiran J	Allegheny
PARIKH, MD, Mukul L	Dauphin
PARIKH, MD, Neelima M	Dauphin
PARIKH, MD, Shirish N	Berks
PARIS, MD, Paul M	Allegheny
PARISH, MD, Lawrence C	Philadelphia
PARISI, MD, Erika F	Delaware
PARK, MD, Boyd N	Butler
PARK, MD, Byung S	Westmoreland
PARK, MD, Chan H	Philadelphia
PARK, MD, Chong H	Philadelphia
PARK, MD, Chong S	Erie
PARK, MD, Eugene	Allegheny
PARK, MD, Hong S	Cumberland
PARK, MD, Hyung K	Philadelphia
PARK, MD, Joon O	Beaver
PARK, MD, Joseph M	Indiana
PARK, MD, Nae H	Dauphin
PARK, MD, Nancy H	Allegheny
PARK, MD, Neil I H	Cambria
PARK, MD, Pauline K	Philadelphia
PARK, MD, Sang B	Allegheny
PARK, MD, Sung H	Schuylkill
PARK, MD, Thomas E	Fayette
PARK, MD, Young W	Lycoming
PARKER, MD, Albert F	Chester
PARKER, MD, Albert G	Allegheny
PARKER, MD, Andrew J	Mifflin/Juni
PARKER, DO, Frank	Clinton
PARKER, MD, Gerard A	Allegheny
PARKER, MD, Janet A	Philadelphia
PARKER, MD, John S	Westmoreland
PARKER, MD, Steven L	Lancaster
PARKER II, MD, Harold G	Philadelphia
PARKER JR, MD, James H	Berks
PARKER-COHEN, PAMELA D	Student
PARKS, MD, Donald B	Philadelphia
PARKS, DO, Joseph L	Indiana
PARKS, JUDITH A	Student
PARKS JR, MD, Lytle R	Centre
PARLAVECCHIO, MD, Dennis S	Jefferson
PARLEE, MD, Donald E	Bucks
PARLIMENT, MD, Joel W	Lancaster
PARMELEE, DO, Toni J H	Luzerne
PARNES, MD, Curt I	Montgomery
PARNES, MD, Herbert M	Dauphin
PARONISH, MD, William J	Cambria
PARR, MD, Grant V S	Philadelphia
PARR, MD, Justin L	Philadelphia
PARRILLO, MD, Douglas W	Lackawanna
PARRY, MD, Carolyn E	Philadelphia
PARRY, MD, H Frazer	Philadelphia
PARRY, MD, John S	Mifflin/Juni
PARRY, MD, Peter	Delaware
PARRY, MD, Rhinard D	Northampton
PARSI, MD, Rouzbeh K	Philadelphia
PARSICK, MD, Daniel P	Lackawanna
PARSONS, MD, William H	Erie
PARSONS EXEC SEC, ROBERT R	Lehigh
PARULIS, MD, Albert C	Beaver
PARVA, MD, Ghasem	Allegheny
PASCAL, MD, Harold J	Monroe
PASCAL, MD, Joseph	Lehigh
PASCUA, MD, Alexander V	Beaver
PASCUAL, MD, Generoso S	Allegheny
PASCUCCI, MD, Stephen E	Lackawanna
PASCUCCI, MD, Stephen E	Lackawanna
PASDAR, MD, Homayoon	Philadelphia
PASERCHIA, LORI A	Student
PASH, MD, Christopher A	Allegheny
PASHMAN, MD, David R	Philadelphia
PASIEKA, KAREN B	Allegheny
PASKIN, MD, David L	Philadelphia
PASQUARIELLO, MD, Patrick S	Philadelphia
PASSERO, MD, Frank C	Delaware
PASSLOFF, ELLEN S	Student
PASTO, MD, Matthew E	Philadelphia
PASTOR, MD, James A	Lebanon
PASTORE, DOMENIC J	Student
PASTORE, TIMOTHY P	Student
PATADIA, MD, Chandrakant	Berks
PATAKI, MD, Richard S	Washington
PATALINGHUG JR, MD, Pascual N	Franklin
PATANKAR, MD, Jayant L	Elk/Cameron
PATANKAR, MD, Kalpana U	Chester
PATCHEFSKY, MD, Arthur S	Philadelphia
PATEL, MD, Ashokkumar B	Allegheny
PATEL, MD, Ashokkumar C	Lackawanna
PATEL, MD, Bakulesh D	Montour
PATEL, MD, Bhavna C	Bucks
PATEL, MD, Bhupendra R	Lackawanna
PATEL, MD, Bhuupendra M	Philadelphia
PATEL, MD, Bipinchandra M	Lackawanna
PATEL, MD, Gautam P	Allegheny
PATEL, MD, Hareshkumar D	Bradford
PATEL, MD, Harshad K	Philadelphia
PATEL, MD, Harshad R	Lycoming
PATEL, MD, Harshadkumar B	Lancaster
PATEL, MD, Jagdish D	Cambria
PATEL, MD, Jay C	Philadelphia
PATEL, MD, Jayantilal R	Bucks
PATEL, MD, Jivanlal M	Clarion
PATEL, MD, Kanchanlal S	Lawrence
PATEL, MD, Kantilal C	Erie
PATEL, MD, Kiran B	Bradford
PATEL, MD, Madhukar R	Lebanon
PATEL, MD, Manojkumar R	Beaver
PATEL, MD, Manubhai R	Philadelphia
PATEL, MD, Minaxi G	Allegheny
PATEL, MD, Mohan M	Westmoreland
PATEL, MD, Mukesh A	Delaware
PATEL, MD, Natvarbhai	Montgomery
PATEL, PANKAJ	Student
PATEL, MD, Prabha H	Delaware
PATEL, MD, Purshottam N	Northmbrland
PATEL, MD, Ramesh C	Lackawanna
PATEL, MD, Rasila P	Union
PATEL, MD, Sanjay D	Montgomery
PATEL, MD, Satish D	Luzerne
PATEL, MD, Shashikant B	Dauphin
PATEL, MD, Subodh G	Fayette
PATEL, MD, Surendra R	Lawrence
PATEL, MD, Suresh M	Warren
PATEL, MD, Vinod M	Erie
PATERNITI, MD, Samuel F	Lebanon
PATERSON, MD, Kimberly K	Crawford
PATHAK, MD, Hridayesh K	Warren
PATHAK, MD, Rajani K	Jefferson
PATHEJA, MD, Jotinder K	Westmoreland
PATHROFF, MD, Robert	Montgomery
PATNAIK, MD, Ramprasad	Philadelphia
PATNAM, MD, Sridhar V	Fayette
PATRIARCO, DO, Michael S	Lehigh
PATRICIO, MD, Alejandro M	Fayette
PATRICK, MD, Bryan L	Philadelphia
PATRICK, MD, David B	Beaver
PATRICK, MD, David R	Beaver
PATRICK, MD, Gregory B	Allegheny
PATRICK, MD, Kathleen E	Philadelphia
PATRICK, MD, Michael A	Northampton
PATRICK, MD, Timothy A	Cambria
PATTANAYAK, MD, Minati	Bucks
PATTERNAC, MD, Deborah A	Luzerne
PATTERSON, MD, Chris	Delaware
PATTERSON, MD, Cynthia M	York
PATTERSON, MD, Elizabeth A	Allegheny
PATTERSON, MD, George W	Allegheny
PATTERSON, MD, John R	Philadelphia
PATTERSON, MD, John W	Northampton
PATTERSON, MD, Joseph R	Cambria
PATTERSON, MD, Leland F	Dauphin
PATTERSON, MD, Lewis T	Dauphin
PATTERSON, MD, Richard J	Dauphin
PATTERSON, MD, Robert J	Philadelphia
PATTERSON JR, MD, Arthur J	Greene
PATTISHALL III, MD, Evan G	Dauphin
PATTISHALL JR, MD, Evan G	Centre
PATTON, MD, Anna M	Allegheny
PATTON, MD, Carla S	Bucks
PATTON, MD, George D	Allegheny
PATTON, MD, Mary L	Delaware
PATUKAS, MD, Peter C	Chester
PAUL, MD, Albert J	Philadelphia
PAUL, MD, Alvin J	Montgomery
PAUL, MD, Anthony R	Philadelphia
PAUL, MD, Boris	Monroe
PAUL, MD, Champa L	Bucks
PAUL, MD, Elaine S	Montgomery
PAUL, MD, George J	Northampton
PAUL, MD, Gerson S	Philadelphia
PAUL, MD, Hugo B	Allegheny
PAUL, MD, Jay	Butler
PAUL, JONATHAN J	Allegheny
PAUL, MD, Laurence H	Dauphin
PAUL, MARIA A	Student
PAUL, MD, Phyllis O	Philadelphia
PAUL, MD, Richard	Allegheny
PAUL, MD, Ronald L	York
PAUL JR, MD, John D	Lancaster
PAULETTO, MD, Ferrel J	Delaware
PAULEY, MD, Lois P	Bucks
PAULEY, MD, William G	Bucks
PAULISH, DO, John	Lackawanna
PAULONE, MD, Mary E	Allegheny
PAUTLER, MD, Stanislav	Allegheny
PAVILACK, MD, Mark A	Lehigh
PAVLAK, MD, Robert J	Allegheny
PAVLIC, MD, George J	Allegheny
PAVLIDES, MD, Constantinos A	Philadelphia
PAVLIS, MD, Robert J	Allegheny
PAVSEK, MD, Edward J	Allegheny
PAVUK, MD, Daniel J	Lackawanna
PAWAR, MD, Surendra V	Allegheny
PAWELSKI, MD, Richard J	Dauphin
PAWLOSKY, MD, Frank X	Allegheny
PAWLOWSKY, DO, Michael	Montgomery
PAXSON, DO, Stephen G	Centre
PAYAN, MD, Hushang M	Allegheny
PAYNE, MD, Virginia L	Northmbrland
PEACOCK, MD, Thomas E	Northampton
PEAL, MD, Stanley	Allegheny
PEALE, MD, Augustin R	Philadelphia
PEARAH, MD, J David	Berks
PEARCE, MD, Alexander E	Philadelphia
PEARCE, MD, Steven R	York
PEARD, MD, Robert J	Allegheny
PEARIGEN, MD, Paul D	Philadelphia
PEARLSTINE, MD, Beatrice	Philadelphia
PEARSON, MD, Frederick J	Northampton
PEARSON, MD, Harold W	Berks
PEARSON, MD, June A	Monroe
PEARSON, MD, Sayuri V	Allegheny
PEASE, MD, Fred	Clearfield
PEASE, MD, William E	Dauphin
PECHIN, MD, Sergius P	Delaware
PECHSTEIN, MD, George R	Montgomery
PECHT, MD, Karl R	Clinton
PECK, MD, William J	Lycoming
PECMAN, MD, Joanna	Allegheny
PEDICELLI, MD, Gabriele	Allegheny
PEDIGO, MD, James M	Philadelphia
PEDROTTY JR, MD, Francis W	Philadelphia
PEER, MD, Meeta D	Philadelphia
PEFF, MD, Thomas C	Philadelphia
PEGEL, MD, Louis A	Montgomery
PEGGS, MD, Michael A	Philadelphia
PEGUERO, MD, O Alberto	Luzerne
PEIFER, MD, Maryanne K	Montgomery
PEIKES, MD, Irwin L	Montgomery
PEIMER, MD, Michael E	Delaware
PEINDL, MD, Paul M	Beaver
PEIRSEL, MD, Paul E	Somerset
PEIRSOL, MD, Betty L	Allegheny
PEITZMAN, MD, Andrew B	Allegheny
PEITZMAN, MD, Steven J	Philadelphia
PELAEZ, MD, Manuel	Fayette
PELBERG, MD, Arthur L	Dauphin
PELCZAR, MD, Eugene W	Luzerne
PELEKANOS, MD, Michael J	Allegheny
PELENSKY, MD, Jeanne M	Philadelphia
PELICATA, DO, Robert D	Northampton
PELICCI, MD, Leroy J	Lackawanna
PELKOFER, MD, Cletus G	Allegheny
PELKOWSKI, MD, David J	Bradford
PELL, MD, John J	Chester
PELL III, MD, Edward N	Somerset
PELLECCHIA, MD, Patrick E	Philadelphia
PELLEGRINI, MD, Ronald V	Allegheny
PELLEGRINI, MD, Vincent A	Berks
PELLICANE JR, JAMES V	Allegheny
PELLIZZARI, MD, Rinaldo G	Erie
PELOSI, MD, Louis M	Philadelphia
PELSZYNSKI, MD, Eugene E	Philadelphia
PELTZ, MD, Dieter E	Montgomery
PENCHANSKY, MD, Barry H	Lancaster
PENDERGAST, WILLIAM J	Allegheny
PENDLETON, MD, James L	Montgomery
PENDRAK, MD, Robert F	Dauphin
PENMAN, MD, William R	Chester
PENN, MD, Samuel E	Allegheny
PENNELL JR, MD, Edgar L	Philadelphia
PENNEYS, MD, Edith T	Philadelphia
PENNINGTON, MD, Neil D	Chester
PENNOCK, MD, John L	Dauphin
PENNOCK, MD, L Lewis	Allegheny
PENNOCK, MD, Ronald S	Philadelphia
PENROD, MD, Dale S	Philadelphia
PENTA, MD, John M	Berks
PENUGONDA, MD, Dwaraki B	Luzerne
PENUGONDA, MD, Haragopal S	Luzerne
PEPE, MD, Peter F	Centre
PEPICELLO, MD, James A	Erie
PEPPER, MD, L Douglas	Allegheny
PEPPER, MD, Mark David	Philadelphia
PEPPERMAN, MD, Larue E	Lycoming
PERALTA, MD, Juan O	Northmbrland
PERCH, MD, Gerald A	Montgomery
PERCH, MD, Robert B	Montgomery
PERER, MD, William A	Allegheny
PERERA, MD, L Wimal	Montgomery
PEREZ, MD, Erlinda B	Fayette
PEREZ, MD, Godofredo B	Fayette
PEREZ, MD, Horacio A	Allegheny
PEREZ, MANUEL A	Student
PEREZ, MD, Ruben	Lebanon
PERFETT, MD, Alfred A	Mercer
PERILSTEIN, MD, Michael D	Berks
PERIN, MD, Lawrence A	Lehigh
PERKINS, MD, Charles G	Luzerne
PERKINS, MD, David P	Philadelphia
PERKINS, MD, Jeffrey C	Philadelphia
PERLIN, MD, Mark W	Allegheny
PERLMAN, MD, Abraham	Philadelphia
PERLMAN, CLAIRE B	Student
PERLMAN, MD, Henry H	Philadelphia
PERLMAN, MD, Herbert C	Cumberland
PERLMUTTER, MD, Gordon S	Berks
PERLOFF, MD, Leonard J	Philadelphia
PERLOSKI, MD, Leo	Schuylkill
PERLSTEIN, MD, Deborah A	Delaware
PERLSTEIN, MD, Samuel M	Philadelphia
PERNA, MD, Francis X	Dauphin
PERNESKI, MD, Robert L	Elk/Cameron
PEROUTKA, MD, Kathryn	Dauphin
PERPER, MD, Joshua A	Allegheny
PERRI, MD, Francis R	Allegheny
PERRI, MD, John A	Allegheny
PERRICCI, MD, Ellen S	Lebanon
PERRIGE, MD, William M	Northmbrland
PERRIN, MD, Ronald L	Allegheny
PERRIN, MD, Samuel R	Allegheny
PERRINE, MD, Jane E	Philadelphia
PERRONE, MD, David F	Luzerne
PERRONE, MD, Frank F R	Fayette
PERRONE JR, MD, Frank P	Westmoreland
PERROTTA JR, CHARLES	Allegheny
PERROTTO, MD, Santle L	Philadelphia
PERRUQUET, MD, James L	Montour
PERRY, ANTHONY J	Student
PERRY, MD, Anthony M	Lackawanna
PERRY, MD, James M	Montour
PERRY, MD, Laura J	Allegheny
PERRY, MD, Lee C	Beaver
PERRY, MD, Raymond A	Bradford
PERRY JR, JOHN N	Allegheny
PERRYMAN, MD, Charles A	Allegheny
PERRYMAN, MD, Charles R	Allegheny
PERSHING, MD, Hugh S	Bucks
PERSIC JR, MD, Louis A	Centre
PERSING, MD, John H	Union
PERSING JR, MD, Harry M	Blair
PESKE, MD, Edgar D	Erie
PESSOLANO, MD, Carl J	Allegheny
PESSOLANO, MD, Francis X	Somerset
PESSOLANO, MD, Frank J	Allegheny
PETER, MD, Mohan	York
PETERNEL, MD, Wayne W	Allegheny
PETERS, DO, Albert J	Lackawanna
PETERS, MD, Charles D	Lehigh
PETERS, MD, Harold E	Lancaster
PETERS, MD, John W	Lackawanna
PETERS, MD, Leonard L	Venango
PETERS, MD, Michael	Bucks
PETERS, MD, Raymond F	Fayette
PETERS, MD, Richard A	Warren
PETERS, MD, Robert J	Fayette
PETERS, MD, Stanley F	Bucks
PETERS, MD, Vaughan	Allegheny
PETERS, MD, Walter K	Northampton
PETERS, DO, William S	Lackawanna
PETERS II, MD, C A P	Lycoming
PETERS III, MD, Ray F	Bucks
PETERS JR, MD, Robert H	Luzerne
PETERSOHN, MD, J Randolph	Montgomery
PETERSON, MD, Arthur L	Montgomery
PETERSON, MD, Clifford M	Erie
PETERSON, MD, Donald D	Philadelphia
PETERSON, ERIC D	Allegheny
PETERSON, JACQUELINE R	Allegheny
PETERSON, MD, Roger D	Lancaster
PETERSON, MD, Soaries M	Philadelphia
PETERSON JR, MD, Charles B	Lancaster
PETERSON JR, MD, Jay B	Westmoreland
PETICCA, MD, Benjamin B	Allegheny
PETILLA, MD, Mariano E	Allegheny
PETKUS, MD, John A	Wayne/Pike
PETRAGLIA, MD, Angelo A	Allegheny
PETRAGLIA, MD, Paul	Allegheny
PETRAUSKI, MD, Gary T	Bucks

PETRE JR, MD, John H	Erie
PETRICK, MD, Thomas P	Westmoreland
PETRIDES, MD, Anastasia B	Delaware
PETRIDES, SAVAS	Student
PETRO, MD, Dimitri M	Washington
PETRONE, MD, Louis R	Philadelphia
PETRUCCELLI, MD, Nicholas D	Northampton
PETRUZZELLI, MD, Guy J	Allegheny
PETT JR, MD, Stephen D	Erie
PETTAPIECE JR, MD, Milton C	Allegheny
PETTERSON, MD, Eric	Schuylkill
PETTI, MD, Theodore A	Allegheny
PETTINATO, MD, Salvatore R	Lackawanna
PETTINELLI, DO, Frank P	Philadelphia
PETTIT, MD, Horace	Philadelphia
PETTIT, MD, Mary D	Philadelphia
PETURSSON, MD, Sigurdur R	Allegheny
PETZ, MD, Colin J	Northampton
PETZ, DO, Darrell W	Allegheny
PEVNY, MD, Ernest	Monroe
PEW, MD, Joseph N	Berks
PEZZI, MD, Pio J	Montgomery
PEZZUTI, MD, John E	Dauphin
PFAEFFLE, MD, Hugo H	Allegheny
PFEFFER, MD, William H	Philadelphia
PFEFFER, MD, William H	York
PFEIFER III, MD, William F	Chester
PFEIFFER, MD, Mildred C	Philadelphia
PFEIL, MD, Russell W	Lycoming
PFISTER, MD, John A	Montgomery
PFLUGFELDER, MD, Elizabeth A	Chester
PFOHL, MD, David N	Philadelphia
PFRIMMER, MD, Wayne J	Allegheny
PFROMMER, MD, James H	Bucks
PFROMMER, MD, James M	Philadelphia
PHADKE, MD, Madhav V	Venango
PHADKE, MD, Usha M	Venango
PHADKE, MD, Yeshwant G	Indiana
PHAM, MD, An H	Philadelphia
PHAN, MD, Ngoc An	Philadelphia
PHANSE, MD, Kalyani M	Washington
PHANSE, MD, Mohan S	Allegheny
PHARR, MD, William F	Montour
PHATAK, MD, Meena V	Montgomery
PHEASANT, MD, Thomas R	Dauphin
PHELAN, MD, Gerald R	Montgomery
PHELAN, MD, Thomas I	Philadelphia
PHELAN, MD, William J	Lehigh
PHELPS, MD, William R	Erie
PHEMISTER, MD, Thurman L	Elk/Cameron
PHIAMBOLIS, MD, Thomas P	Montgomery
PHILBIN, MD, Joseph F	Lackawanna
PHILBIN, MD, Terence J	Allegheny
PHILIPS, MD, Andrew J	Philadelphia
PHILLIPS, MD, Catherine A	Philadelphia
PHILLIPS, ERIC C	Student
PHILLIPS, MD, Howard T	Allegheny
PHILLIPS, MD, J Douglas	Dauphin
PHILLIPS, MD, Jane G	Allegheny
PHILLIPS, MD, John C	Allegheny
PHILLIPS, MD, John D	Lancaster
PHILLIPS, MD, John G	Allegheny
PHILLIPS, MD, Paul F	Dauphin
PHILLIPS, MD, Philip	Allegheny
PHILLIPS, MD, R Wayne	York
PHILLIPS, MD, Spencer D	Lancaster
PHILLIPS, MD, Thomas G	Centre
PHILLIPS, TODD E	Student
PHILLIPS, MD, Vernon R	Dauphin
PHILLIPS, MD, William A	Philadelphia
PHILLIPS, MD, William J	Bradford
PHILLIPS, MD, William W	Allegheny
PHILLIPS III, MD, Chester A	Allegheny
PHILLIPS JR, MD, C Aiken	Allegheny
PHILLIPS JR, THEODORE B	Student
PHITAYAKORN, MD, Chet	Allegheny
PHITAYAKORN, MD, Preyaratt	Allegheny
PIATT III, MD, John E	Centre
PIAZZA, MD, Michael R	Delaware
PICCINI, MD, Paul A	Dauphin
PICCIOTTI, MD, Isabella M	Allegheny
PICCONE, DO, Bruce R	Philadelphia
PICK, MD, Ernest J	Philadelphia
PICKAR, MD, James H	Delaware
PICKENS, MD, Peter V	Montgomery
PICKERILL, MD, Robert G	Cambria
PICKERING, MD, Harold C	Philadelphia
PICKERING, MD, Jack E	Montgomery
PICZON, MD, Oscar Y	Lackawanna
PICZON, MD, Severino Y	Lackawanna
PIDUTTI, MD, Richard W	Cambria
PIECHOTA, DARREN F	Student
PIEGARI, MD, Guy N	Berks
PIERCE, MD, Gregory H	Philadelphia
PIERCE, MD, James C	Montour
PIERCE, MD, Leslie S	Westmoreland
PIERCE, MD, William S	Dauphin
PIERDON, MD, Steven B	Schuylkill
PIEROTTI, MD, Richard J	Montgomery
PIERSON, MD, Steven B	Bucks
PIERZCHALA, MD, Thomas H	Lehigh
PIERZGA, MARYELIZABETH	Student
PIETRAGALLO, MD, Louis D	Allegheny
PIFALO, MD, W Bradley	Allegheny
PIFER, MD, Gerald W	Allegheny
PIFER, DO, John F	Berks
PIFFERETTI, MD, Thomas W	Westmoreland
PIGNATIELLO, GAIL A	Student
PIGOZZI, MD, William N	Allegheny
PIKE, MD, Anne H	Philadelphia
PIKE, MD, Debra S	Indiana
PILAREK, MD, Valentine F	Luzerne
PILEGGI, MD, Anthony J	Montour
PILEWSKI, MD, Joseph M	Philadelphia
PILEWSKI, MD, Robert M	Venango
PILGRAM, MD, Philip A	Clearfield
PILKINGTON, MD, Bryan G	Lebanon
PINEDA, MD, Honorio G	Fayette
PINKERTON, DO, Richard A	Cambria
PINSK, MD, Jeffrey H	Delaware
PINSKI, MD, Gabriel	Philadelphia
PINTIMALLI, MD, Joseph T	Philadelphia
PINTO, MD, Thomas B	Allegheny
PIOTROWSKA, MD, Lucy B	Montgomery
PIOTROWSKI, MD, Thaddeus A	Lackawanna
PIPER, MD, Donald E	York
PIPER, MD, Russell W	Washington
PIRAINO, MD, Anthony J	Delaware
PIRANIAN, MD, Scott S	Butler
PIROCH, MD, Joseph G	Crawford
PIRRELLO JR, MD, Anthony M	Butler
PIRRIS, MD, John	Washington
PISANO, MD, Daniel J	Philadelphia
PISTONE, MD, Gregory A	Philadelphia
PISULA JR, MD, Vincent P	Adams
PISZCZEK, MD, Joseph E	Luzerne
PITCAVAGE, MD, James G	Allegheny
PITKOW, MD, Ronald B	Bucks
PITTENGER, MD, Mary A	Philadelphia
PITTENGER, MD, Rex A	Allegheny
PITTLE, HOWARD S	Student
PITTS, MD, William H	Armstrong
PITYK JR, MD, Peter E	Allegheny
PIWOZ, MD, Seymour	Philadelphia
PIXLER, MD, Mary G	Berks
PIZZANO, MD, Joseph A	Philadelphia
PIZZI, MD, Wilson B	Washington
PIZZICA, DO, Albert L	Philadelphia
PIZZIKETTI, MD, Robert J	Montgomery
PIZZUTILLO, MD, Peter D	Philadelphia
PLACCI, MD, Carlos A	Allegheny
PLACE, MD, Elmer R	Lebanon
PLAGATA, MD, Edith M	Delaware
PLANO, DO, Vincent F	Northampton
PLATT, MD, Benjamin B	Schuylkill
PLATT, MD, Marc J	Philadelphia
PLATT, MD, Ruth M	Philadelphia
PLAYFOOT, MD, Donald E	Lancaster
PLAZA-PONTE, MD, Mario T	Allegheny
PLESSET, MD, Marvin R	Allegheny
PLEVA, STEPHANIE G	Student
PLISKIN, MD, Mark	Monroe
PLOCK, MD, Gregory L	Philadelphia
PLOTKIN, MD, Stanley A	Philadelphia
PLOTNICK, MD, Marc P	Philadelphia
PLOTZKER, MD, Maria R	Chester
PLOURDE, MD, Paul V	Lancaster
PLUMB, MD, James D	Centre
PLUME, MD, Theodore W	Montgomery
PLUMMER, MD, Lloyd G	Westmoreland
PLUMMER, MD, Robert A	Cambria
PLUMMER 3RD, MD, William	Chester
PLUMMER JR, MD, Robert E	Mifflin/Juni
PLUNDO, DO, David A	Westmoreland
PLUNKETT, MD, Francis X	Allegheny
PLUTNICKI, MD, Ronald S	Lancaster
PLUTO, CHRISTINE M	Student
PLYMYER, MD, Ray E	Berks
POBER, MD, Hymen A	Allegheny
POBER, MD, Iren J	Allegheny
POBER, MD, Kenneth A	Westmoreland
POCHAPIN, MD, Sherman W	Allegheny
PODBOY, MD, August J	York
PODELL, DO, Joel C	Philadelphia
PODELL, MD, Morris J	Philadelphia
PODGAINY, MD, Helen J	Allegheny
PODOLSKY, MD, Sherman M	Philadelphia
PODRASKY, MD, David F	Bucks
POEHLMANN, MD, Nancy T	Philadelphia
POGGI, DO, Alfred J	Somerset
POHL, MD, Charles E	Lancaster
POINSARD, MD, Paul J	Philadelphia
POKORNEY, MD, Bruce H	Lancaster
POKORNEY, MD, Dale R	Mercer
POKORNY, KATHRYN A	Allegheny
POLACHECK JR, MD, William J	Dauphin
POLADIAN, MD, Antranik S	Philadelphia
POLAKOFF II, MD, Pedro	Philadelphia
POLAM, MD, Chandra R	Allegheny
POLAN, MD, Simon	Philadelphia
POLAN, DO, Stacey I	Philadelphia
POLASHENSKI, DO, Edward S	Luzerne
POLATTY, DO, Thomas V	Clarion
POLCINO, MD, Samuel C	Philadelphia
POLENTA, MD, John P	Allegheny
POLIDORA, MD, Frank C	Luzerne
POLIDORA, MD, Joseph J	Allegheny
POLIN, MD, Edward B	Philadelphia
POLINER, MD, Hime S	Northampton
POLINSKI, MD, Leonard J	Allegheny
POLINTAN, MD, Rodolfo S	Clearfield
POLIS, MD, Mark J	Lycoming
POLISHOOK, MD, Robert D	Philadelphia
POLITO, MD, Joseph R	Cambria
POLITZER, MD, Frank E	Berks
POLK, MD, Lewis D	Philadelphia
POLK, MD, Miriam R	Dauphin
POLL, MD, David S	Philadelphia
POLLACK, MD, David M	Delaware
POLLACK, MD, David S	Blair
POLLACK, MD, Dean N	Allegheny
POLLACK, MD, Dorothy J	Allegheny
POLLACK, MD, Howard M	Philadelphia
POLLER, MD, William R	Allegheny
POLLICE, MD, Philip G	Allegheny
POLLINO, MD, Vincent	Lackawanna
POLLOCK, MD, Arthur E	Blair
POLLOCK, MD, Burton H	Allegheny
POLLOCK, MD, Jeffrey L	Philadelphia
POLLOCK, MD, Michael S	Indiana
POLSKY, MD, Harry S	Montgomery
POMERANTZ, MD, Arthur H	Philadelphia
POMERANTZ, MD, Joel D	Philadelphia
POMERANTZ, MD, Marc B	Allegheny
POMERANTZ, MD, Philip A	Berks
POMMERSHEIM, MD, William J	Lawrence
POMPILIO, MD, Kenneth J	Bedford
POMPIZZI, MD, Ermin D	Philadelphia
POMPONIO, MD, Joseph G	Northampton
POND, MD, Harold S	Monroe
PONTARELLI, MD, Domenic J	Philadelphia
PONTIUS, MD, John G	Lancaster
PONTZ, MD, Jack B	Lancaster
PONTZER, MD, Herbert	Elk/Cameron
PONTZER, MD, Peter F	Blair
POOL, MD, Champe C	Dauphin
POOLE, MD, Edward F	Bucks
POOLE, MD, Robert	Chester
POORE, MD, George C	Potter
POORMAN, MD, S Sturgis	Montgomery
POPAT, MD, Anjana V	Dauphin
POPE, MARYBETH	Allegheny
POPHAL, MD, Mahlon J	Lycoming
POPKY, MD, George L	Philadelphia
POPLAWSKY, MD, Deborah A	Montour
POPOLOW, MD, Michael L	Montgomery
POPORAD, MD, George A	Philadelphia
POPOVICH, MD, John E	Allegheny
PORKOLAB, MD, Frederick L	Allegheny
PORR, MD, George H	Dauphin
PORRECA, MD, George A	Philadelphia
PORTER, MD, Albert R	Dauphin
PORTER, MD, Edgar L	Chester
PORTER, MD, Lynne E	Allegheny
PORTER, MD, Mary M	Philadelphia
PORTER JR, MD, William F	Lancaster
PORTMAN, MD, Mary A	Allegheny
PORTNER, MD, Jay H	Philadelphia
PORTNER, MD, Jeff H	Philadelphia
PORTNEY, MD, Deborah L	Allegheny
PORTNOY, MD, Larry Neal	Philadelphia
PORTZ, MD, Matthew C	Washington
POSATKO, MD, Peter C	Luzerne
POSATKO, MD, Robert J	Philadelphia
POSEY, MD, Dale M	Lancaster
POSNER, DO, Michael H	Adams
POSNEY, MD, Joseph J	Mercer
POSSANZA, MD, Carl J	Lackawanna
POST, MD, Jarvis H	Cambria
POST, MD, Robert M	Lehigh
POTASH, MD, George C	Lebanon
POTE JR, MD, Harry H	Cambria
POTELUNAS, MD, Clement B	Lackawanna
POTERA, MD, Leo P	Luzerne
POTKONSKI, MD, Leopold A	Berks
POTNIS, MD, Asha V	Allegheny
POTORSKI, MD, Robert D J	Luzerne
POTSIC, MD, William P	Philadelphia
POTTASH, MD, Ruben R	Philadelphia
POTTER, MD, Jeffrey N	Dauphin
POTTER, MD, Robert H	Allegheny
POTTER JR, MD, Howard P	Chester
POTTER JR, MD, Robert H	Allegheny
POTTS, MD, Asa W	Chester
POULLIOTT JR, MD, Jerome W	Lycoming
POULSHOCK, DO, Milton James	Philadelphia
POUTOUS, MD, George W	Allegheny
POWELL, MD, James R	Allegheny
POWELL, MD, Mary M	Montgomery
POWELL JR, MD, Oscar M	Allegheny
POWER, DO, Theresa C	Delaware
POWERS, MD, Donald V	Delaware
POWERS, MD, Victor J	Lehigh
POWERS JR, MD, Francis M	Lycoming
POZEFSKY, DO, Karen A	Chester
POZZA, MD, Nicholas J	Venango
PRABHU, MD, Anil	Allegheny
PRABHU, MD, Nalina	Allegheny
PRADHAN, MD, Anil G	Mckean
PRADHAN, MD, Ramesh S	Philadelphia
PRADHAN, MD, Sulochana L	Venango
PRAGER, MD, David	Lehigh
PRAH, GREGORY N	Student
PRAKASH, MD, Murthappa N	Luzerne
PRALL, MD, Robert C	Philadelphia
PRANCKUN, MD, Peter J	Lancaster
PRANCKUN, MD, Peter P	Lancaster
PRASAD, MD, Ajit K	Chester
PRASAD, MD, Mahadevappa M	Butler
PRASAD, MD, Shishir C	Luzerne
PRASHKER, MD, Mark J	Allegheny
PRATER, MD, John M	Luzerne
PRATKANIS, RICHARD A	Allegheny
PRATT, MD, Robert S	Lancaster
PRAWDZIK, MD, Leocadia T	Luzerne
PREATE, MD, Donald L	Lackawanna
PREBOLA, WILLIAM R	Student
PREHATNY, MD, John R	Philadelphia
PREININGER, MD, Edward R	Allegheny
PRELI, MD, Olindo J	Lackawanna
PRENDERGAST, MD, Maurice D	Beaver
PRENDERGAST, MD, Michael J	York
PRENSKY, MD, Jay G	Dauphin
PRESPER, MD, John H	Luzerne
PRESS, MD, Allan J	Allegheny
PRESS, MD, Arthur J	Delaware
PRESS JR, MD, Richard A	Bucks
PRESSEL, MICHAEL D	Student
PRESSMAN, MD, Edmund N	Chester
PRESSMAN, MD, Maurie D	Philadelphia
PRESSMAN, MD, Robert S	Philadelphia
PRESTEL JR, MD, Thomas F	Delaware
PRESTIFILIPPO, MD, Orazio	Northampton
PRESTON, MD, Vernon H	York
PRETTER, MD, Paul D	Allegheny
PREUCEL, MD, Robert W	Philadelphia
PRICE, MD, Albert C	Lancaster
PRICE, MD, Alfred R	Allegheny
PRICE, MD, Edwin M	Somerset
PRICE, MD, Joseph J	Delaware
PRICE, MD, Joseph W	Philadelphia
PRICE, MD, Karen A	Bradford
PRICE, MD, Raphael I	Philadelphia
PRICE, MD, Richard E	Cambria
PRICE, MD, Richard T	Bucks
PRICE, MD, Robert K	Lancaster
PRICE JR, MD, Henry L	Philadelphia
PRICE JR, MD, Joseph J	Philadelphia
PRICE JR, MD, Stuart E	Allegheny
PRICENER, MD, Valerie M	Allegheny
PRICKETT, MD, John A	Bucks
PRIMIANO, MD, George A	Monroe
PRIN, MD, William	Allegheny
PRIN, MD, William A	Adams
PRINCE, MD, Edward R	Centre
PRINCE, LAURA A	Student
PRINCE, MD, Richard B	Bucks
PRINCE, MD, Stanley T	Lancaster
PRINGLE, MD, Jacqueline M	Allegheny
PRINGLE, MD, Robert W	Allegheny
PRIOLETTI, MD, John P	Lawrence
PRIORE, MD, Robert M	Allegheny
PRITT, MD, Pauline	Montgomery
PRITTS, MD, Rose M	Westmoreland
PRIVITERA, MD, Louis A	Monroe
PROBST, MD, Susan J	Berks
PROCACCI, MD, Pasquale M	Philadelphia
PROCOPIO, MD, Frank	Dauphin
PROCTOR, MD, Julian W	Allegheny
PROCTOR, MD, Michael S	Lackawanna
PRODOEHL, JOHN A	Student
PROHASKA, DO, Matthew G	Cumberland
PROKHOV, MD, Vassil K	Allegheny
PROMISLOFF, DO, Robert A	Philadelphia
PROMUBOL, MD, Yuwaree	Westmoreland
PROOTHI, MD, Subhash C	Lehigh
PROPST, MD, Harry D	Wayne/Pike
PROPST-PROCTOR, MD, Sandra L	Wayne/Pike
PROROK, MD, Joseph J	Lehigh
PROSERPI, MD, Sergio V	Berks
PROSSER, MD, John O	Blair
PROSTKO, MD, E Richard	Allegheny
PROUDFIT, MD, J Paul	Washington
PROVENCIO, MD, Florencio	Lebanon
PROWELL, MD, Joseph W	Lancaster
PROY, MD, Bernard C	Erie
PRUCHNIC, MD, William F	Cambria
PRUDENCIO, MD, Maria E	Lebanon
PRUDENCIO JR, MD, Jose N	Lebanon
PRUITT, MD, John D	Montgomery
PRUSAKOWSKI, DO, Joseph M	Clarion
PRUTZMAN, MD, L Donald	Chester
PRYLINSKI, MD, Gregory V	Erie
PRYOR JR, MD, Charles A	Bucks
PRZYBYLSKI, MD, Gregory J	Allegheny
PUBLICKER, MD, Mark R	Allegheny
PUCCIO, EDWARD V	Allegheny
PUCEVICH, MD, Maria V	Allegheny
PUGH, MD, James E	Philadelphia
PUGLIANO, FREDERIC A	Student
PUGLIESE, MD, August A	Armstrong
PUGLIESE, MD, Joseph F	Luzerne
PUGLIESE, MD, Patrick D	Northmbrland
PUGLISI, MD, Anthony S	Philadelphia
PUGLISI, MD, Vincent	Philadelphia
PUHALLA, MD, Cyril M J	Lackawanna
PUIG-ANTICH, MD, Joaquim	Allegheny
PUJARA, MD, Devi M	Berks
PUJARA, MD, Mahendra M	Schuylkill
PULLEKINCS, MD, Joseph W	Allegheny
PULLEN, MD, Harvey T	Monroe
PUMA, MD, Samuel J	Luzerne
PUMROY, MD, Keith S	Potter
PUNDIAK, MD, Terry J	Northampton
PUNZALAN JR, MD, Catalino G	Elk/Cameron
PUPI, MD, Paul A	Beaver
PURCELL, DO, Stephen M	Lehigh
PURCELL JR, MD, Robert E	Lycoming
PURDY, MD, Richard T	Lancaster
PURKAYASTHA, MD, Arindam	Susquehanna
PURNELL, MD, John S	Centre
PURNER JR, DO, William M	Delaware
PURPURA, MD, Lawrence J	Allegheny
PURPURA, MD, Thomas R	Allegheny
PURSE, DO, Richard M	Bucks
PURSELL, MD, Robert N	Northampton

PURVIS, MD, Robert S	Lehigh
PUSATERI JR, MD, Joseph P	Allegheny
PUSCHAK, MD, Russell B	Lehigh
PUSHKAREWICZ, MD, Michael J	Chester
PUTMAN, MD, George W	Lawrence
PUTNAM, MD, Richard C	Philadelphia
PUTPRUSH, MD, Joseph R	Luzerne
PWINT, MD, Aung	Erie
PYATT JR, MD, Robert S	Franklin
PYLES, MD, Mark C	Columbia
PYTKO, MD, Valentine F	Montour

Q

QASIM, NADER Q	Student
QUAGLIO, MD, Nannette D	Mercer
QUALLS, MD, Donald M	Philadelphia
QUATTRONE, MD, Charles G	Allegheny
QUEENAN, JOSEPH V	Student
QUERCI, DO, John C	Luzerne
QUEREAU, MD, J Van Dyke	Berks
QUERIMIT, MD, Jorge A	Lycoming
QUESADA, MD, Manuel F	Dauphin
QUEVEDO, MD, Jonathan P	Lehigh
QUIAMBAO, MD, Melinda J	Northampton
QUICKEL, MD, Kenneth E	Dauphin
QUIGLEY, CHERYL L	Student
QUILL, MD, Joseph R	Montgomery
QUILO, MD, Felicidad F	Northampton
QUILO, MD, Lino S	Northampton
QUINEY JR, MD, James J	Northampton
QUINLIN, MD, Robert F	Allegheny
QUINN, MD, Dianne M	Bucks
QUINN, MD, Donn R	Northampton
QUINN, MD, Graham E	Philadelphia
QUINN, MD, John R	Cambria
QUINN, DO, Philip L	Mifflin/Juni
QUINN, ROBERT H	Student
QUINN, MD, Vincent J	Philadelphia
QUINN JR, MD, Norman J	Montgomery
QUINT, MD, Andrew R	Montgomery
QUINT, MD, Donald H	Allegheny
QUINTERO, MD, Miguel J	Allegheny
QUIOGUE, MD, Thelma	Dauphin
QUIRK, MD, Brian C	Dauphin

R

RAAB, MD, Michael F	Northampton
RABER, MD, Irving M	Philadelphia
RABIN, MD, Harold S	Dauphin
RABIN, MARC H	Student
RABIN, MD, Sidney C	Chester
RABINOWITZ, MD, Howard K	Philadelphia
RABINOWITZ, MD, Jerry P	Allegheny
RABINOWITZ, MD, Linda Gail	Philadelphia
RABSON, MD, Joseph A	Montgomery
RABSON, MD, Moses	Philadelphia
RACCIATO, MD, Peter J	Monroe
RACE, MD, David F	Erie
RACHO, MD, George J	Luzerne
RACKOW, MD, Lawrence L	Philadelphia
RADBILL, MD, Sidney G	Philadelphia
RADECKI, MD, Paul D	Philadelphia
RADER, MD, Mark D	Lehigh
RADFAR, MD, Nezam	Allegheny
RADFAR, MD, Rouhangiz H	Allegheny
RADFAR, MD, Soraya Z	Allegheny
RADICE, MD, Eugene D	Columbia
RADIO, MD, Gregory J	Lehigh
RADKE, MD, Timothy A	Philadelphia
RADLER, MD, John K	Beaver
RADSMA, MD, Douwe L	Adams
RAFALKO, MD, David M	Beaver
RAFFENSPERGER, MD, Bruce W	Philadelphia
RAGER, MD, Ronald	Allegheny
RAGGI, MD, Fiora	Philadelphia
RAGGIO, MD, Tanya P	Allegheny
RAGHEB, MD, Youssef S	Allegheny
RAGONESI, MD, Susan B	Philadelphia
RAGOOWANSI, MD, Tulsidas N	Beaver
RAHAM, MD, David C	Dauphin
RAHAUSER, MD, David M	Franklin
RAHMAN, MD, Owen R	Philadelphia
RAHNER, MD, Richard A	Erie
RAI, MD, Balbinder S	Allegheny
RAI, MD, Rajesh	Lehigh
RAICH, MD, William A	Lancaster
RAIFORD, MD, John W	Bucks
RAINES, MD, Herbert S	Philadelphia
RAINES, MD, Jonathan M	Philadelphia
RAINEY, CYNTHIA L	Student
RAINEY, MD, Edward C	Blair
RAISCH, MD, Frederick J	Mercer
RAIZMAN, MD, Richard E	Allegheny
RAJ, MD, Dhan	Warren
RAJ, MD, Stephen S	Erie
RAJA, MD, Rasib M	Philadelphia
RAJAN, MD, Sanda	Chester
RAJASENAN, MD, Vasudevan	Lawrence
RAJJOUB, MD, Rodwan K	Lycoming
RAJU, MD, Rudraraju P	Blair
RAKLEWICZ, MD, Michael C	Luzerne
RAKOWSKY, ALEXANDER T	Student
RALPH, MD, Nathan	Philadelphia
RALSTON, MD, Edgar L	Philadelphia
RALSTON, MD, Emerald M	Erie
RALSTON, MD, James C	Fayette
RAM, MD, Sant	Erie
RAMAGE, MD, Ann L	York
RAMAKRISHNA, MD, Nagamalli	Allegheny
RAMAKRISHNA, MD, Srinivasarao	Lackawanna
RAMAN, MD, Asha	Allegheny
RAMAN, MD, Gita S	Bradford
RAMAN, MD, Jayalaxmi	Philadelphia
RAMANATHAN, MD, Ganapathy S V	Butler
RAMASASTRY, MD, Sai S	Allegheny
RAMBACH, MD, Leonard	Lancaster
RAMESH, MD, Makum L	Allegheny
RAMIK, MD, Otto E	Allegheny
RAMINANI, MD, Lokadri N	Montgomery
RAMIREZ, MD, Constancio	Franklin
RAMIREZ, MD, Renato P	Crawford
RAMOS, MD, Clarita P	Westmoreland
RAMOS-CARO, MD, Jose L	Lehigh
RAMPRASAD, MD, Krishnamurti	Delaware
RAMS, MD, James J	Allegheny
RAMSEY II, MD, William H	Montgomery
RAMSEY JR, MD, Harry E	Berks
RANA, MD, Nilesh C	Philadelphia
RANCIER, MD, Lee F	Lackawanna
RANCK, MD, Sidney G	Bradford
RANDALL, MD, J Perlingiero	Montgomery
RANDALL, MD, Peter	Philadelphia
RANDALL, MD, Rodney R	Allegheny
RANDALL IV, MD, Alexander	Montgomery
RANDAZZO, MD, Paul A	Philadelphia
RANIERI, MD, Tito A	Philadelphia
RANII, MD, Carmello A	Allegheny
RANISH, MD, Deborah A	Erie
RANKIN, MD, James S	Allegheny
RANKIN, MD, Larry S	Cumberland
RANKIN, MD, Robert C	Allegheny
RANKIN, MD, Samuel G	Allegheny
RANNELS, MD, Darwin W	Philadelphia
RANNELS, MD, Herman W	Lycoming
RAO, MD, B Venkat	Allegheny
RAO, MD, Brinda E	Chester
RAO, MD, Gopal	Allegheny
RAO, MD, Kasuganti V	Allegheny
RAO, MD, Leela K	Allegheny
RAO, MD, Madhava S	Lackawanna
RAO, MD, Nalini G	Allegheny
RAO, PETER A	Student
RAO, MD, Ramdev K	Allegheny
RAO, MD, Usha G	York
RAPHAEL, MD, Paul S	Lehigh
RAPHAEL, MD, Stephen A	Montgomery
RAPHAELY, MD, Russell C	Philadelphia
RAPP, JEFFREY S	Student
RAPPAPORT, MD, Lewis B	Allegheny
RAPPAPORT, MD, Melvin M	Lehigh
RASANSKY, MD, Harry N	Philadelphia
RASCHBAUM, MD, Leopold J	Lackawanna
RASCOE JR, MD, Robert R	Philadelphia
RASHID, MD, Abdul	Schuylkill
RASHID, MD, Ayesha	Allegheny
RASHID, MD, Shaik A	Westmoreland
RASHKIS, MD, Harold A	Philadelphia
RASO, MD, Dominic J	Northampton
RATHGEB, MD, John M	Westmoreland
RATKE, MD, Henry V	Lycoming
RATNER, MD, Jeffrey A	Centre
RATNER, MD, Richard R	Delaware
RATTRAY, HERON G	Student
RAU, MD, Ramnath S	Mercer
RAU, MD, Raymond L	Allegheny
RAUB, MD, James A	Allegheny
RAUB, MD, Jeffrey D	Venango
RAUBENSTINE, DEBORAH A	Student
RAUCH, MD, Douglas	Mercer
RAUER, MD, Lester	Philadelphia
RAUNIO, MD, Anne M	Philadelphia
RAUTERKUS, MD, Marylee	Allegheny
RAVANO, MD, Jose F	Allegheny
RAVANO, MD, P R Quietson	Allegheny
RAVEL, MD, Robert L	Montgomery
RAVES, MD, John J	Allegheny
RAVETZ, DO, Robert S	Philadelphia
RAVITCH, MD, Mark M	Allegheny
RAVITZ, MD, Gerald A	Schuylkill
RAWNSLEY, MD, Herbert H	Washington
RAWSON, MD, Helen H	Montgomery
RAY, MD, Richard L	Allegheny
RAY, MD, Tarun K	Philadelphia
RAYMOND, MD, Joseph W	Cambria
RAYMOND, MD, Paul A	Cambria
RAYMOND JR, MD, Fred D	Montgomery
RAYNAK, MD, Frank R	Mercer
RAYNER, MD, Mark E	Philadelphia
RAYNES, MD, Stanton M	Bucks
RAZA, MD, Hyder S	Carbon
RAZURI, MD, Rafael G	Northampton
REAGAN, MD, Marie A	Allegheny
REAL, MD, Adelina	Philadelphia
REAL, MD, Mark B	Chester
REAMER, MD, Donald M	Venango
REAMS, MD, Carl L	Montour
REARDON, PAUL F	Student
REARDON JR, MD, Paul L	Washington
REBER, MD, Howard F	Berks
RECALDE, MD, Carlos M	Mifflin/Juni
RECH, MD, Frank M	Delaware
RECH, MD, Susan A	Philadelphia
RECIK, MD, Halit	Philadelphia
RECIO, MD, Rolando G	Allegheny
RECTOR, MD, Robert D	Franklin
RED, MD, Donald E	Delaware
REDA, MD, Frank A	Allegheny
REDDING, MD, Willis A	Bradford
REDDY, MD, Jaiveer T	Clarion
REDDY, MD, Patricia A	Dauphin
REDDY, MD, Pushpamala P	Armstrong
REDDY, MD, Ragoor K	Allegheny
REDDY, MD, Rajidi M	Lycoming
REDDY, MD, Subash C	Philadelphia
REDDY, MD, V Saraswathi	Bradford
REDENBAUGH, MD, James E	Lehigh
REDKA, MD, James W	Lycoming
REECE, MD, William W	Philadelphia
REED, MD, Clifford A	Berks
REED, MD, Darrell K	Allegheny
REED, MD, David E	Allegheny
REED, MD, David M	Allegheny
REED, MD, David T	Montgomery
REED, MD, Elmer M	Centre
REED, JON A	Student
REED, MD, Lola S	Chester
REED, MD, Mark S	Berks
REED, MD, Mary J	Montour
REED, MD, Michael F	Clearfield
REED, MD, W Glenn	Allegheny
REEDY, BRIAN K	Student
REEFER, MD, John C	Butler
REEKIE, MD, Timothy G	Philadelphia
REEL, CHARLES C	Allegheny
REEL, MD, Charles M	Westmoreland
REEMAN, MD, Ilene M	Philadelphia
REES, MD, David B	Berks
REES, VICTORIA A	Student
REESE, MD, Fred W	Columbia
REESE, MD, Richard W	Lancaster
REESE, MD, Walter D	Philadelphia
REESE JR, MD, Evan C	Northampton
REEVES, KATHLEEN A	Student
REFOWICH, MD, Richard S	Northampton
REGALADO, MD, Regulus D	Union
REGAN, MD, James R	Northampton
REGANIS, MD, John C	Northampton
REGEC, MD, Stephen P	Elk/Cameron
REHDER, MD, Karen E	Allegheny
REHEIS, MD, John P	Philadelphia
REICH, MD, Sylvia R	Luzerne
REICH, MD, Thomas S	Venango
REICH, MD, William P	Tioga
REICHARD, MD, James L	Centre
REICHARD, MD, Richard C	Berks
REICHLE, MD, Frederick A	Philadelphia
REICHWEIN, RAYMOND K	Student
REID, MD, Daniel W	Delaware
REIDELL, MD, John S	Centre
REIDENBERG, MD, Leon	Berks
REIFSNYDER, MD, William H	Berks
REIGART, MD, Paul M	York
REIGEL, MD, Donald H	Allegheny
REIGH, MD, Ernest E	Berks
REILLY, MD, Ann E	Chester
REILLY, MD, Charles M	York
REILLY, MD, Desmond J	Dauphin
REILLY, MD, James J	Allegheny
REILLY, MD, James J	Allegheny
REILLY, MD, John C	Erie
REILLY, MD, Michael J	Fayette
REILLY, MD, Patrick G	Allegheny
REILLY, MD, Paul A	Allegheny
REILLY, MD, Phillip E	Fayette
REILLY JR, MD, James J	Allegheny
REILLY JR, MD, Philip J	Westmoreland
REIMER, MD, Craig L	Schuylkill
REINA, MD, Charles R	Northampton
REINBOLD, MD, Raymond L	Montgomery
REINECKE, MD, Robert D	Philadelphia
REINHARD, MD, Ronald J	York
REINHARDT, MD, Pauline K	Lehigh
REINHART, MD, John W	Lehigh
REINHART JR, MD, Raymond B	Bucks
REINMUTH, MD, Oscar M	Allegheny
REINPRECHT, MD, James T	Philadelphia
REINSEL, MD, Richard C	Berks
REIS, MD, Claude J	Allegheny
REIS, MD, Maria T	Montgomery
REIS, MD, Paul B	Lycoming
REIS, MD, Walter J	Allegheny
REISH, MD, William G	Union
REISINGER JR, MD, William E	Allegheny
REISS JR, MD, G Russell	Montgomery
REITANO JR, MD, Joseph F	Delaware
REITER, MD, David	Philadelphia
REITZ, MD, Maryellen	Erie
REITZ, MD, Melvin L	Schuylkill
RELIGIOSO, MD, Eloisa P	Westmoreland
RELIGIOSO, MD, Erson L	Westmoreland
RELUZ, MD, Javier S	Montgomery
REMALEY, MD, Alan T	Philadelphia
REMALY, MD, Donald A	Columbia
REMICK, DO, Paul F	Lackawanna
REMSBURG, STACIA T	Student
RENDIN, MD, Larry J	Delaware
RENDON, MD, Roberto	Bucks
RENINGER, MD, Charles W	Lehigh
RENKERT, MD, Elizabeth E	Berks
RENNERT, MD, Nancy J	Allegheny
RENNINGER EXEC SEC, MRS RHONDA	York
RENO, MD, Joseph D	Delaware
RENSIMER, MD, Wayne T	Bradford
RENTLER, MD, Russell J	Philadelphia
RENTON, MD, Alan C	Allegheny
RENTSCHLER, MD, Henry D	Bradford
RENZ, JOHN F	Student
RENZ, MD, Robert T	Erie
REOHR, MD, Marie E	Delaware
REPICE, MD, Ronald M	Delaware
REPPERT, MD, William D	Northampton
RESHMI, MD, Chandrappa S	Allegheny
RESNICK, MD, Albert B	Philadelphia
RESNICK, MD, Edward J	Philadelphia
RESNICK, MD, George J	Philadelphia
RESNICK, MD, Myron E	Delaware
RESNICK, MD, Paul H	Allegheny
RESNIK, MD, Alan M	Philadelphia
RESNIK, MD, Edward	Allegheny
RESPET, MD, Patrick B	Lehigh
RESTAK, MD, Lewis J	Adams
RESTREPO, MD, James P	Berks
RESURRECCION, MD, Rosario	Philadelphia
RESWICK, MD, Murray	Allegheny
RETTIG, MD, Stephen J	Franklin
REUBEN, MD, Mark S	Berks
REVAK, MD, Blairanne H	Columbia
REVAK, MD, Conrad S	Allegheny
REVAK, DO, David J	Columbia
REX, MD, Eugene B	Montgomery
REX, MD, James C	Lehigh
REXRODE, MD, William O	York
REYES, MD, Alfredo M	Cambria
REYES, MD, John W	Greene
REYES, MD, Saturnino M	Beaver
REYES, MD, Vicente E	Allegheny
REYNA, MD, Oscar D	Westmoreland
REYNOLDS, MD, Ferman R	Philadelphia
REYNOLDS, JOHN W	Student
REYNOLDS, MD, Terence J	Venango
REZEK, MD, Donald L	Allegheny
REZNAK, MD, Stephen E	Philadelphia
REZNICK, MD, Barry R	Beaver
RHEE, MD, Soungok	Philadelphia
RHIEW, MD, Francis C	Lackawanna
RHOADES, DO, Dennis W	Jefferson
RHOADS, MD, Donald V	Philadelphia
RHOADS, MD, Harry M	Cambria
RHOADS, MD, Jonathan E	Philadelphia
RHOADS JR, MD, Jonathan E	York
RHODE, MD, Marvin C	Montgomery
RHODES, MD, Michael	Lehigh
RHODES, MD, Robert A	Delaware
RHODES III, MD, Luther V	Lehigh
RHOOD, MD, Samuel G	Delaware
RIAL, MD, William Y	Delaware
RICCELLI, ANTONIO M	Student
RICCHETTI, MD, Robert J	Philadelphia
RICCHIUTI, MD, A George	Schuylkill
RICCHIUTI, MD, Joseph F	Schuylkill
RICCI, MD, Joseph A	Dauphin
RICCIARDI, MD, Susan L	Delaware
RICCIUTTI, MD, Vincent	Mercer
RICE, MD, Donald H	Blair
RICE, MD, Eileen M	Allegheny
RICE, MD, Samuel A	Lancaster
RICE, MD, Samuel M	Allegheny
RICE, SCOTT A	Student
RICE III, MD, John E	Montour
RICH, MD, Dean C	Montgomery
RICH, MD, James F	Dauphin
RICHARDS, DAVID S	Allegheny
RICHARDS, MD, Frederick H	Bradford
RICHARDS, MD, John C	Bucks
RICHARDS, MD, Robert N	Franklin
RICHARDS JR, MD, Robert N	Franklin
RICHARDSON, MD, Claude E	Delaware
RICHARDSON, MD, David W	Philadelphia
RICHARDSON, MD, George A	Philadelphia
RICHARDSON, MD, George S	Allegheny
RICHARDSON, MD, Harrison H	Beaver
RICHARDSON, MD, James E	Washington
RICHARDSON, MD, Paul A	Philadelphia
RICHARDSON, MD, Roosevelt	Allegheny
RICHARDSON, MD, Ross E	Washington
RICHEY, MD, James E	Cambria
RICHIE, MD, A Thomas	Bucks
RICHMAN, MD, Kenneth A	Philadelphia
RICHMAN, MD, Tobi B	Erie
RICHMOND, MD, Allen C	Philadelphia
RICHMOND, MD, Spencer I	Montgomery
RICHTER, MD, Howard A	Delaware
RICHTER, DO, Lauren B	Erie
RICHTER, MD, Melvyn P	Montgomery
RICHTER, MD, Paul L	Allegheny
RICHTER, MD, Tor	Allegheny
RICKELS, MD, Karl	Philadelphia
RICKETTS, MD, J Edward	Allegheny
RICKLOFF, MD, Raymond J	Erie
RICKS, MD, John E	Cumberland
RIDELLA, MD, Peter J	Cambria
RIDEN, MD, Alice E	Lancaster
RIDGWAY, MD, William G	Lancaster
RIDOUT III, MD, Daniel L	Philadelphia
RIEGEL, MD, George E	Allegheny
RIEMER, MD, Barry L	Allegheny
RIEMER, MD, Joseph T	Montgomery
RIENZO, MD, Robert J	Lehigh
RIETHER, MD, Robert D	Lehigh
RIETHMILLER, MD, Grace L	Allegheny
RIFE, MD, Charles J	Dauphin
RIFFERT, MD, Paul M	Lancaster
RIFKIN, MD, Matthew D	Philadelphia
RIGANO JR, MD, Rudolph F	Lancaster
RIGG, MD, L Isobel	Philadelphia

RIGGLEMAN, MD, Michael P	Dauphin
RIGHTMYER, MD, John N	Berks
RIGHTOR, MD, John T	Venango
RIGHTS, MD, Theodore H	Berks
RIGNEY JR, MD, James H	Bucks
RIGOLIZZO, MD, Donna	Montgomery
RIKE, MD, Paul M	Allegheny
RILEY, MD, Bernard J	Allegheny
RILEY, MD, Veryl M	Warren
RILLING, MD, David C	Bucks
RIM, MD, Jeung K	Lebanon
RIMM, MD, Michael L	Philadelphia
RIMPLE, MD, David F	Luzerne
RINARD, MD, Graffious L	Bedford
RINCK II, MD, George W	Union
RINEHIMER JR, MD, John S	Wyoming
RING, MD, Floyd O	Franklin
RING, MD, Ilona R	Delaware
RING, MD, Stephen I	Delaware
RINGAWA, MD, Peter E	Columbia
RINGIEWICZ, MD, Paul A	Delaware
RINGOLD, MD, Murray H	Bucks
RINKER, MD, R James	York
RINKOFF, MD, Jeffrey S	Allegheny
RINT, MD, Elnora C	Erie
RIOFSKI, MD, Anthony F	Luzerne
RIPEPI, MD, Anthony C	Allegheny
RIPEPI, MD, Philip P	Allegheny
RIPPLE, MD, Paul H	Lancaster
RISHI, MD, Usha S	Allegheny
RISING, MD, David C	Bucks
RISINGER, ROBERT C	Allegheny
RISMILLER, MD, Ross W	Schuylkill
RITCHIE, MD, Charles A	Delaware
RITCHIE, MD, David J	Philadelphia
RITCHIE, MD, Laurence T	Allegheny
RITCHIE, MD, Marianne T	Philadelphia
RITCHIE, MD, William G	Philadelphia
RITCHIE III, MD, John C	Philadelphia
RITCHIE JR, MD, Wallace P	Philadelphia
RITTENBERG, MD, Michael H	Luzerne
RITTENHOUSE, MD, Emory A	Allegheny
RITTENHOUSE, ERIC R	Student
RITTENHOUSE, MD, Frank H	Allegheny
RITTENHOUSE, MD, George H	Allegheny
RITTER, MD, Charles W	Philadelphia
RITTER, MD, Deborah E	Philadelphia
RITTER, MD, Joseph G	Indiana
RITTER, MD, Mario	Cambria
RITTER, MD, Thomas J	Schuylkill
RITZ, GEORGE	Student
RIVAS-FLORES JR, MD, Aureliano	Montgomery
RIVERA, MD, Edwin A	York
RIVERA, MD, Victor C	Bucks
RIVERA-RODRIGUEZ, MD, Gabriel	Jefferson
RIXEY, MD, Charles O	Montour
RIZEN, MD, Brian K	Bucks
RIZK, MD, Pamela J	Allegheny
RIZK, MD, Sherif L	Allegheny
RIZK, MD, Toufic A	Bradford
RIZK, MD, Wafa I	Washington
RIZKALLA, MD, Waheeb M	Cambria
RIZZARDI, MD, Roger N	Luzerne
RIZZO, MD, John S	Delaware
RIZZO, MD, Karen A	Philadelphia
RIZZO, MD, Samuel V	Luzerne
ROACHE, MD, Martin J	Chester
ROBB, MD, Marie E	Northampton
ROBBINS, MD, Howard S	Lancaster
ROBBINS, MD, Mark S	Philadelphia
ROBBINS, MD, Robert	Philadelphia
ROBBINS, MD, Warren J	Lancaster
ROBBINS, MD, William S	Philadelphia
ROBERTS, MD, Andrew B	Philadelphia
ROBERTS, MD, Arthur J	Luzerne
ROBERTS, MD, Brooke	Philadelphia
ROBERTS, MD, Haskell E	Lancaster
ROBERTS, MD, Joan M	Philadelphia
ROBERTS, MD, John H	Chester
ROBERTS, MD, John M	Philadelphia
ROBERTS, MD, Linda P	Allegheny
ROBERTS, MD, Richmond C	Chester
ROBERTS, MD, Thom R	Allegheny
ROBERTS, MD, William D	Lancaster
ROBERTS JR, MD, Philip G	Centre
ROBERTSON, MD, John J	Berks
ROBERTSON, MD, John L	Warren
ROBERTSON, MD, John W	Philadelphia
ROBERTSON, MARILYN A	Student
ROBERTSON, MD, William W	Philadelphia
ROBIN, DO, F Philip	Philadelphia
ROBINS, MD, Donald E	Allegheny
ROBINS, MD, Hugh B	Allegheny
ROBINS, MD, Isadore M	Luzerne
ROBINSON, MD, Alyn	Philadelphia
ROBINSON, MD, Claire Ebanks	Philadelphia
ROBINSON, MD, Frederick A	Philadelphia
ROBINSON, MD, Gary	Berks
ROBINSON, MD, J Philip	Schuylkill
ROBINSON, MD, James A	York
ROBINSON, MD, Jay A	Blair
ROBINSON, MD, John N	Allegheny
ROBINSON, MD, Joseph	Luzerne
ROBINSON, MD, Leslie E	York
ROBINSON, MD, Leslie S	Philadelphia
ROBINSON, MD, Michael L	Berks
ROBINSON, MD, Michael L	Bucks
ROBINSON, MD, Nathaniel M	Philadelphia
ROBINSON, MD, Richard W	Schuylkill
ROBINSON JR, MD, Elliott S	Bradford
ROBINSON JR, MD, James J	Philadelphia
ROBINSON JR, MD, Warren L	Lycoming
ROBISON, MD, Robert N	Dauphin
ROBISON, MD, Walter J	Allegheny
ROCCARIO, DO, Dante S	Delaware
ROCCO, MD, Martin J	Philadelphia
ROCCO, MD, Nicholas J	Philadelphia
ROCHE, MD, Charles A	Allegheny
ROCHE, MD, Karen R	Allegheny
ROCHE, MD, Robert J	Erie
ROCHE JR, MD, Edward J	Mckean
ROCHMAN, MD, Alan J	Dauphin
ROCIUNAS, MD, Ligija M	Philadelphia
ROCK, MD, Elizabeth D	Chester
ROCK, MD, James A	Cambria
ROCK, MD, Leonard L	Somerset
ROCKOWER, MD, Roger A	Centre
ROCKWELL, BRUCE H	Student
RODA, DO, David M	Lancaster
RODA, MD, Paul I	Luzerne
RODAK, ROBERT R	Student
RODENBERGER, MD, Bruce M	Lehigh
RODGERS, MD, Charles H	Delaware
RODGERS, MD, Charles J	Lycoming
RODGERS, MD, David M	Philadelphia
RODGERS, MD, Edson R	Beaver
RODGERS, MD, Florence E	Philadelphia
RODGERS, MD, Joseph F	Philadelphia
RODGERS, MD, Thomas P	Clinton
RODGERS III, MD, William H	Montgomery
RODMAN, MD, Theodore	Philadelphia
RODRIGO, MD, Concepcion V	Luzerne
RODRIGUEZ, MD, Adolfo E	Berks
RODRIGUEZ, ALEXANDER	Student
RODRIGUEZ, MD, Alfonso	Luzerne
RODRIGUEZ, MD, Dolores E	Montour
RODRIGUEZ, MD, Edsel A	Northmbrland
RODRIGUEZ, MD, Hugo F	Delaware
RODRIGUEZ, MD, Julio A	Blair
RODRIGUEZ, LUZ M	Student
RODRIGUEZ, MD, Rodolfo E	Dauphin
RODRIGUEZ, MD, Victor R	Northampton
RODRIGUEZ-OQUENDO, MD, Annabelle	Philadelphia
ROE, MD, Eugene J	Lackawanna
ROE, MD, Hans S	Cumberland
ROE, MD, Robert E	Luzerne
ROEDDER, MD, Susan L	Philadelphia
ROEDER, MD, Donald K	Cumberland
ROEDER, MD, Kathleen M	Bucks
ROEDIGER, MD, Paul M	Montgomery
ROELOFFS, MD, Susan A	Philadelphia
ROFMAN, MD, Barry A	Montgomery
ROGAL, MD, Michael J	Allegheny
ROGALLA, MD, Charles S	Lackawanna
ROGERS, MD, Albert K	Lancaster
ROGERS, MD, Clinton L	Somerset
ROGERS, MD, George E	Cambria
ROGERS, MD, Hugh J	Centre
ROGERS, MD, James F	Philadelphia
ROGERS, MD, John F	Northampton
ROGERS, MD, Jonathan J	Montgomery
ROGERS, MD, Kenneth D	Allegheny
ROGERS, MD, Kenneth J	Centre
ROGERS, MD, Paul H	Chester
ROGERS, MD, R Claude	Philadelphia
ROGERS, MD, Vincent P	Erie
ROGERS JR, MD, Edward Q	York
ROGERS JR, MD, Robert M	Armstrong
ROGERSON, MD, David R	Cambria
ROGEVICH, DO, Joseph E	Lancaster
ROGOVITZ, MD, David M	Philadelphia
ROGOW, MD, Edward	Allegheny
ROGOWSKI, MD, Raymond A	Chester
ROHATGI, MD, Anita	Northampton
ROHATGI, MD, Rajeev	Northampton
ROHLAND, MD, Donald V	Dauphin
ROHNER JR, MD, Thomas J	Dauphin
ROHOVSKY, STEPHANIE A	Student
ROHRABAUGH JR, MD, Charles M	Dauphin
ROHRBECK, MD, Charles W	Centre
ROHRER, MD, G Victor	Dauphin
ROIG, MD, George M	Allegheny
ROITMAN, MD, Harry B	Philadelphia
ROITMAN, MD, Susan	Philadelphia
ROJAS, MD, Julio R	Luzerne
ROJER, MD, Charles L	Montgomery
ROKE, MD, Albert D	Berks
ROLAND, MD, Frederick H	Lehigh
ROLLO, MD, Daniel P	Lebanon
ROMAN, MD, Laurian	Philadelphia
ROMAN, MD, Stephen J	Westmoreland
ROMANCZUK, MD, Bruce J	Philadelphia
ROMANO, JANET E	Student
ROMANO, MD, Joseph M	Allegheny
ROMANO, MD, Vincent E	Bucks
ROMANO JR, MD, Nicholas M	Northampton
ROMANO-JANA, MD, Lourdes R	Erie
ROMANOW, MD, Peter W	Philadelphia
ROMANZO, MD, George M	Montgomery
ROMBEAU, MD, John L	Philadelphia
ROMBERGER JR, MD, James A	Allegheny
ROMEIKA, MD, Mary M	Schuylkill
ROMEO, MD, Victoria J	Clinton
ROMIG, MD, Ronald S	Berks
ROMINGER, MD, C Jules	Chester
ROMISHER, MD, Marc K	Chester
ROMITI, STEVEN L	Allegheny
ROMM, MD, Daniel S	Dauphin
ROMMEL, MD, Catherine T	Lancaster
ROMMEL, MD, F Michael	Lancaster
ROMMEL, MD, Frank L	Allegheny
ROMY, MD, Maurice I	Philadelphia
RONCO, DO, Domenick N	Union
RONDINA, MD, James B	Luzerne
RONEY, MD, T James	Allegheny
RONGAUS, MD, William J	Washington
RONIS, MD, Max L	Philadelphia
RONNERMANN, MD, Drew P	Montgomery
ROODE, MD, Albert G	Venango
ROODE, MD, Philip J	Venango
ROOKLIN, MD, Anthony R	Delaware
ROONEY, MD, Edward F	Allegheny
ROONEY, MD, Joseph W	Beaver
ROOS, MD, Alfred T	Erie
ROOS, MD, Leon	Adams
ROOT, MD, Douglas C	Erie
ROPPOLO, MD, Helen M	Allegheny
ROQUIZ, MD, Eliseo M	Erie
RORICK, MD, Nicholas R	Montgomery
RORKE III, MD, John H	Chester
ROS, MD, Emil J	Allegheny
ROS, MD, Nydia C	Allegheny
ROSALES, MD, Gabriel B	Bucks
ROSAN, DO, Jay R	Montgomery
ROSAN, DO, Stuart W	Bucks
ROSARIO JR, MD, Eliseo	Cumberland
ROSARIO-LEON, MD, Nelson R	Lancaster
ROSATO, MD, Donald J	Chester
ROSATO, MD, Ernest F	Philadelphia
ROSATO, MD, Francis E	Philadelphia
ROSCH, MD, Julius C	Blair
ROSCHEL, MD, Robert L	Lancaster
ROSCKOWFF, MD, Carol M	Luzerne
ROSCOE, MD, Constantine	Philadelphia
ROSCOE, MD, Gregory J	Jefferson
ROSE, MD, Carol E	Allegheny
ROSE, MD, David	Montgomery
ROSE, MD, Elizabeth K	Philadelphia
ROSE, MD, Frederick B	Bradford
ROSE, MD, Henry S	Philadelphia
ROSE, MD, Isadore	Philadelphia
ROSE, MD, John F	Montour
ROSE, MD, Leslie I	Philadelphia
ROSE, MD, Lewis J	Philadelphia
ROSE, MD, Robert M	Montgomery
ROSEMAN, MD, Richard L	Delaware
ROSEMAN, MD, Sharon R	Philadelphia
ROSEMOND, MD, George P	Philadelphia
ROSEN, MD, Bruce J	Delaware
ROSEN, MD, Daniel H	Venango
ROSEN, MD, David	Philadelphia
ROSEN, MD, Harvey M	Philadelphia
ROSEN, MD, James A	Westmoreland
ROSEN, MD, John N	Bucks
ROSEN, MD, Joseph H	Philadelphia
ROSEN, MD, Leonard	Delaware
ROSEN, MD, Lester	Lehigh
ROSEN, MD, Marc R	Philadelphia
ROSEN, MD, Marvin I	Philadelphia
ROSEN, MD, Rhoda	Philadelphia
ROSENAU, DO, Alexander M	Lehigh
ROSENBACH, MD, Loren M	Allegheny
ROSENBAUM, MD, Aron	Cambria
ROSENBAUM, MD, Carl A	Philadelphia
ROSENBAUM, DO, Jerry S	Philadelphia
ROSENBAUM JR, MD, Leon	Philadelphia
ROSENBERG, MD, Carol A	Erie
ROSENBERG, MD, Daniel B	Philadelphia
ROSENBERG, MD, Frank	Delaware
ROSENBERG, MD, George L	Allegheny
ROSENBERG, MD, Henry	Philadelphia
ROSENBERG, MD, Howard D	Lehigh
ROSENBERG, MD, Irving	Philadelphia
ROSENBERG, MD, Kenneth C	Philadelphia
ROSENBERG, MD, Lawrence S	Cambria
ROSENBERG, MD, Manuel	Philadelphia
ROSENBERG, MD, Mark M	Montgomery
ROSENBERG, MD, Morton	Philadelphia
ROSENBERG, MD, Paul E	Philadelphia
ROSENBERG, MD, Paul R	Allegheny
ROSENBERG, MD, Philip	Montgomery
ROSENBERG, MD, Philip	Philadelphia
ROSENBERG, MD, Randy M	Philadelphia
ROSENBERG, MD, Robin E	Philadelphia
ROSENBLATT, SOLON L	Student
ROSENBLATT, MD, Stanley A	Luzerne
ROSENBLATT, MD, Stanley G	Cambria
ROSENBLOOM, MD, Meyer A	Allegheny
ROSENBLOOM, MD, Richard C	Allegheny
ROSENBLOOM, MD, Stanley E	Allegheny
ROSENBLUM, MD, Benjamin A	Philadelphia
ROSENBLUM, MD, Frances L	Montgomery
ROSENBLUM, MD, Mindy F	Philadelphia
ROSENBLUM, MD, Norman G	Philadelphia
ROSENBURG, MD, Sidney A	Allegheny
ROSENCRANS, MD, David L	Allegheny
ROSENFELD, MD, Bernard D	Lackawanna
ROSENFELD, MD, Howard	Montgomery
ROSENFELD, MD, Jack C	Montgomery
ROSENFELD, MD, Joel C	Northampton
ROSENFELD, MD, Karl	Chester
ROSENFELD, MD, Philip A	Montgomery
ROSENFELD, MD, Richard N	Montgomery
ROSENFELD, MD, Ronald N	Delaware
ROSENMAN, MD, Howard D	Bucks
ROSENOW JR, MD, Edward C	Philadelphia
ROSENSWEIG, MD, William	Luzerne
ROSENTHAL, MD, David E	Philadelphia
ROSENTHAL, MD, Richard H	Allegheny
ROSENTHAL, MD, Sheldon P	Clearfield
ROSENTHAL, MD, Stephen I	Lackawanna
ROSENWASSER, MD, Robert Hillel	Philadelphia
ROSENZWEIG, MD, Max	Philadelphia
ROSENZWEIG, MD, Seth E	Berks
ROSETT, MD, Jeffrey S	Philadelphia
ROSIECKI, MD, Michael W	Lackawanna
ROSINI, MD, Rita M	Allegheny
ROSKA, MD, Jose C	Columbia
ROSKO, MD, Thomas J	Bucks
ROSKOPH, MD, Jay A	Allegheny
ROSNER, MD, Isador K	Philadelphia
ROSNER, MD, Michael J	Montgomery
ROSS, MD, Abraham	Lehigh
ROSS, MD, Daniel I	Lehigh
ROSS, MD, Denise H	Philadelphia
ROSS, HELEN L	Student
ROSS, MD, John J	Philadelphia
ROSS, MD, Jonathan	Montgomery
ROSS, MD, Kimra Y	Lehigh
ROSS, MD, Patricia E	Chester
ROSS, MD, R Douglas	Philadelphia
ROSS, MD, Robert K	Philadelphia
ROSS, MD, Vincent L	Lackawanna
ROSS III, MD, Arthur J	Philadelphia
ROSSI, MD, John A	Dauphin
ROSSI, MD, John C	Allegheny
ROSSI, MD, Patricia V	Luzerne
ROSSI JR, MD, Ralph A	Chester
ROSSIN, MD, Richard A	Delaware
ROSSMAN, MD, Max	Lehigh
ROSSMAN, MD, Ronald E	Philadelphia
ROST, MD, Charles R	Lancaster
ROST, MD, Kay S	Westmoreland
ROSTAIN, MD, Anthony L	Philadelphia
ROSTOCK, MD, Robert A	Luzerne
ROTENBERG, MD, Larry A	Berks
ROTH, MD, James L	Philadelphia
ROTH, MD, Jerry M	Bucks
ROTH, MD, Jonathan V	Philadelphia
ROTH, MD, Katalin E	Philadelphia
ROTH, DO, Raymond D	Montour
ROTH, MD, Russell B	Erie
ROTH, SUSAN E	Student
ROTH, MD, Toni C	Philadelphia
ROTH JR, MD, George R	Dauphin
ROTHACKER JR, MD, Gerald W	Lancaster
ROTHENBERGER, MD, Marvin K	Lehigh
ROTHERMEL, MD, Franklin J	Montour
ROTHERMEL II, DO, Robert E	Columbia
ROTHFIELD, MD, Robert E	Allegheny
ROTHFUS, MD, William E	Allegheny
ROTHKOPF, MD, Brad M	Philadelphia
ROTHKOPF, MD, Henry	Philadelphia
ROTHMAN, MD, David L	Mercer
ROTHMAN, MD, David L	Allegheny
ROTHMAN, MD, Keith S	Bucks
ROTHMAN, MD, Maurice M	Philadelphia
ROTHMAN, MD, Michael I	Philadelphia
ROTHMAN, MD, Richard H	Philadelphia
ROTHROCK, MD, Gilmore M	York
ROTHSCHILD, MD, Jeffrey M	Allegheny
ROTHSCHILD, MD, John A	Luzerne
ROTHSTEIN, MD, Edward P	Bucks
ROTHSTEIN, MD, N Zel	Chester
ROTKO, MD, Bernard B	Philadelphia
ROTOR, MD, Marilyn L	Lancaster
ROTTENBERG, DO, Louis	Philadelphia
ROTTSCHAEFER, MD, Bernard L	Westmoreland
ROUMM, MD, Alan D	Dauphin
ROUSE, MD, Paul V	Philadelphia
ROUSE, MD, Steven B	Bradford
ROUSSEL, MD, Paula L	Dauphin
ROVINSKI, MD, Helen T	Lebanon
ROVITO, MD, Peter F	Lehigh
ROVNER, MD, Harold	Philadelphia
ROVNER, MARC S	Student
ROVNO, MD, Herbert	Philadelphia
ROWAN, MD, Noel M	Berks
ROWAN, MD, Paul J	Lancaster
ROWAN, MD, Sandra K	Berks
ROWE, MD, Lee D	Philadelphia
ROWE, MD, Marc I	Allegheny
ROWEHL, MD, Jane B	Dauphin
ROWLAND, MD, George A	Columbia
ROWLAND, MD, Harold A	Montgomery
ROWLAND, MD, N Dean	Lancaster
ROWLAND, PAUL L	Allegheny
ROWLAND JR, MD, Robert B	Montour
ROWLEY, MD, Lawrence J	Dauphin
ROWLEY, MD, Richard S	Chester
ROWLING, MD, Susan E	Philadelphia
ROWMAN, MD, Leo	Philadelphia
ROXBY, MD, Bruce S	Philadelphia
ROY, MD, Robert H	Philadelphia
ROYAL, MD, David R	Cumberland
ROYER, MD, Thomas C	Montour
ROYFE, MD, Michael A	Allegheny
ROZANSKI, MD, Stanley J	Berks
ROZICK, MD, Mark S	Fayette
ROZWADOWSKI, MD, Jack V	Erie
ROZWAT, MD, Maurice S	Chester

RUBASH, MD, Harry E	Allegheny
RUBBO, MD, Ernest R	Franklin
RUBEN, MD, Jerold R	Washington
RUBEN, MD, Malcolm E	Washington
RUBENFIELD, MD, Arnold D	Allegheny
RUBENSTEIN, MD, Morton J	Dauphin
RUBIN, MD, Alan	Philadelphia
RUBIN, DO, Carl S	Philadelphia
RUBIN, MD, Emanuel	Philadelphia
RUBIN, MD, Fred H	Allegheny
RUBIN, MD, Harvey M	Allegheny
RUBIN, MD, I Edward	Philadelphia
RUBIN, MD, Jeffry F	Montgomery
RUBIN, MD, Jennifer	Allegheny
RUBIN, MD, Jonathan D	Philadelphia
RUBIN, MD, Joyce R	Philadelphia
RUBIN, MD, Lore R	Allegheny
RUBIN, MD, Marc R	Philadelphia
RUBIN, DO, Morton	Delaware
RUBIN, MD, Morton L	Dauphin
RUBIN, MD, Myron M	Lancaster
RUBIN, MD, Nathan W	Montgomery
RUBIN, MD, Peter E	Montgomery
RUBIN, MD, Raphael	Philadelphia
RUBIN, MD, Robert F	Delaware
RUBIN, MD, S Bruce	Philadelphia
RUBINO, MD, Mark A	Allegheny
RUBINSTEIN, ADAM J	Allegheny
RUBIO, MD, Emir W	Delaware
RUBRIGHT, MD, George L	Berks
RUBRIGHT, MD, Herbert C	Schuylkill
RUBRIGHT JR, MD, Herbert C	Schuylkill
RUCH, MD, Carl R	Northampton
RUDDEN, MD, Ann	Bucks
RUDDY, PATRICK J	Student
RUDERMAN, MD, Eric M	Philadelphia
RUDIN, MD, Jennifer E	Allegheny
RUDKIN, MD, Victor M	Allegheny
RUDLEY, MD, Lloyd D	Philadelphia
RUDMAN, MD, Richard	Allegheny
RUDNICK, MD, Herman D	Philadelphia
RUDNICK, MD, Michael R	Philadelphia
RUDNITZKY, MD, Jerome	Delaware
RUDOLPH, MD, Joseph	Philadelphia
RUDOLPH, MD, Joseph P	Allegheny
RUDOLPH, MD, Kenneth H	Lackawanna
RUDOLPH, MD, Richard L	Chester
RUDOLPH, MD, Robert I	Berks
RUDOLPH JR, MD, Samuel F	Montgomery
RUDUSKY, MD, Basil M	Luzerne
RUEBEL, MD, Armin A	Bucks
RUEBEL, MD, Catherine D	Bucks
RUEGER, MD, Raimund G	Allegheny
RUEHL, MD, William W	Washington
RUETSCHI, MD, Maja S	Union
RUFE, MD, Redding H	Bucks
RUFF, MD, Curtis C	Butler
RUFFINI, MD, John A	Delaware
RUFFINI, MD, Robert A	Delaware
RUFFLE, MD, Joan M	Dauphin
RUGART, MD, Karl F	Philadelphia
RUGEL, MD, Stanley J	Philadelphia
RUGGIERO, DO, Dominic	Lackawanna
RUGGIERO, MD, Nicholas J	Luzerne
RUGGIERO, MD, Robert A	Chester
RUGGIERO, MD, Robert P	Philadelphia
RUHT, MD, Barry A	Lehigh
RUIZ, MD, Cesar A	Allegheny
RULIN, MD, Marvin C	Allegheny
RUMBAUGH, MD, Marshall U	Luzerne
RUMBAUGH, MD, Ross S	Somerset
RUMBAUGH JR, MD, James O	Perry
RUMBLE, MD, Thomas R	Allegheny
RUMBLE JR, MD, Charles T	Allegheny
RUMPF, MD, Christopher B	Monroe
RUMSEY, MD, John L	Monroe
RUMSEY, MD, William P	Delaware
RUNCO, MD, Angelo S	Allegheny
RUNDORFF, MD, Robert L	Cambria
RUNK, MD, Lorenzo G	Philadelphia
RUNKLE, MD, Barbara E	Allegheny
RUNYAN, DO, John L	Columbia
RUNYEON, MD, William K	Berks
RUPP, MD, George M	Allegheny
RUPP, MD, Michael D	Bradford
RUPP, MD, Robert A	Fayette
RUPPENTHAL, MD, J Bruce	Lackawanna
RUSCHAK, MD, Paul J	Allegheny
RUSH, MD, Calvin C	Greene
RUSH, MD, John F	Fayette
RUSH, JORDAN S	Student
RUSIN, MD, Lawrence C	Erie
RUSLI, MD, Michael	Chester
RUSSEK, MD, Edward	Dauphin
RUSSELL, MD, Gary D	Washington
RUSSELL, DO, James A	Bradford
RUSSELL, MD, Marie O	Delaware
RUSSELL, MD, Richard L	Dauphin
RUSSELL JR, MD, Bertram R	Chester
RUSSIN, MD, Mary S	Union
RUSSINO, MD, Joseph L	Delaware
RUSSINOVICH, MD, Nicholas A E	Allegheny
RUSSMAN, MD, Richard B	Allegheny
RUSSO, MD, John F	Schuylkill
RUSSO, MD, Joseph F	Allegheny
RUSSO, MD, Michael P	York
RUSSO JR, DO, Anthony P	Erie
RUTBERG, MD, Franklin L	Philadelphia
RUTBERG, MD, Michael	Bucks
RUTENBERG, MD, Harold L	Philadelphia
RUTH, MD, Corey K	Philadelphia
RUTH, MD, D Henry	Beaver
RUTIGLIANO, MICHAEL J	Allegheny
RUTKOWSKI, MD, Mark G	Philadelphia
RUTLAND, MD, Hedley E	York
RUTMAN, MD, Deanna L	Allegheny
RUTT, MD, John M	Lancaster
RUTT JR, MD, Clarence H	Lancaster
RUTTENBERG, MD, Bertram A	Philadelphia
RUTTENBERG, DO, Norman F	Philadelphia
RUZBARSKY, MD, Joseph J	Lackawanna
RUZICZKA, MD, Linda A	Allegheny
RYAN, MD, Charles S	Philadelphia
RYAN, MD, Debra A	Bradford
RYAN, MD, John B	Bradford
RYAN, MD, John J	Northampton
RYAN, MD, Lawrence W	Montgomery
RYAN, MD, Nancy R	Erie
RYAN, MD, Timothy M	Delaware
RYAN, MD, William C	Somerset
RYAN, MD, William F	Monroe
RYAN JR, DO, Edward F	Montgomery
RYAN-WILLIAMS, LYNN M	Student
RYCHAK, MD, John S	Dauphin
RYCKMAN, MD, William F	Westmoreland
RYDER JR, MD, Kenneth G	Lehigh
RYDZE, MD, Richard A	Allegheny
RYDZE, MD, Robert A	Allegheny
RYNIER, MD, Donald L	Lancaster
RYOO, MD, In O	Allegheny
RYSCAVAGE, MD, Thomas S	York

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SAAVEDRA, MD, Diogenes A	Crawford
SABA, PHILIP R	Allegheny
SABANAYAGAM, MD, Ponnampalam	Philadelphia
SABATELLE, MD, Robert C	Allegheny
SABEH, MD, George	Allegheny
SABEH, MD, Raif K	Allegheny
SABO, ERIN M	Allegheny
SABO, ROBERT A	Student
SABOKBAR, MD, Nasser	Montgomery
SABOL, MD, John B	Cumberland
SABOL, JOSEPH G	Student
SABOL, MD, Louise J	Montour
SABRE, MD, Craig A	Monroe
SABRI, MD, Philip J	Franklin
SABUGO, MD, Evelyn F	Philadelphia
SACCHETTI, MD, Alfred D	Philadelphia
SACCO, MD, Matthew A	Montour
SACCO, MD, Russell J	Allegheny
SACHAKUL, MD, Chitrinee	Westmoreland
SACHAROK, CYNTHIA A	Student
SACHDEV, MD, Ranjan	Northampton
SACHDEVA, MD, Ajit K	Philadelphia
SACHDEVA, MD, Ravindra K	Mercer
SACHS, MD, Jonathan R	Philadelphia
SACHS, MD, Marvin L	Philadelphia
SACHS, MD, Murray	Allegheny
SACKETT, MD, Charles F	Philadelphia
SACKHEIM, MD, Robert	Bucks
SACKMAN, MD, Ira	Dauphin
SACKS, MD, Charles L	Philadelphia
SACKS, MD, David	Berks
SACKS, MD, Ellis H	Montgomery
SACKS, MD, Richard P	Lebanon
SACKS, DO, Stephen E	Montgomery
SADEKNI, MD, Marwan E	Westmoreland
SADEL, MD, Scott M	Philadelphia
SADLER, MD, John M	Allegheny
SADLER, MD, Larry R	Allegheny
SADOFF, MD, Robert L	Montgomery
SADORRA, MD, Nenita Caoagas	Philadelphia
SADR, MD, Farrokh S	Lehigh
SADWIN, MD, Arnold	Philadelphia
SAFDAR-ALI, MD, Mohammad	Schuylkill
SAFIER, MD, Joel	Allegheny
SAFLEY, MD, Max W	Indiana
SAFYAN, MD, Susan L	Allegheny
SAG, MD, Jerome E	Montgomery
SAGALOW, MD, Barry R	Philadelphia
SAGAN, MD, Elizabeth R	Allegheny
SAGEL, DO, Henry K	York
SAGEN, MD, William	Bucks
SAGER, MD, Ethel	Philadelphia
SAGGE, MD, Perla S	Northampton
SAGHAFI, MD, Darius	Westmoreland
SAHAI, MD, Ashok K	Washington
SAHILLIOGLU, MD, Refik	Luzerne
SAHL, MD, Henry G	Philadelphia
SAHLANEY, MD, William J	Cambria
SAHNI, MD, Rakesh C	Bucks
SAHOO, MD, Dilliswar	Schuylkill
SAHOO, MD, Kashinath	Berks
SAHOVEY, MD, James R	Allegheny
SAIDMAN, MD, Lester M	Luzerne
SAIFEE, MD, Kutub M	Allegheny
SAILER, MD, Dale W	Lancaster
SAIONTZ, MD, Howard I	Cambria
SAKACH, MD, Valerie A	Washington
SAKKAL, MD, Saad	Mercer
SALA, MD, Luis E	Philadelphia
SALAK, MD, Wasyl W	Philadelphia
SALAM, MD, Mahi	Chester
SALAND, MD, David K	Delaware
SALANON, MD, Paul	Philadelphia
SALAS, MD, Andre C J	Allegheny
SALAS, MD, Marty M	Cambria
SALATKA, MD, Karl W	Westmoreland
SALAZAR, MD, Edgardo P	Carbon
SALAZAR, MD, J Delfor	Lackawanna
SALAZAR, MD, Pedro A	Luzerne
SALCEDO, MD, Wilfredo G	Northampton
SALDANA, MD, Idel J	Jefferson
SALEEM, MD, Mohammad A	Lackawanna
SALEH, MD, Ahmab N	Philadelphia
SALES, MD, Irving J	Philadelphia
SALES, MD, Lauren E	Montgomery
SALES, MD, Phoenix M	Philadelphia
SALGADO, MD, Edward M	Northampton
SALIDO, MD, Desamparados S	Fayette
SALIM, MD, Bozorgmehr	Delaware
SALINDONG, MD, Jaime P	Montgomery
SALKIND, MD, Gary D	Delaware
SALKIND, MD, Gene Z	Philadelphia
SALKO, MD, Gregory J	Lackawanna
SALLASH JR, MD, Robert J	Northampton
SALMON, MD, James H	Erie
SALNER, MD, Nathan P	Philadelphia
SALSBERRY, MD, Mark D	Washington
SALTZBURG, DO, Michael C	Blair
SALTZMAN, MD, Marcus B	Philadelphia
SALUK, MD, Patricia H	Delaware
SALVATORE, MD, Michael A	Lycoming
SALVATORE, MD, Michael R	Erie
SALVITTI, MD, E Ronald	Washington
SALVO, MD, Paul J	Philadelphia
SALVOZA, MD, Manuel I	Allegheny
SALYARD, MD, Lann B	Philadelphia
SAMAD, MD, Mohammad A	Northmbrland
SAMADANI, MD, Siroos R	Allegheny
SAMARASINGHE, MD, Gunasiri	Erie
SAMBUNARIS, MD, Angelo	Dauphin
SAMELSON, MD, Leo	York
SAMET, MD, Sherwood L	Monroe
SAMIES, MD, John H	Lehigh
SAMII, MD, Abdol H	Luzerne
SAMII, MD, Ali M	Cambria
SAMITZ, MD, M Harriss	Philadelphia
SAMPATH, MD, Krishna	Philadelphia
SAMPATHACHAR, MD, Kakkadasam R	Philadelphia
SAMPSON, MD, David A	Philadelphia
SAMUEL, MD, Molly	Lackawanna
SAMUELS, MD, Fania	Philadelphia
SAMUELS, JONATHAN D	Student
SAMUELS, MD, Louis E	Philadelphia
SAMUELSON, MD, Bradley E	Philadelphia
SAMUELSON, MD, Joel S	Monroe
SANCHEZ, MD, Blanca S	Philadelphia
SAND, MD, David J	Montgomery
SANDBERG, MD, James A	Lehigh
SANDBERG, MD, Theodore E	Allegheny
SANDEL, MD, Mary E	Philadelphia
SANDER, ELIZABETH B	Student
SANDERS, MD, Robert E	Westmoreland
SANDERS JR, MD, Lawrence L	Philadelphia
SANDERSON, MD, Douglas K	Dauphin
SANDERSON, MD, Vincent A	Mercer
SANDHAUS, MD, Julius L	Lancaster
SANDHU, MD, Bakhshish S	Bucks
SANDHU, MD, Rajinder S	Allegheny
SANDLER, MD, Kenneth R	Chester
SANDO, MD, Ralph S	Philadelphia
SANDS, MD, David	Luzerne
SANDS, MD, Earl E	Montgomery
SANDS, MD, Jeffrey J	Luzerne
SANDSON, MD, Gerald B	Allegheny
SANDSTROM, MD, Paul H	Erie
SANDSTROM JR, MD, Frank T	Montgomery
SANFORD, MD, Frederic E	Lycoming
SANFORD, MD, Robert G	Dauphin
SANFORD, MD, Robert S	Tioga
SANGHI, MD, Jodh K	Warren
SANGILLO, MD, Cathleen K	Dauphin
SANGILLO, MD, Mario M	Dauphin
SANGODEYI, MD, Olu R	Allegheny
SANGRUJEE, MD, Kannika L	Allegheny
SANGRUJEE, MD, Weerasak	Allegheny
SANKAR, MD, Naganathan S	Beaver
SANKARAN, MD, Manickam	Blair
SANKARI, MD, Muhammed A	Mckean
SANKEY, MD, Suzanne L	Philadelphia
SANKRITHI, MD, Usha M	Philadelphia
SANNER, MD, John C	Lackawanna
SANNER JR, MD, Edgar G	Allegheny
SANPEDRO, MD, Floro D	Philadelphia
SANPEDRO, MD, Romeo S	Somerset
SANSONE, MD, Thomas C	Montgomery
SANSTEAD, MD, John K	York
SANT RAM, MD, Deepak	Chester
SANTAMARIA, MD, Frank R	Westmoreland
SANTANGELO, KATHYLEE	Dauphin
SANTANGELO, MD, Marsha F	Philadelphia
SANTARSIERO, MD, D Anthony	Lackawanna
SANTEN, MD, Richard J	Dauphin
SANTERINI, KRISTINE R	Allegheny
SANTIESTEBAN, MD, Joseph A	Allegheny
SANTILLAN, MD, Victor H	Blair
SANTILLI, MD, Thomas F	Philadelphia
SANTINI, MD, Lewis C	Montour
SANTOMENNA, MD, Michael A	Erie
SANTOPOLO, MD, Anthony C	Delaware
SANTORA, DAWN M	Allegheny
SANTORA, DONALD C	Student
SANTORA, MD, Robert A	Crawford
SANTORA JR, MD, Frank J	Allegheny
SANTORE, MD, Felice J	Delaware
SANTORE, MD, Louis X	Montgomery
SANTORO, MD, Jerome	Philadelphia
SANTORO, MD, William	Berks
SANTOS, MD, Arthur M	Allegheny
SANTOS, MD, Cesar R	Lawrence
SANTOS, MD, Rodolfo J	Bucks
SANTOS, MD, Rodolfo R	Somerset
SANTOSO, MD, Limjadi	Erie
SANTOYO-STEIN, MD, Maria C	Philadelphia
SANTUCCI, MD, Francesco	Allegheny
SAPIRSTEIN, MD, Wolf	Dauphin
SAQUIN, MD, Raineldo C	Mckean
SARACCO, MD, Thomas R	Allegheny
SARACHEK, MD, Norman S	Lehigh
SARADAR, MD, Raja	Allegheny
SARADAR, MD, Riad	Fayette
SARAGOVI, MD, Armand A	Philadelphia
SARAIN, MD, Antonio N	Crawford
SARAJEDINI, MD, Hossain	Mckean
SARAN, MD, Madhukar	Susquehanna
SARAS, MD, Peter L	Luzerne
SARAVITZ JR, MD, Eugene M	Lehigh
SARDESAI, MD, Prabhaker G	Erie
SARGE, MD, Terence J	Dauphin
SARIK, DO, Michael J	Delaware
SARIN, MD, Lov K	Philadelphia
SARIS, MD, Anne L	Montgomery
SARIS, MD, Demetrius S	Montgomery
SARIS-MECHENBIER, MD, Lydia E	Allegheny
SARKER, MD, Chitta R	Montgomery
SARKER, MD, Muhammad A R	Berks
SARMA, SATYA	Student
SARNER, MD, Joel B	Allegheny
SARNOWSKI, MD, Robert J	Lackawanna
SARON, MD, Irvin J	Northampton
SARP, MD, Edward J	Blair
SARRELL, MD, Ervin M	Philadelphia
SARSHIK, MD, Milton	Philadelphia
SARSHIK, MD, Stuart A	Philadelphia
SARTORI, DO, Roy J	Mercer
SARUBIN, MD, Daniel R	Lehigh
SARUK, MD, Michael L	Chester
SARVER, MD, Ray G	Westmoreland
SARVER, MD, Robert O	Allegheny
SASSANI, MD, Joseph W	Dauphin
SASSANI, MD, Russell F	Philadelphia
SASSON, MD, Robert	Bucks
SASTRY, MD, Dasika M	Montgomery
SATALOFF, MD, Dahlia M	Philadelphia
SATALOFF, MD, Joseph	Philadelphia
SATALOFF, MD, Robert T	Philadelphia
SATINSKY, MD, Jonathan D	Delaware
SATRIALE, MD, Richard F	Chester
SATRIALE, MD, Robert O	Chester
SAUCO, MD, M Concepcion	Philadelphia
SAUER, MD, Dieter	Westmoreland
SAUER, MD, Thomas S	Northampton
SAUERS, MD, Patricia L	Adams
SAUERTIEG, MD, Elliott A	Dauphin
SAUL, MD, Albert	Philadelphia
SAUL, MD, Leon J	Philadelphia
SAUL, MD, Richard B	Philadelphia
SAUL, MD, Robert F	Montour
SAULINO, MICHAEL F	Student
SAULL, MD, Sondra C	Philadelphia
SAUNDERS, MD, Charles D	Northampton
SAUNDERS, MD, Richard M	Montgomery
SAUNDERSON JR, MD, Robert W	Lancaster
SAUSSER, MD, Eugene W	Cumberland
SAVACOOL, MD, Jacob W	Philadelphia
SAVAGE, MD, Donald J	Luzerne
SAVAGE, MD, James E	Mercer
SAVAGE, MD, Michael P	Philadelphia
SAVAGE, MD, Peter J	Luzerne
SAVARESE, MD, Ronald P	Philadelphia
SAVARINO, RICHARD J	Allegheny
SAVASTIO, MD, Joseph A	Dauphin
SAVOIE, LISA M	Student
SAVORY, MD, William J	Dauphin
SAVRIN, MD, Ronald A	Dauphin
SAWARDEKAR, MD, Arun S	Mercer
SAWARDEKAR, MD, Shubhada A	Mercer
SAWARDEKER, MD, Sandip U	Westmoreland
SAWICKI, MD, Edward H	Butler
SAWIN, MD, Henry S	Montgomery
SAWYER, MD, Rita A	Allegheny
SAWYNA, MD, Vitaly	Lehigh
SAXENA, SANJAY	Student
SAXENA, MD, Varun	Bucks
SAXON, MD, Joseph G	Dauphin
SAYE JR, MD, William H	Dauphin
SAYEN, MD, John J	Philadelphia
SAYERS, MD, Francis P	Northmbrland
SAYERS, MD, Kenneth H	Indiana
SAYLOR, MD, Randall M	Butler
SAYLOR, MD, Richard F	Montgomery
SAYRE, MD, Rodger C	Wyoming
SAYSON, MD, Jose N	Lebanon
SCANLON, MD, Mary H	Philadelphia
SCARAMUCCI, MD, John C	Allegheny
SCARANO, MD, Domenico	Luzerne
SCAROLA, MD, Joseph A	Montgomery
SCARPA, MD, Harry C	Montgomery
SCARPINO, MD, Leo J	Lehigh
SCARSELLATO, MD, John N	Allegheny

SCERBO, MD, James A	Jefferson
SCHAAF, MD, H William	Chester
SCHAAF, MD, John T	Erie
SCHAAF, MD, Richard D	Delaware
SCHACHTER, MD, Allan B	Allegheny
SCHACHTER, MD, Joseph	Allegheny
SCHACHTER, MD, Larry G	Jefferson
SCHACHTERLE, MD, Ralph E	Lancaster
SCHADE, MD, John F	Luzerne
SCHADT, MD, Daniel C	Northampton
SCHADT JR, MD, Oliver S	Lehigh
SCHAEBLER, MD, M Lee	Berks
SCHAEFER, MD, C Russell	Allegheny
SCHAEFER, MD, Paul M	Philadelphia
SCHAEFER, MD, Thomas J	Cambria
SCHAEFER, MD, Thomas L	Allegheny
SCHAEFFER, MD, Charles D	Lehigh
SCHAEFFER, MD, Frances C	Lehigh
SCHAEFFER, MARTIN A	Student
SCHAEFFER, MD, William A	Lancaster
SCHAEFFER JR, MD, William E	Lebanon
SCHAFER, MD, Charles H	Philadelphia
SCHAFER JR, MD, Francis J	Allegheny
SCHAFFENBURG, MARK S	Student
SCHAFFER, MD, Burton	Philadelphia
SCHAFFER, MD, David B	Philadelphia
SCHAFFER, MD, David N	Dauphin
SCHAFFER, MD, David W	Philadelphia
SCHAFFER, MD, Joseph I	Philadelphia
SCHAFFER, MD, Scott J	York
SCHAFFER, MD, Ted C	Allegheny
SCHAFFNER, MD, Kenneth F	Allegheny
SCHAFFNER, MD, Meade D	Lancaster
SCHAINKER, MD, Bruce A	Philadelphia
SCHALL, MD, Roy F	Allegheny
SCHALLER, MD, James A	Montgomery
SCHALLER, VINCENT E	Student
SCHALLER JR, RICHARD J	Student
SCHAMP, MD, Richard O	Jefferson
SCHANER, MD, Paul J	Allegheny
SCHANTZ, DO, Beverly B	Lancaster
SCHANTZ, MD, John C	Lancaster
SCHAPIRO, MD, Rolf L	Allegheny
SCHARF, DO, Gerald	Montgomery
SCHARFF, MD, Nicholas	Philadelphia
SCHARLE, MD, W Timothy	Northampton
SCHARTEL, DO, Albert P	Berks
SCHATANOFF, MD, David	Blair
SCHATANOFF, MD, Joseph	Philadelphia
SCHATTNER, MD, Allen S	Allegheny
SCHATZ, MD, Norman J	Philadelphia
SCHAUB, MD, David H	Allegheny
SCHECTER, MD, Benjamin C	Monroe
SCHEER, MD, R Scott	Chester
SCHEERS, MD, George F	Luzerne
SCHEFF, MD, Alice M	Philadelphia
SCHEFKIND, MD, Mark J	Philadelphia
SCHEIB, MD, Frederick J	Washington
SCHEID JR, MD, John E	Westmoreland
SCHEIE, MD, Harold G	Philadelphia
SCHEIN, MD, Alan L	Dauphin
SCHEIN, MD, Robert A	Allegheny
SCHEIN II, MD, George	Allegheny
SCHEINER, MD, Robin B	Delaware
SCHEINFELDT, DO, Barton D	Philadelphia
SCHEINMAN, MD, Harold Z	Allegheny
SCHELL, MD, Gary F	Centre
SCHELL, MD, Stephen E	Erie
SCHELL JR, MD, Francis J	Wyoming
SCHENCK, MD, Paul H	Lehigh
SCHENFELD, MD, Louis A	Cambria
SCHENKEL, MD, Eric J	Northampton
SCHERER, MD, Bernard C	Westmoreland
SCHERER, DO, Jerome E	Allegheny
SCHERR, MD, Stuart A	Philadelphia
SCHEUER, MD, John W	Lackawanna
SCHEUERMAN, DO, Thomas J	Philadelphia
SCHEUERMANN, MD, Henry A	Delaware
SCHEUERMANN, MD, Richard E	Philadelphia
SCHIELE JR, MD, Herbert S	Philadelphia
SCHIETROMA, MD, Cindy J	Dauphin
SCHIETROMA, MD, John J	Dauphin
SCHIFF, MD, Melvin M	Allegheny
SCHIFFMAN, MD, Mara S	Bucks
SCHILLER, MD, Debbie E	Philadelphia
SCHILLER, MD, Harvey J	Cambria
SCHILLER, MD, Herbert M	Philadelphia
SCHILLER, MD, Ruth P	Bucks
SCHILLI, MD, Rudolph	Cambria
SCHILLING, MD, John F	Delaware
SCHIMMEL, MD, Martin	Philadelphia
SCHIMMEL, MD, Nelson H	Philadelphia
SCHIMMER, MD, Barry M	Philadelphia
SCHINDLER, MD, Alan M	Philadelphia
SCHINDLER, MD, Peter D	Chester
SCHINFELD, MD, Jay S	Montgomery
SCHINFELD, MD, Louis H	Montgomery
SCHIOWITZ, MD, Albert	Luzerne
SCHIRK, MD, Steven K	Montour
SCHIRO, MD, John C	Dauphin
SCHLABACH, MD, Donald M	Erie
SCHLACKMAN, MD, Neil	Bucks
SCHLAEPFER, LINDA L	Student
SCHLAFF, MD, Lillian T	Philadelphia
SCHLAFF, MD, Sheldon	Philadelphia
SCHLAGER, MD, Barbara A	Bucks
SCHLAGER, MD, Charles E	York
SCHLANSKY, MD, Ronald M	Cumberland
SCHLEGEL, DO, Karl J	Huntingdon
SCHLEICHER, MD, Stephen M	Philadelphia
SCHLEIFER, MD, Charles R	Philadelphia
SCHLEMAN, MD, Margo	Philadelphia
SCHLESINGER, MD, Robert B	Philadelphia
SCHLESINGER, MD, Sam	Luzerne
SCHLESS, MD, Arthur P	Chester
SCHLESSEL, MD, Richard B	Philadelphia
SCHLESSINGER, DAVID A	Allegheny
SCHLEZINGER, MD, Nathan S	Philadelphia
SCHLITZER, MD, William H	Schuylkill
SCHLOSSBERG, MD, David	Philadelphia
SCHLOSSBERG, MD, Michael A	Allegheny
SCHLOSSER, MD, David E	Lancaster
SCHMALTZ, MD, Harry W	Montour
SCHMELTZ, MD, Ralph	Allegheny
SCHMEYER, MD, Jon E	York
SCHMIDHOFER, MD, Mark	Allegheny
SCHMIDT, MD, Arnold P	Luzerne
SCHMIDT, MD, H William	Montgomery
SCHMIDT, MD, Robert J	Elk/Cameron
SCHMIDT, MD, Stephen L	Blair
SCHMIELER, MD, George C	Washington
SCHMIELER, MD, George P	Washington
SCHMITT, MD, Charles L	Allegheny
SCHMITT, MD, Herman L	Allegheny
SCHMITT, MARISA A	Allegheny
SCHMITT, SCOTT A	Allegheny
SCHMUKLER, DO, Anita G	Philadelphia
SCHMUTZLER III, MD, Robert C	Montgomery
SCHNALL, MD, Barry	Philadelphia
SCHNALL, SMD, Charles	Philadelphia
SCHNALL, MD, David J	Philadelphia
SCHNALL, MD, Nathan	Philadelphia
SCHNAPF, DO, Donald J	York
SCHNAUFER, MD, Louise	Philadelphia
SCHNECK, MD, Michael J	Philadelphia
SCHNEEBERG, MD, Arthur L	Philadelphia
SCHNEEBERG, MD, J Myron	Philadelphia
SCHNEEBERG, MD, Norman G	Philadelphia
SCHNEIDER, MD, Bernard	Philadelphia
SCHNEIDER, MD, Chester L	Montgomery
SCHNEIDER, MD, Jan	Philadelphia
SCHNEIDER, MD, Jill	Philadelphia
SCHNEIDER, MD, John A	Allegheny
SCHNEIDER, MD, Lawrence H	Philadelphia
SCHNEIDER, MD, Richard R	Allegheny
SCHNEIDER, MD, Robert E	Allegheny
SCHNEIDER, MD, Roberta L	Montgomery
SCHNEIDER, SUSAN	Student
SCHNEIDERMAN, MD, Marc J	Allegheny
SCHNEIMAN, MD, Maurice H	Philadelphia
SCHNURER, MD, Charles I	Allegheny
SCHOCK, MD, William W	Huntingdon
SCHOCKER, MD, Jack D	Blair
SCHOENFELD, MD, Clyde D	Allegheny
SCHOENLEBER, MD, Dana B	Montour
SCHOEPPNER, MD, Eric	Northampton
SCHOFFSTALL, MD, John M	Philadelphia
SCHOFIELD, JOYCE A	Student
SCHOFIELD, MD, R Alan	Montgomery
SCHOLL, MD, Harvey W	Montgomery
SCHOLL JR, MD, Harvey W	Bucks
SCHOLLAERT, MD, Richard A	Allegheny
SCHONAUER, MD, Thomas D	York
SCHOOLEY, MD, Frank B	Luzerne
SCHOONOVER, MD, Daniel K	Montour
SCHOPFER, MD, Ralph E	Lycoming
SCHORN, MD, Victor G	Franklin
SCHORR, MD, Neal A	Allegheny
SCHOWALTER, MD, Donald R	Westmoreland
SCHRADER, MICHAEL C	Allegheny
SCHRADER, MD, Patricia A	Northampton
SCHRADING, MD, Walter A	Montour
SCHRAGGER, MD, Alan H	Lehigh
SCHRAMM, MD, Frank E	Northampton
SCHRAN, MD, Albert G	Delaware
SCHRECK, MD, Fred M	Northmbrland
SCHRECK, MD, Roger I	Delaware
SCHRECKENGAUST, MD, Robert H	Lackawanna
SCHREIBER, MD, Richard	Dauphin
SCHREIBER, MD, Richard D	Lebanon
SCHREINER, MD, Glenwood R	Luzerne
SCHREINER, MD, Mark S	Philadelphia
SCHRENZEL, MD, Steven	Delaware
SCHROCK, MD, Jon H	Lancaster
SCHROCK, MD, Laura J	Cambria
SCHROECKENSTEIN, MD, Richard F	Crawford
SCHROEDER, MD, Maryellen A	Allegheny
SCHROEDER, MD, Richard D	Cambria
SCHROFF JR, RICHARD L	Student
SCHROGIE JR, MD, John J	Chester
SCHUBERT, MD, Hermann D	Philadelphia
SCHUBERT, MD, John J	Lancaster
SCHUCKER, MD, Forrest A	Dauphin
SCHUERCH, MD, Conrad	Montour
SCHUESSLER, MD, Paul W	Northampton
SCHULER, MD, Shelley S	Delaware
SCHULHOFF, MD, John W	Allegheny
SCHULLER, MD, Diane E	Montour
SCHULMAN, MD, Edward S	Philadelphia
SCHULMAN, MD, Norman	Luzerne
SCHULTHEIS, MD, Clyde J	Armstrong
SCHULTHEIS JR, MD, Carl F	Montgomery
SCHULTZ, MD, Adrienne J	Jefferson
SCHULTZ, MD, David M	Elk/Cameron
SCHULTZ, MD, Edward D	Blair
SCHULTZ, MD, Edward J	Blair
SCHULTZ, MD, Edward M	Allegheny
SCHULTZ, MD, Fred R	Allegheny
SCHULTZ, MD, Julius	Philadelphia
SCHULTZ, MD, Theodore A	Westmoreland
SCHULZ, MD, August J	Lancaster
SCHULZ, MD, Jacob A	Lancaster
SCHUMACHER, DO, Carol M	Allegheny
SCHUMACHER, MD, L Richard	Montgomery
SCHUMAN, MD, Robert A	Lackawanna
SCHUSTER, MD, Albert H	Philadelphia
SCHUSTER, MD, Allan H	Allegheny
SCHUSTER, MD, James L	Erie
SCHUSTER, MD, Stephen J	Philadelphia
SCHUTTE, MD, Sharon L	Philadelphia
SCHWAB, MD, Morton E	Philadelphia
SCHWAB, MD, Robert A	Montour
SCHWAB, MD, Robert H	Philadelphia
SCHWABE, MD, Karl G	Delaware
SCHWALB, MD, Allen J	Philadelphia
SCHWAMM, MD, Harry A	Montgomery
SCHWARCZ, MD, Harriet B	Montgomery
SCHWARTZ, MD, Alan J	Philadelphia
SCHWARTZ, MD, Alec R	Allegheny
SCHWARTZ, MD, Allan B	Philadelphia
SCHWARTZ, MD, Barry J	Philadelphia
SCHWARTZ, MD, Bradford B	York
SCHWARTZ, MD, Daniel N	Allegheny
SCHWARTZ, MD, Donald	Philadelphia
SCHWARTZ, MD, Donald S	Chester
SCHWARTZ, MD, Edward	Delaware
SCHWARTZ, MD, Emanuel E	Philadelphia
SCHWARTZ, GAIL F	Student
SCHWARTZ, DO, Gerson	Delaware
SCHWARTZ, MD, Gordon F	Philadelphia
SCHWARTZ, MD, Ira	Schuylkill
SCHWARTZ, MD, Irving R	Philadelphia
SCHWARTZ, MD, Jan A	Montour
SCHWARTZ, MD, Joel D	Allegheny
SCHWARTZ, MD, Joel L	Montgomery
SCHWARTZ, MD, Jonathan	Westmoreland
SCHWARTZ, MD, Laurence M	Philadelphia
SCHWARTZ, MD, Louis	Philadelphia
SCHWARTZ, MD, Louis W	Montgomery
SCHWARTZ, MD, Marc L	Philadelphia
SCHWARTZ, MD, Milton A	Bucks
SCHWARTZ, NINA S	Student
SCHWARTZ, MD, Peter A	Berks
SCHWARTZ, MD, Peter L	Bucks
SCHWARTZ, MD, Raymond	Philadelphia
SCHWARTZ, MD, Reuben B	Philadelphia
SCHWARTZ, MD, Robert M	Erie
SCHWARTZ, MD, Robert P	Philadelphia
SCHWARTZ, MD, Sheldon M	Lycoming
SCHWARTZ, MD, Stephen L	Philadelphia
SCHWARZ, MD, Gabriel A	Philadelphia
SCHWARZ, MD, Richard A	Bucks
SCHWARZSCHILD, MD, Walter	Philadelphia
SCHWEIKLE, MD, Mary R	Lycoming
SCHWEITZER, MD, Jane G	Philadelphia
SCHWEIZER, MD, Robert A	Delaware
SCHWEIZER, MD, Robert R	Berks
SCHWENDEMAN, MD, David L	Northampton
SCHWENTKER, MD, Edward P	Dauphin
SCHWERHA, MD, Joseph J	Allegheny
SCHWERIN, MD, William F	Allegheny
SCHWINDT, MD, Mary L	Allegheny
SCHWINGE, MD, Elaine A	Lehigh
SCHWITER, MD, E Joseph	Luzerne
SCIALLA, MD, Salvatore J	Lackawanna
SCIARA, MD, Christine	Chester
SCIBAL, MD, Gary J	Lancaster
SCIBETTA, MD, Mario P	Erie
SCIBILIA, MD, James P	Beaver
SCICCHITANO, MD, David C	Northmbrland
SCICCHITANO, MD, Leon P	Schuylkill
SCINICO, MD, Mark W	Luzerne
SCIOSCIA, MD, Eugene A	Allegheny
SCIOSCIA, MD, Paul J	Allegheny
SCIPIONE, MD, C Richard	Philadelphia
SCIULLI, MD, Robert L	Allegheny
SCOBLIONKO, MD, David P	Northampton
SCOGLIETTI, MD, Vincent C	Allegheny
SCOGNA, MD, Joseph E	Philadelphia
SCOLES, MD, Karen S	Philadelphia
SCOPELLITI, MD, Joseph A	Bradford
SCORNAVACCHI, MD, Joseph M	Berks
SCORNAVACCHI JR, MD, Joseph M	Berks
SCOTT, MD, Alvin J	Luzerne
SCOTT, MD, Angela P	Philadelphia
SCOTT, CRAIG H	Allegheny
SCOTT, MD, David G	Delaware
SCOTT, MD, Dorothy C	Allegheny
SCOTT, MD, Durelle T	Luzerne
SCOTT, MD, Earl S	Philadelphia
SCOTT, MD, Henry	Philadelphia
SCOTT, MD, Howard K	Butler
SCOTT, MD, J Clifford	Chester
SCOTT, MD, Jack A	Allegheny
SCOTT, MD, John H	Allegheny
SCOTT, MD, Kincy J	Indiana
SCOTT, DO, Mark E	Delaware
SCOTT, MD, Norman E	Allegheny
SCOTT, MD, Pamela P	Chester
SCOTT, DO, Robert C	Lancaster
SCOTT, MD, Steven A	Lehigh
SCOTT, THOMAS B	Student
SCOTT, MD, Thomas R	York
SCOTT, MD, William S	Montgomery
SCOTT JR, MD, S David	Montgomery
SCOTTI, MD, Daniel M	Philadelphia
SCOTTI, MD, Louis N	Allegheny
SCOVAZZO, MD, Mary L	Allegheny
SCOVERN, MD, Henry	Montgomery
SCROBOLA, MD, Charles C	Luzerne
SCULLIN III, MD, John P	Mercer
SCULLY, MD, Dennis M	Erie
SCULLY, MD, John P	Berks
SEARFOSS, MD, Roger C	Westmoreland
SEARS, MD, Alan J	Delaware
SEBASTIAN, MD, Eugene F	Dauphin
SEBASTIANELLI, MD, Mario J	Lackawanna
SEBOK, MD, Marianne	Philadelphia
SECHLER, MD, Edith W	Venango
SECKINGER, MD, Raymond P	Lehigh
SECUNDA, MD, Steven K	Delaware
SEDA, MD, Hector J	Berks
SEDACCA, MD, Paul J	Philadelphia
SEDLOVSKY, MD, Michael Z	Northmbrland
SEEBER, MD, John J	Cambria
SEECOF, MD, Richard M	Allegheny
SEEFELD, MD, William C	Allegheny
SEEGER, MD, Allen R	Delaware
SEELAUS, MD, Jere F	Montgomery
SEES, MD, Jack N	Dauphin
SEGAL, MD, Allan	Beaver
SEGAL, MD, Bernard L	Philadelphia
SEGAL, MD, Louis	Philadelphia
SEGAL, DO, Michael H	Philadelphia
SEGAL, MD, Ricardo	Allegheny
SEGARRA, MD, Sergio	Mercer
SEGEL, MD, David P	Allegheny
SEGRAVES, MARY E	Student
SEGU, MD, Subramanyam	Erie
SEHN, MD, Susan C	Montgomery
SEIAVITCH, MD, Samuel A	Allegheny
SEIDEL, MD, Eric C	Berks
SEIDEL, MD, Horace Y	Northampton
SEIDEL, MD, Terry W	York
SEIDENBERG, ANNE M	Student
SEIDL, MD, Daniel C	York
SEIDLICH, MD, Franklin T	Dauphin
SEIDNER, MD, Michael R	Montgomery
SEIFERT, MD, George L	Philadelphia
SEIFERT, MARY C	Student
SEIFERT, MD, Richard A	Delaware
SEIFERT, MD, Thomas E	Cambria
SEIFERTH, MD, Paul D	Erie
SEIFERTH, MD, William J	Erie
SEIGLE, MD, Walter E	Lackawanna
SEINIGE, MD, Ursula L	Philadelphia
SEIPLE, MD, Harvey H	Lancaster
SEITCHIK, MD, Murray W	Philadelphia
SEITMAN, MD, David T	Bucks
SEITZ, MD, Edward R	Allegheny
SEITZ, MD, Nevin H	York
SEKARAN, MD, Kamalesh K	Butler
SEKARAN, MD, Somasundaram K	Butler
SEKHAR, MD, Laligam N	Allegheny
SELARNICK, MD, Hope S	Delaware
SELBY, MD, Charles L	Montgomery
SELHAT, MD, George F	Philadelphia
SELICKMAN, MD, Mitchell A	Philadelphia
SELIG, MD, Michael B	Allegheny
SELIGER, MD, Gustav	Delaware
SELINGO, JAMIE A	Student
SELKER, MD, Robert G	Allegheny
SELKOVITS, MD, Sidney	Allegheny
SELL, MD, Harry W	Allegheny
SELLARO, DO, Salvatore R	Erie
SELLERS, MD, Alfred M	Philadelphia
SELLERS, MD, Robert W	Berks
SELLERS JR, MD, Thomas D	Montour
SELSMAN, MD, Joseph V	Montgomery
SELTZER, MD, Harry	Allegheny
SELTZER, MD, Joseph L	Philadelphia
SELTZER, MD, Maurice	Philadelphia
SELTZER, MD, William I	Allegheny
SELVAGGI, THOMAS A	Student
SELVARAJ, MD, Mylappan	Butler
SELVARAJ, MD, Vijayalakshmi	Butler
SEMBROT, MD, William B	Philadelphia
SEMINS, MD, Howard	Allegheny
SEMPLE, MD, Joseph M	Erie
SEN, MD, Chandra N	Allegheny
SENAN, MD, Pushpendra	Allegheny
SENDZIK, MD, Nestor I	Bucks
SENFT, MD, Karen E	Northampton
SENFT, MD, Stephen C	Northampton
SENIOW, MD, Raymond V	Lawrence
SENITA, MD, G Robert	Allegheny
SENJALIA, MD, Govind P	Erie
SENKO, DARLENE S	Allegheny
SENTER, MD, Howard J	Allegheny
SEO, MD, Jin S	Berks
SEPROSKY JR, MD, Joseph C	Luzerne
SERABJIT-SINGH, MD, Jag D	Somerset
SERAFY, MD, Michael M	Allegheny
SERBER, MD, William	Philadelphia
SERENE, MD, Harry E	Allegheny
SERFAS, MD, Lee S	Northampton
SERINE, MD, Enrico A	Lackawanna
SEROSKA, MD, Phillip J	Luzerne
SEROTA, MD, Fredric T	Montgomery
SERRANO, MD, Alberto Carlos	Philadelphia
SERRIAN JR, JOHN L	Student
SERVOSS, MD, Spencer J	Lycoming

SERWINT, MD, Michael S	Venango
SESKI, MD, Jan C	Allegheny
SETH, MD, Prabhat	Allegheny
SETH, MD, Rajendra N	Philadelphia
SETHI, MD, Surendra K	Butler
SETTY, MD, Polepalli S	Westmoreland
SEVICK, MD, Myron E	Centre
SEVIN, MD, Elizabeth G	Philadelphia
SEWAK, MD, Michael E	Cambria
SEWATSKY, MD, Mary F	Lackawanna
SEXAUER, MD, William P	Philadelphia
SEXTON JR, MD, George L	Berks
SEY, MD, Mark J	Philadelphia
SEYFRIED, DONALD M	Student
SEYLER, MD, Raymond Q	Delaware
SEYMOUR, MD, Parker M	Philadelphia
SGARLAT, MD, Joseph R	Luzerne
SGRO, MD, Antonio	Philadelphia
SHABER, MD, Gary S	Philadelphia
SHACKLEFORD, MD, Robert E	Montgomery
SHACKLETT, MD, Dorothy E	Philadelphia
SHADLE, MD, Chester A	York
SHAEFFER, MD, Joseph M	Bucks
SHAFER, MD, Edward A	Luzerne
SHAFFER, MD, Carolyn W	Dauphin
SHAFFER, MD, Donald Y	Beaver
SHAFFER, MD, Eugene M	Berks
SHAFFER, MD, George W	Bucks
SHAFFER, MD, Howard L	Lawrence
SHAFFER, MD, Irvin G	Berks
SHAFFER, MD, Lawrence A	Mercer
SHAFFER, MD, Lawrence J	Dauphin
SHAFFER, DO, Linda E	Lehigh
SHAFFER, MD, Lionel B	Montgomery
SHAFFER, MD, Walter L	Allegheny
SHAFIA, MD, Hass	Philadelphia
SHAFIQUE, MD, Mohammad	Lycoming
SHAH, MD, Ajit N	Allegheny
SHAH, MD, Anilkumar T	Luzerne
SHAH, MD, Evelyn M	Luzerne
SHAH, MD, Harnish V	Berks
SHAH, MD, Jitendra N	Philadelphia
SHAH, MD, Mahendra C	Philadelphia
SHAH, MD, Mahendra K	Susquehanna
SHAH, MD, Manjula S	Jefferson
SHAH, MD, Mehul N	Montgomery
SHAH, MD, Mubarik A	Bucks
SHAH, MD, Mukesh V	Allegheny
SHAH, MD, Narayan	Montour
SHAH, MD, Nareshkumar R	Luzerne
SHAH, MD, Nayan C	Lackawanna
SHAH, MD, Rahmat	Lackawanna
SHAH, MD, Ranjan R	Delaware
SHAH, MD, Ranjit R	Delaware
SHAH, MD, Ratan S	Westmoreland
SHAH, MD, Satish A	Dauphin
SHAH, MD, Shirish N	Allegheny
SHAH, MD, Shirish N	Jefferson
SHAH, MD, Syed G	Schuylkill
SHAH, MD, Vinod H	Allegheny
SHAHEEN, MD, Robert G	Blair
SHAIKH, MD, Aftab A	Lackawanna
SHAIKH, MD, M Nasir	Westmoreland
SHAMAI, MD, Haroun A	Lehigh
SHAMBAUGH, MD, Shawn C	Dauphin
SHAMBLIN, MD, Jerry D	Allegheny
SHAMIMI-NOORI, MD, Soroush	Dauphin
SHAMPAIN, MD, Mark P	Lehigh
SHANAHAN, MD, J Rush	Philadelphia
SHANAHAN, MD, Nancy R	Bucks
SHANER, MD, Catharine L	Lehigh
SHANK, MD, Irene A	Allegheny
SHANKAR, MD, V S	Philadelphia
SHANNON, MD, Robert E	Dauphin
SHAPERA, MD, Richard P	Allegheny
SHAPIRA, MD, Edith L	Allegheny
SHAPIRO, MD, Alvin P	Allegheny
SHAPIRO, MD, Andrew M	Dauphin
SHAPIRO, MD, Bernard	Philadelphia
SHAPIRO, DO, Bertram P	Philadelphia
SHAPIRO, MD, Charles J	Franklin
SHAPIRO, DO, Eric B	Delaware
SHAPIRO, MD, Harvey H	Franklin
SHAPIRO, MD, Jacob	Philadelphia
SHAPIRO, MD, John A	Berks
SHAPIRO, MD, Leonard H	Philadelphia
SHAPIRO, MD, Lester F	Allegheny
SHAPIRO, MD, Morry	Allegheny
SHAPIRO, MD, Richard P	Philadelphia
SHAPIRO, MD, Samuel S	Philadelphia
SHAPIRO, MD, Stuart G	Venango
SHAPIRO, MD, Stuart H	Philadelphia
SHARBAUGH, MD, Donald G	Cambria
SHARER, DO, Carl W	Montgomery
SHARIAT, MD, Iraj	Somerset
SHARIFF, MD, Haji M	Philadelphia
SHARIFI-AZAD, MD, Said	Philadelphia
SHARKEY, MD, Thomas G	Luzerne
SHARMA, MD, Amar J	Northampton
SHARMA, MD, Jashwant K	Westmoreland
SHARMA, MD, Kusum	Westmoreland
SHARMA, MD, Meera V	Lackawanna
SHARMA, MD, Om P	Northampton
SHARMA, MD, Raj K	Delaware
SHARMA, MD, Sukh D	Erie
SHARMA, MD, Usha	Allegheny
SHARMAN, MD, Michael H	Washington
SHARPLES, MD, Wynne	Philadelphia
SHARPLESS, MD, Edwin D	Delaware
SHARPS, MD, Frank	Philadelphia
SHARPS, MD, Lewis S	Chester
SHARRA, MD, William G	Allegheny
SHARRAR, MD, Robert G	Philadelphia
SHARRER, MD, Margaret C	Allegheny
SHASHIKUMAR, MD, V L	Philadelphia
SHATTEN, MD, Thomas A	Allegheny
SHATZ, MD, Eugene M	Potter
SHAUB, MD, Paul D	York
SHAUB JR, MD, Howard G	Blair
SHAUGHNESSY, MD, Michael J	Allegheny
SHAVER, MD, James A	Allegheny
SHAVER, MD, John C	Allegheny
SHAVER, MD, Timothy R	Allegheny
SHAVER, MD, Verne C	Allegheny
SHAW, DO, Donald D	Tioga
SHAW, MD, Gordon A	Lycoming
SHAW, MD, James A	Dauphin
SHAW, MD, Robert	Philadelphia
SHAWALUK, MD, Paul D	Philadelphia
SHAY, MD, Paul L	Allegheny
SHAY, MD, Robert J	Philadelphia
SHEA, MD, Francis J	Philadelphia
SHEAFFER, MD, Harold C	Delaware
SHEARBURN III, MD, Edwin W	Bucks
SHEARER, MD, David M	York
SHEARER, MD, Donald E	Lycoming
SHEARER, MD, James E	Allegheny
SHEARS, MD, Mark C	Berks
SHECTER, DO, Fredric M	Philadelphia
SHEDD, MD, Ann C	Allegheny
SHEDLOCK, DO, Anthony F	Clearfield
SHEDRO, MD, Hector	Westmoreland
SHEEHAN, MD, John H	Allegheny
SHEEHE, MD, Dennis M	Columbia
SHEELY, MD, Raymond F	Adams
SHEEP, MD, Robert E	Chester
SHEER, MD, George W	Lackawanna
SHEETS, MD, Everett O	Philadelphia
SHEETS, MD, James A	Lehigh
SHEFFER, MD, M Leonard	Berks
SHEFFO, GREGORY S	Allegheny
SHEIKH, MD, Najmi Ishaque	Philadelphia
SHELBY, MD, John H	Berks
SHELBY, MD, Joseph E	Fayette
SHELDON, MD, Douglas L	Lackawanna
SHELLEY, MD, Mark H	Mckean
SHELLEY, MD, William L	Cumberland
SHELLING, MD, Richard E	Bradford
SHELLY, MD, Robert M	Susquehanna
SHELLY, MD, W Dayton	Wyoming
SHELTON, MD, Barbara	Philadelphia
SHELTON, MD, Carl R	Philadelphia
SHELTON, MD, Joseph M	Washington
SHEMANSKI, MD, Clem J	Berks
SHENAI, MD, Pundalik G	Dauphin
SHENBERGER, MD, Keith N	Lycoming
SHENFIELD, MD, Henry T	Bradford
SHENKIN, MD, Henry A	Philadelphia
SHEPARD, MD, Kathleen A	Allegheny
SHEPTAK, MD, Peter E	Allegheny
SHER, MD Liane	Philadelphia
SHERBAN, MD, Paul R	Lancaster
SHERIDAN, DO, Joseph F	Cambria
SHERIF, KATHERINE D	Student
SHERMAN, MD, Alfred J	Dauphin
SHERMAN, MD, Anthony	Philadelphia
SHERMAN, MD, Cynthia A	Allegheny
SHERMAN, MD, Henry K	Westmoreland
SHERMAN, MD, Hugh I	Mifflin/Juni
SHERMAN, MD, M Jackson	Philadelphia
SHERMAN, MD, Randall L	Allegheny
SHERMAN, DO, Richard L	Butler
SHERMAN, MD, Robert H	Philadelphia
SHERMAN, MD, Samuel	Allegheny
SHERRY, MD, Michael M	Allegheny
SHERRY, MD, Sol	Philadelphia
SHERTZER, MD, John H	Lancaster
SHERWIN, MD, Edward A	Lackawanna
SHERWIN, MD, Gerald P	Lehigh
SHERWIN, MD, Roberta	Philadelphia
SHERWIN, MD, William K	Montgomery
SHERWOOD, MD, Arthur W	Wyoming
SHERWOOD, MD, John W	Luzerne
SHESTAK, MD, Kenneth C	Allegheny
SHETE, MD, Leena P	Westmoreland
SHETH, MD, Hemant N	Schuylkill
SHETTER, MD, Thomas G	Butler
SHETTY, MD, Ashok K	Westmoreland
SHETTY, MD, K Narayan	Beaver
SHETTY, MD, Karunakar S	Westmoreland
SHETTY, MD, Ratnakar S	Beaver
SHETZLEY, MD, Carl M	Bucks
SHEVCHIK, MD, Grant J	Westmoreland
SHIBUTANI, MD, Yasushi F	Philadelphia
SHIEH, MD, Kan C	Lehigh
SHIELDS, MD, Jerry A	Philadelphia
SHIELDS, MD, John J	Montgomery
SHIELDS, MD, Lee H	Dauphin
SHIELDS, MD, Mary S	Lehigh
SHIELDS, MD, Ralph L	Northampton
SHIELDS, MD, Thomas J	Montgomery
SHIELDS JR, MD, Richard A	Philadelphia
SHILALA, DO, Patrick F	Jefferson
SHIM, MD, Chungja C	Venango
SHIN, ALEXANDER Y	Student
SHIN, MD, Grace E	Montgomery
SHIN, MD, Hee Joon	Northampton
SHIN, MD, Maung T	Erie
SHINDEL, MD, James H	Blair
SHINDLER, MD, Robert L	Dauphin
SHINGALA, MD, Arun J	Lackawanna
SHINGLES, DO, David J	Lehigh
SHIPKOVITZ, MD, Harvey D	Allegheny
SHIPLEY, MD, Alan E	Erie
SHIPPEN, MD, Eugene R	Berks
SHIREY, MD, Elaine D	Philadelphia
SHIREY, MD, Pamela S	Venango
SHISHAK, MD, Aryo A	Wayne/Pike
SHISLER, MD, Frederick H	Montgomery
SHIVDE, MD, Pinakini	Erie
SHMOKLER, MD, Leon	Philadelphia
SHMOKLER, MD, Mitchell F	Delaware
SHNURMAN, DO, Benjamin Z	Mifflin/Juni
SHOAFF, MD, Paris A	Lawrence
SHOCHET, MD, Morris M	Dauphin
SHOCKMAN, MD, Joel	Philadelphia
SHOEMAKER, MD, David M	Bucks
SHOEMAKER, MD, Margrit M	Allegheny
SHOEMAKER, DO, Stephen N	Luzerne
SHOEMAKER JR, MD, Lester E	Bucks
SHOENER, MD, John A	Allegheny
SHOENTHAL, MD, William J	Bucks
SHOFF, MD, William H	Lebanon
SHOGRY, MD, Robert N	Allegheny
SHOLDER, MD, Arnold J	Allegheny
SHOLEHVAR, MD, Javad	Lehigh
SHOLEVAR, MD, Farhad	Lehigh
SHONBERG, MD, Barbara H	Bucks
SHONBERG, MD, Irving L	Allegheny
SHONNARD, MD, John W	Venango
SHOOK III, MD, Willis D	Allegheny
SHOOP, MD, Jon D	Montour
SHOPE, MD, Earl S	Cambria
SHOPE, MD, William B	Westmoreland
SHORE, DO, Eric E	Philadelphia
SHORE, MD, George R	Allegheny
SHORE, MD, Neal A	Philadelphia
SHORE, MD, Paul D	Delaware
SHORE, MD, Robert A	Montgomery
SHORE, MD, Roger J	Allegheny
SHORE, MD, Seymour M	Philadelphia
SHORE, MD, Sidney	Montgomery
SHORE, MD, Stephen R	Lehigh
SHORT, MD, Glenn M	Lehigh
SHOTKIN, MD, Alan M	Allegheny
SHOUP, MD, George D	Philadelphia
SHOURAIE, MD, Zarrin	Philadelphia
SHOVLIN, MD, J Michael	Lackawanna
SHOWAN, MD, Ann M	Bucks
SHRAGER, MD, Morton W	Philadelphia
SHROFF, MD, Farook K	Luzerne
SHU, MD, Chia S	Lycoming
SHUBERT, MD, Edward	Erie
SHUBIN, MD, Harry	Philadelphia
SHUE, MD, William M	York
SHUGAR, MD, Gary L	Berks
SHUGERT, MD, Guy S	Beaver
SHUGERT, MD, John H	Beaver
SHUKLA, MD, Rohitkumar S	Franklin
SHULKIN, MD, Mark W	Delaware
SHULL, MD, William H	Philadelphia
SHULMAN, MD, John F	Philadelphia
SHULTZ, MD, Barry S	Berks
SHULTZ, MD, Margarita M	Lancaster
SHULTZ, MD, Robert G	Lancaster
SHULTZ, MD, Thomas L	Bucks
SHUMAN, MD, Charles R	Philadelphia
SHUMAN, MD, John F	Berks
SHUMAN, MD, Marla L	Philadelphia
SHUMAN, MD, Nancy A	Berks
SHUPAK, MD, Robt C	Philadelphia
SHUSMAN, MD, Robert S	Delaware
SHUSTER, MD, Eugene	Philadelphia
SHUSTERMAN, DO, Larry	Delaware
SHUTTER, MD, Walter D	Westmoreland
SHUTTLEWORTH, MD, Lamont V	Allegheny
SHY, MD, Rosemary R	Philadelphia
SHYAMALAN, MD, Jayalakshmi	Philadelphia
SHYAMALAN, MD, Nelliate C	Philadelphia
SHYNN, MD, Tae I	Luzerne
SIA, MD, Jose K	Beaver
SIAR, MD, W John	Jefferson
SIBERSKI, MD, John R	Luzerne
SIBINGA, MD, Maarten S	Delaware
SIBLEY, MD, Robert E	Lackawanna
SIBOLBORO, MD, Isabelo Z	Indiana
SICHER, MD, Bruno P	Mckean
SICKEL, MD, Edward F	Dauphin
SICONOLFI, MD, Ernest P	Allegheny
SIDDIQI, MD, Tariq	Philadelphia
SIDHWA, MD, Dinshaw B	Berks
SIDOR, MD, Michael L	Philadelphia
SIDOROV, MD, Jaan E	Montour
SIEBER, MD, William K	Allegheny
SIEGAL, MD, Todd L	Delaware
SIEGEL, MD, Bernard	Philadelphia
SIEGEL, CHRISTOPHER T	Student
SIEGEL, MD, David M	Allegheny
SIEGEL, MD, Donald L	Delaware
SIEGEL, ERIC J	Student
SIEGEL, MD, Joel	Allegheny
SIEGEL, MD, Joseph F	Washington
SIEGEL, MD, Paul D	Philadelphia
SIEGEL, MD, Selma F	Allegheny
SIEGEL, MD, Seymour	Philadelphia
SIEGEL, MD, William	Bucks
SIEGEL-ZABACK, MD, Ayn D	Montgomery
SIEGELBAUM, MD, Steven P	Dauphin
SIEGER, MD, Charles E	Lehigh
SIEGER, MD, Joseph P	Montgomery
SIEGFRIED, MD, Jay W	Philadelphia
SIEGFRIED, MD, Myrtle M	Lehigh
SIEGLER, MD, Peter E	Philadelphia
SIEGRIST, MD, J Donald	Lancaster
SIEPER, DO, William J	Westmoreland
SIEPSER, MD, Steven B	Chester
SIESHOLTZ, MD, Thomas S	Bucks
SIEWERS, MD, Christiane	Allegheny
SIEWERS, MD, Ralph D	Allegheny
SIGAFOOS EXEC SEC, SALLY	Lancaster
SIGEL, MD, Bernard	Philadelphia
SIGLER, MD, Miles H	Philadelphia
SIGMUND, MD, William J	Lancaster
SIGNORELLA, MD, Louis	Washington
SIHA, MD, Victor L	Allegheny
SIKER, MD, Ephraim S	Allegheny
SILBER, DAVID H	Student
SILBER, MD, Steven A	Philadelphia
SILBERMAN, MD, David A	Bucks
SILBERMAN, MD, Harvey D	Philadelphia
SILBERMAN, MD, Ira	Philadelphia
SILBERMAN, MD, Leslie J	Allegheny
SILBERMAN, MD, Robert M	Northampton
SILBERSTEIN, MD, Marsha M	Philadelphia
SILBERSTEIN, MD, Stephen D	Philadelphia
SILBERT, MD, Richard R	Lackawanna
SILER, MD, Janet N	Philadelphia
SILIQUINI, MD, John J	Philadelphia
SILK, MD, Raymond E	Philadelphia
SILKO, MD, Gary J	Washington
SILLA, MD, Enrique B	Philadelphia
SILLARS, MD, Charles H	Montgomery
SILON, MD, Nathaniel	Lehigh
SILVAGGIO, MD, Vincent J	Allegheny
SILVER, MD, Barry A	Montgomery
SILVER, MD, Bernice S	Philadelphia
SILVER, MD, Bruce G	Delaware
SILVER, MD, Frank	Philadelphia
SILVER, MD, Harris S	Philadelphia
SILVER, MD, Israel O	Dauphin
SILVER, MD, Laurence M	Montgomery
SILVER, MD, Lawrence B	Dauphin
SILVER, DO, Marc R	Philadelphia
SILVER, MD, Richard C	Delaware
SILVER, MD, Saul J	Allegheny
SILVER, MD, Stephen C	Delaware
SILVERBERG, MD, Bruce J	Lehigh
SILVERBERG, MD, Daniel M	Lehigh
SILVERBERG, MD, Jay H	Allegheny
SILVERBERG, MD, Robert L	Berks
SILVERBLATT, MD, Bernard L	Allegheny
SILVERBLATT, MD, Marvin L	Allegheny
SILVERIO, MD, John	Chester
SILVERMAN, MD, Alan R	Allegheny
SILVERMAN, MD, Alexander	Allegheny
SILVERMAN, MD, Edward J	Berks
SILVERMAN, MD, Howard A	Lehigh
SILVERMAN, MD, Jerry D	Allegheny
SILVERMAN, MD, Joseph S	Blair
SILVERMAN, DO, Marvin J	Montgomery
SILVERMAN, MD, Mendel	Allegheny
SILVERMAN, MD, Morton I	Lehigh
SILVERMAN, MD, Morton L	Montgomery
SILVERMAN, MD, Robert B	York
SILVERMAN, MD, Stanley P	Montgomery
SILVERMAN, MD, William H	Northampton
SILVERMAN, MD, William S	Philadelphia
SILVERS, MD, Abigail A	Montgomery
SILVERS, MD, Arthur H	Delaware
SILVERSTEIN, MD, Alan J	Allegheny
SILVERSTEIN, MD, Charles E	Allegheny
SILVERSTEIN, MD, Daniel K	Luzerne
SILVERSTEIN, MD, David H	Cambria
SILVERSTEIN, MD, Judith L	Allegheny
SILVERSTEIN, MD, Leonard I	Philadelphia
SILVERSTEIN, MD, Scott M	Philadelphia
SILVERSTINE, MD, Leslie B	Mckean
SILVESTRI, MD, Archimede J	Philadelphia
SILVIS, MD, Harry J	Washington
SIM, MD, Hyun S	Armstrong
SIMAN, MD, Bernard	Philadelphia
SIMASEK, MD, Madeline	Allegheny
SIMENHOFF, MD, Michael L	Philadelphia
SIMENSON, MD, Robert A	Philadelphia
SIMERMAN, MD, Lee P	Philadelphia
SIMKINS, MD, Jo M	Allegheny
SIMMONDS, MD, Mary A	Dauphin
SIMMONDS, MD, Robert T	Allegheny
SIMMONS, MD, David	Chester
SIMMONS, MD, Rob D	Allegheny
SIMMS, MD, Aaron D	Allegheny
SIMMS, MD, George R	Dauphin
SIMMS, ROBT MARIS	Student
SIMON, MD, Edward M	Schuylkill
SIMON, MD, Marc A	Philadelphia
SIMON, MD, Mark A	Monroe
SIMON, MD, Nicolas V	York
SIMON, MD, William H	Philadelphia
SIMONE, MD, Frank J	Indiana
SIMONE, MD, Samuel T	Allegheny
SIMONIAN, MD, Simon J	Philadelphia
SIMONS, MD, Carl I	Bucks
SIMONS, MD, Howard M	Philadelphia
SIMONS, MD, Richard J	Dauphin
SIMONS, ROBERT M	Student
SIMONS, MD, William M	Monroe
SIMONSEN, MD, Ronald W	Warren
SIMORA, MD, Felix S	Erie
SIMPSON, MD, Joseph W	Philadelphia

SIMPSON, MD, Richard A	Beaver
SIMPSON, MD, Roy W	Lackawanna
SIMPSON, MD, Zachary A	Bucks
SINAIKO, MD, Peter A	Bucks
SINCAVAGE, MD, Joseph T	Lackawanna
SINCHIOCO, MD, Ceferino S	Allegheny
SINCLAIR, MD, Catherine P	Washington
SINCLAIR, MD, Michael C	Lehigh
SINCLAIR, MD, Sydney E	Lycoming
SINGER, MD, Barry L	Montgomery
SINGER, MD, Daniel Ira	Philadelphia
SINGER, MD, Edward S	Philadelphia
SINGER, 619, Irvin	Philadelphia
SINGER, JEFFREY L	Allegheny
SINGER, MD, Jerome	Delaware
SINGER, MD, Joseph D	Montgomery
SINGER, PAUL S	Student
SINGER, MD, William H	Lehigh
SINGER-GRANICK, MD, Carol J	Philadelphia
SINGH, MD, Ajay P	Somerset
SINGH, MD, Amarjeet R	Beaver
SINGH, AMITABH	Student
SINGH, MD, Arvind K	Lackawanna
SINGH, MD, Bijai B	Indiana
SINGH, MD, Daljit	Allegheny
SINGH, MD, Datar	Allegheny
SINGH, MD, Dilbagh	Mckean
SINGH, MD, Gurcharan	Philadelphia
SINGH, MD, Gurdial N	Northmbrland
SINGH, MD, Gursharan	Schuylkill
SINGH, MD, Malkit	Fayette
SINGH, MD, Navjeet	Philadelphia
SINGH, MD, Rajendra	Schuylkill
SINGH, MD, Ravi S	Erie
SINGH, MD, Rupinder D	Allegheny
SINGH, MD, Surender	Lancaster
SINGH, TEJINDER P	Allegheny
SINGHAL, MD, Anupam K	Allegheny
SINGLA, MD, Satish C	Schuylkill
SINGLEY, MD, Thomas L	Fayette
SINHA, MD, Chandrika P	Indiana
SINOR, MD, Bakhti	Allegheny
SIPES, MD, Earl K	Lehigh
SIRIO, MD, Carl A	Dauphin
SIROTNAK, MD, John J	Lackawanna
SISITSKY, MD, Michael H	Allegheny
SITARIK, JOHN J	Allegheny
SITKOFF, DO, Andrew D	Philadelphia
SIU, MD, Clare C	Wayne/Pike
SIVAK, CHRISTOPHER G	Student
SIVAK, MD, Stanley J	Warren
SIVENDRAN, MD, Tharmalingam	Adams
SIVITZ, MD, Marta E	Philadelphia
SIVITZ, MD, Michael C	Montgomery
SIVULICH, MD, Michael J	Cambria
SKALINA, MD, Stefan M	Delaware
SKAROTE, MD, Samuel J	Allegheny
SKARUPA, MD, Steven J	Philadelphia
SKEIST, MD, Barry P	Bradford
SKERRETT, MD, Philip V	Philadelphia
SKETTINO, MD, Joseph A	Lackawanna
SKEZAS, MD, Jacob W	Bradford
SKEZAS, MD, Marion	Allegheny
SKIENDZIELEWSKI, MD, John J	Montour
SKINNER, MD, Douglas V	Allegheny
SKINNER III, MD, Robert W	Lancaster
SKIPTUNAS III, DO, Anthony J	York
SKLAROFF, MD, David M	Philadelphia
SKLAROFF, MD, Robert B	Philadelphia
SKOBIERANDA, FRANCK G	Student
SKOLNICK, MD, Eric T	Philadelphia
SKOLNICK, MD, Kenneth B	Allegheny
SKOLNIK, MD, Neil S	Philadelphia
SKONIECZKI III, STAN R	Student
SKORINKO, MD, Kenneth P	Northampton
SKOVIRA, MD, Edward M	Lackawanna
SKOVRON, MD, Michael	Erie
SKOWRONSKI, MD, Theodore J	Montgomery
SKRENTA, MD, Richard J	Allegheny
SKRENTNY, MD, Thomas T	Blair
SKROMAK, MD, Stanley J	Philadelphia
SKRYPZAK, MARY E	Student
SKUBICK, MD, Daniel L	Montgomery
SKUTCHES, MD, Joseph M	Northampton
SKVERSKY, MD, Norman J	Philadelphia
SKWEIR, MD, Leon A	Lehigh
SKWIRUT, MD, Frank A	Delaware
SLABIC, MD, Peter P	Erie
SLABIC, MD, Stan F	Erie
SLADEN, MD, Arnold	Allegheny
SLADKIN, MD, Kenneth R	Bucks
SLAGEL, MD, Scott A	Lackawanna
SLAGLE, MD, Edward H	Allegheny
SLAMOVITS, MD, Thomas L	Allegheny
SLAP, MD, Joseph W	Philadelphia
SLATER, MD, Harvey	Allegheny
SLATER, MD, Kenneth C	Carbon
SLATER, MD, Lindsey M	Philadelphia
SLATER, MD, Robert	Delaware
SLATON, MD, Stephen S	Schuylkill
SLAVIN, MD, James W	Philadelphia
SLAVKIN, MD, Marvin D	Allegheny
SLAWEK III, JOSEPH E	Student
SLAYTON, MD, Robert I	Allegheny
SLEASE, MD, Cyrus B	Armstrong
SLEDZ, MD, Ann Marie	Northampton
SLEMENDA, MD, William D	Beaver
SLENKER, MD, Kevin F	Lancaster
SLEZAK, MD, Joseph A	Westmoreland
SLICK, MD, Gregory	Bedford
SLIMAK, MD, Randall E	Philadelphia
SLIMMER JR, MD, Samuel C	Schuylkill
SLIWINSKI, MD, Stanley J	Bucks
SLIZOFSKI, MD, Walter J	Philadelphia
SLOAN, MD, Charles R	Fayette
SLOAN, MD, Dean A	Montgomery
SLOANE, MD, Charles E	Westmoreland
SLOANE, MD, Norman G	Philadelphia
SLOANE, MD, Paul	Philadelphia
SLOCUM, MD, Harold E	Montour
SLOTNICK, MD, Victor B	Philadelphia
SLOVAK, MD, James P	Lackawanna
SLOVAK, MD, John P	Lancaster
SLUHOCKI, DO, Mark	Luzerne
SMAHA, MD, Lynn A	Bradford
SMALL, MD, Richard E	York
SMALLOW, STEVAN A	Student
SMALLS, RHONDA J	Student
SMART, MD, Lawson C	Crawford
SMEAL, MD, William E	Cambria
SMELTZER, MD, Kenneth L	Dauphin
SMIGOCKI JR, MD, Gene C	Lancaster
SMILEY, MD, Joseph W	Delaware
SMINK JR, MD, Robert D	Delaware
SMITH, MD, A Mitchell	Philadelphia
SMITH, MD, Alvin H	Philadelphia
SMITH, MD, Arthur E	Philadelphia
SMITH, MD, Arthur K	Philadelphia
SMITH, MD, Barton L	Berks
SMITH, BRUCE D	Student
SMITH, MD, Buster D	Philadelphia
SMITH, MD, Cathy S	Delaware
SMITH, MD, Charlene M	Bucks
SMITH, CHARLES E	Allegheny
SMITH, MD, Charles F	Lehigh
SMITH, MD, David A	Bucks
SMITH, MD, David A	Dauphin
SMITH, MD, David L	Philadelphia
SMITH, DAVID R	Student
SMITH, MD, Dean A	Luzerne
SMITH, MD, Dennis R	Union
SMITH, MD, Donald C	Luzerne
SMITH, MD, Donald H	Northampton
SMITH, MD, Earl B	Allegheny
SMITH, MD, Edgar C	Delaware
SMITH, MD, Edward G	Mercer
SMITH, MD, Ellen G	Dauphin
SMITH, MD, Eugene C	Lancaster
SMITH, MD, Gary L	Allegheny
SMITH, MD, Gary M	Luzerne
SMITH, MD, Glenn O	Allegheny
SMITH, MD, Henry F	Luzerne
SMITH, MD, Hobert L	Berks
SMITH, MD, Ian D	Lancaster
SMITH, MD, Ivan S	Montgomery
SMITH, MD, Jack D	Westmoreland
SMITH, DO, James A	Allegheny
SMITH, MD, James M	Cumberland
SMITH, MD, James W	York
SMITH, DO, Jeffrey S	Greene
SMITH, MD, Jere P	Lehigh
SMITH, MD, John M	York
SMITH, MD, John W	Allegheny
SMITH, MD, Joseph L	Montour
SMITH, MD, Kaighn	Philadelphia
SMITH, MD, Karen M	York
SMITH, MD, Keith B	Mercer
SMITH, MD, Larry	York
SMITH, MD, Laurance D	Montgomery
SMITH, DO, Leonard	Bucks
SMITH, MD, Maria B	Delaware
SMITH, MD, Mary F	Allegheny
SMITH, MD, Mary L	Montgomery
SMITH, DO, Michael D	Bucks
SMITH, MD, Monica E	Philadelphia
SMITH, MD, Paul H	Dauphin
SMITH, MD, Ralph W	Philadelphia
SMITH, MD, Raymond L	Berks
SMITH, MD, Raymond M	Lehigh
SMITH, MD, Richard H	Chester
SMITH, MD, Richard M	Clearfield
SMITH, MD, Robert A	Delaware
SMITH, MD, Robert G	Warren
SMITH, MD, Robert W	Montgomery
SMITH, MD, Roger M	Montgomery
SMITH, MD, Ronald D	Philadelphia
SMITH, MD, Ronald E	Berks
SMITH, MD, Russell C	Chester
SMITH, MD, Sandra J	Montour
SMITH, MD, Stafford M	Luzerne
SMITH, MD, Stephen H	Bucks
SMITH, MD, Thomas C	Montour
SMITH, MD, Thomas W	Jefferson
SMITH, MD, Victoria T	Blair
SMITH, MD, Walter E	Allegheny
SMITH, MD, Walter K	Westmoreland
SMITH, MD, Warren S	Allegheny
SMITH, MD, William D	Delaware
SMITH, MD, William P	Cambria
SMITH, MD, William T	Allegheny
SMITH IV, CHRISTOPHER A	Student
SMITH JR, MD, B Davison	Delaware
SMITH JR, MD, Benjamin V	Allegheny
SMITH JR, MD, Chester L	Monroe
SMITH JR, MD, Daniel E	Allegheny
SMITH JR, MD, Edgar C	Philadelphia
SMITH JR, MD, George S	Lehigh
SMITH JR, MD, H Alex	Luzerne
SMITH JR, MD, Harold A	Lancaster
SMITH JR, MD, J Stanley	Dauphin
SMITH JR, MD, James W	Beaver
SMITH JR, JOHN F	Allegheny
SMITH JR, MD, Morgan T	Montgomery
SMITH JR, MD, Perry C	Washington
SMITH JR, MD, Ross H	Allegheny
SMOCK, MD, Richard A	Delaware
SMOGER, MD, Barry R	Montgomery
SMOKER, CYNTHIA B	Student
SMOLAR, BEN R	Allegheny
SMOLKO, MD, James M	Dauphin
SMOLKO, MD, James R	York
SMOLKO, MD, Milan J	Lackawanna
SMOYER, MD, Ronald L	Cambria
SMUKLER, MD, Nathan M	Philadelphia
SMULLENS, MD, Stanton N	Philadelphia
SMYTH, MD, Lawrence T	Northampton
SMYTH, MD, William T	Erie
SMYTHE, MD, Peggy A	Allegheny
SNEAD, MD, Kenneth	Warren
SNEDDEN, MD, Hal E	Montgomery
SNEFF, MD, Eugene M	Blair
SNELL JR, EDWARD D	Student
SNIDER, MD, B Leonard	Erie
SNITZER, MD, Arnold J	Allegheny
SNODGRASS JR, MD, W Homer	Allegheny
SNOVER, MD, Seth W	Montour
SNOW, MD, Laurence H	Philadelphia
SNOW, MD, Ross A	Erie
SNOW JR, MD, James B	Philadelphia
SNYDER, MD, Allen P	Allegheny
SNYDER, MD, Barry J	Clarion
SNYDER, MD, Barry J	Bucks
SNYDER, MD, Diehl M	Lebanon
SNYDER, MD, Earl J	Lebanon
SNYDER, MD, Harry D	Montgomery
SNYDER, MD, Henry R	York
SNYDER, MD, Herbert D	Lancaster
SNYDER, MD, James V	Allegheny
SNYDER, MD, John J	Dauphin
SNYDER, MD, John M	Northampton
SNYDER, MD, Kerman	Philadelphia
SNYDER, MD, Marsha W	Chester
SNYDER, MD, Marvin C	Carbon
SNYDER, MD, Randall W	Lackawanna
SNYDER, MD, Richard C	Allegheny
SNYDER, DO, Richard K	Lehigh
SNYDER, MD, Richard L	Lancaster
SNYDER, MD, Richard W	Montgomery
SNYDER, MD, Robert L	Northampton
SNYDER, MD, Stanley	Lehigh
SNYDER, MD, Stuart	Philadelphia
SNYDER III, MD, Howard Mcc	Philadelphia
SNYDER JR, MD, Charles F	Northampton
SNYDER JR, MD, Charles P	Westmoreland
SNYDERMAN, MD, Carl H	Allegheny
SNYDERMAN, MD, Ruben	Allegheny
SNYDMAN, MD, Leonard	Philadelphia
SOBELMAN, MD, Paul B	Lancaster
SOBER, MD, Diane M	Allegheny
SOBIESKI, MD, Joseph T	Cambria
SOBOL, MD, Bernard H	Allegheny
SOCRATES, MD, Jess U	York
SODEMAN, MD, William A	Philadelphia
SODUMS, MD, Marcis T	Bradford
SOFFE, MD, Alvin M	Philadelphia
SOFFER, MD, Marvin	Philadelphia
SOFFIETTI, MD, John H	Butler
SOFFLER, MD, Robert J	Montgomery
SOFFRONOFF, MD, Pierce	Allegheny
SOHN, MD, William J	Montgomery
SOIFER, DO, Neal E	Lackawanna
SOIFERMAN, DO, Milton D	Philadelphia
SOISSON JR, MD, Ferdinand L	Cambria
SOKALCHUK, MD, Andrew	Philadelphia
SOKIL, MD, Alexis Bohdan	Philadelphia
SOKOL, MD, Joel H	Delaware
SOLAN, MD, James A	Westmoreland
SOLAN, MD, Merrill J	Delaware
SOLANO JR, MD, Francis X	Allegheny
SOLBERG, MD, Byrne L	Delaware
SOLI, MD, Soleiman M	Philadelphia
SOLIC, MD, John J	Centre
SOLIMAN, MD, Ezzat M	Wyoming
SOLIS, MD, J Andrew	Philadelphia
SOLISH, MD, Lawrence	Philadelphia
SOLIT, MD, Robert W	Philadelphia
SOLL, MD, David B	Philadelphia
SOLLENBERGER, MD, Larry L	Dauphin
SOLLENBERGER, LAURA B	Student
SOLLER, MD, Herbert I	Dauphin
SOLNICK, MD, Paul B	Philadelphia
SOLOFF, MD, Cynthia H	Allegheny
SOLOFF, MD, Paul H	Allegheny
SOLOMITO, ALBERT L	Student
SOLOMON, MD, Cynthia A	Luzerne
SOLOMON, DO, Dennis R	Philadelphia
SOLOMON, MD, Elias M	Lancaster
SOLOMON, ELIZABETH W	Student
SOLOMON, MD, Jason H	Philadelphia
SOLOMON, MD, Macy B	Chester
SOLOMON, MD, Mark P	Philadelphia
SOLOMON, MD, Neil J	Allegheny
SOLOMON, ROBERT E	Student
SOLOMON, MD, Samuel J	York
SOLOMON, MD, Solomon D	Adams
SOLOSKO, MD, David	Allegheny
SOLOT, DO, Jerald A	Allegheny
SOLOW, MD, Edward A	Philadelphia
SOLOW, MD, Irwin A	Allegheny
SOLTER, MD, Alan W	Allegheny
SOLWAY, MD, Sydney A	Westmoreland
SOMA, MD, Joseph J	Lackawanna
SOMANI, MD, Jagdish P	Allegheny
SOMANI, MD, Nirmala	Allegheny
SOMASUNDARAM, MD, Anasuya	Northampton
SOMERS, MD, Herbert J	Philadelphia
SOMERS, MD, Laurence A	Philadelphia
SOMERS, MD, Robert G	Philadelphia
SOMERS, MD, William R	Lycoming
SOMMA, MD, Richard M	Luzerne
SOMMARIPA, MD, Amory M	Bucks
SOMMER, MD, Deborah L	Allegheny
SOMMER, MD, John T	Delaware
SOMMER, MD, Steven E	Philadelphia
SOMMER, MD, Vicki M	Blair
SOMMERFELD, MD, James P	Lawrence
SOMMERVILLE, MD, Kenneth W	Lebanon
SON, MD, Daniel L	Luzerne
SON, MD, Kenneth A	Luzerne
SONBOLIAN, MD, Nasser	Allegheny
SONDER, MD, Max J	Philadelphia
SONDHEIMER, MD, Steven J	Philadelphia
SONG, MD, Michaela C	Philadelphia
SONG, MD, Sang W	Bucks
SONG, MD, Steven S	Montgomery
SONG, MD, Young J	Westmoreland
SONG, MD, Yung-Doo	Philadelphia
SONGSANAND, MD, Prachark	Allegheny
SONNE, MD, John C	Philadelphia
SONNEBORN, MD, Duane G	Philadelphia
SONSINI, MD, Gregg A	Philadelphia
SONTHEIMER, MD, Gary G	Fayette
SOPCHAK, MD, Michael A	York
SOPHER, MD, Roger L	Philadelphia
SOPPAS, MD, Despina	Delaware
SORARUF IV, MD, Louis P	Chester
SORBER, MD, Jon A	Wyoming
SORBER, MD, William A	Lycoming
SORCE, MD, Richard C	Allegheny
SORENSEN, MD, Alfred L	Washington
SORG, MD, Maurus L	Elk/Cameron
SORIANO, MD, Claver S	Allegheny
SORIANO, MD, Manuel G	Elk/Cameron
SORICELLI, MD, Rhonda L	Philadelphia
SORICELLI, MD, Richard R	Delaware
SOROKANICH, MD, Stephen	Lackawanna
SORR, MD, Edward M	Allegheny
SOSIS, MD, Arthur C	Lehigh
SOSS, DO, Murray C	Philadelphia
SOTO, MD, Angela M	Dauphin
SOTOMAYOR, MD, Antonio E	Berks
SOTOMAYOR, MD, Matilde R	Berks
SOTOODEHFAR, MD, Rahim	Allegheny
SOTOS, MD, L Nicholas	Armstrong
SOTOS, MD, Peter N	Armstrong
SOTOS, MD, Steven N	Allegheny
SOTUS, MD, Peter C	Mercer
SOUCY, MD, Denise M	Lancaster
SOUDER, MD, C Lawrence	Lehigh
SOUDER, MD, Francis R	Bucks
SOUDER, MD, Ronald L	Bucks
SOUDERS, MD, Thomas B	Berks
SOUILLIARD, MD, Donald H	Bucks
SOUNDARARAJAN, MD, Ranganatha	Lycoming
SOUSER, MD, Roslyn C	Montgomery
SOUTHWORTH, MD, Patricia A	Berks
SOVETSKY, DO, Charles L	Delaware
SOWERS, MD, John W	Franklin
SPADONI, MD, Joseph L	Northampton
SPADY, MD, Michael L	Philadelphia
SPAETH, MD, George L	Philadelphia
SPAGNA, MD, Paschal M	Philadelphia
SPAGNOLETTI, MD, Louis	Philadelphia
SPAGNOLI, MD, Bernita M	Philadelphia
SPAHR, MD, Robert C	Montour
SPALDING, JENNIFER A	Student
SPANARD, MD, Russell A	Allegheny
SPANGLER, MD, John G	Montour
SPANGLER, DO, Martin L	Berks
SPANGLER, MD, Robin M	Montour
SPANIER, MD, Gail J	Beaver
SPANNUTH, MD, John R	Berks
SPANOGIANS, MD, Angelo J	Washington
SPEACE, MD, George F	Luzerne
SPEAR, MD, Barbara A	Bucks
SPEARS, MD, Laura S	York
SPEARS, MD, Paul F	York
SPECTER, MD, Janet S	Philadelphia
SPECTOR, MD, Gus	Chester
SPECTOR, DO, Howard L	Luzerne
SPECTOR, MD, Martin	Philadelphia
SPEEDY, MD, Harry W	Westmoreland
SPEER, MD, Andrew B	Allegheny
SPEERS, MD, Herbert K	Bucks
SPELLER, MD, J Finton	Philadelphia
SPENCE, DO, Michael W	Monroe
SPENCER, MD, Donald Lynn	Chester
SPENCER, MD, H Newton	Delaware
SPERLING, MD, Herbert V	Allegheny
SPIEGEL, MD, Daniel	Allegheny
SPIEGEL, MD, Edward P	Bucks
SPIEGEL, MD, Joseph R	Philadelphia
SPIELBERGER, MD, Karen M	Montgomery

SPIELMAN, MD, Scott R	Philadelphia
SPILLMAN, MD, Murray K	Lancaster
SPILSBURY, MD, Paul R	Montour
SPINA, MD, Carmen M	Butler
SPINA, MD, Nancy R	Butler
SPINA JR, MD, Joseph	Delaware
SPINGARN, DO, David H	Philadelphia
SPINGOLA, MD, Charles E	Butler
SPINNER, MD, Morton H	Monroe
SPINNEY, MD, Carmen E	Lycoming
SPINO, MD, Pascal D	Westmoreland
SPINUZZA, DO, Philip J	Lancaster
SPINUZZA, MD, Thomas J	Fayette
SPIRIG, MD, Andrea M	Philadelphia
SPIRO, MD, Paul D	Bucks
SPITLER III, MD, William M	Lancaster
SPITZ, MD, Eugene B	Philadelphia
SPITZ, MD, Lawrence K	Philadelphia
SPITZER, MD, Andrew I	Philadelphia
SPITZER, MD, Stanley	Philadelphia
SPIVACK, MD, Jack	Bucks
SPLAIN, DO, Dennis J	Lehigh
SPOCK, MD, Nicholas	Northmbrland
SPOEHR, MD, Luther W	Allegheny
SPOLL, DO, Edward A	Northampton
SPONSLER, TODD A	Student
SPOTTS, MD, Ricke L	Lebanon
SPRANDIO, MD, John D	Philadelphia
SPRATT, MD, Charles E	Montgomery
SPRATT, MD, Robert H	Montgomery
SPRECHER JR, MD, Omer D	Franklin
SPRINGER, MD, Jay M	Montgomery
SPRINGER, SARAH HAMILTON	Allegheny
SPRINGER III, MD, Robert M	Lancaster
SPRITZER, MD, Susan M	Allegheny
SPROWLS, MD, Jay R	Washington
SQUADRITO, MD, James F	Delaware
SQUADRITO JR, MD, James F	Montgomery
SQUIRES, FREDRIC B	Student
SQUIRES, MD, Kathleen E	Philadelphia
SRAY, WILLIAM A	Student
SRIDHARA, MD, C R	Philadelphia
SRIHARSHA, MD, Patalam S	Columbia
SRINIVASAGAM, MD, Narasimman	Allegheny
SRINIVASAN, MD, Venkatraman	Lycoming
SRITULANONDHA, MD, Nowaratana	Lancaster
SRIVASTAVA, MD, Sheonath P	Cambria
SRIVASTAVA, MD, Sushama	Philadelphia
SRODES, MD, Charles H	Allegheny
SROUJI, MD, Maurice N	Philadelphia
SROUJI, MD, Samir J	Dauphin
SROUR, MD, James W	York
ST ANDRE, MD, Mary L	Allegheny
STAAB, JEFFREY P	Allegheny
STAAS JR, MD, William E	Philadelphia
STABILE, MD, Jerome G	Northampton
STABLER, MD, Craig L	Lycoming
STACHER, MD, Eric D	Greene
STACHURA, MD, Irene	Allegheny
STACK, MD, William T	Philadelphia
STACKHOUSE, MD, Duane E	Northampton
STACKOWSKI, MD, Maryjane	Union
STACKS JR, MD, Jacob C	Dauphin
STADER, MD, Richard O	Franklin
STADTMILLER, MD, Richard J	Cambria
STAEBLER, MD, Robin J	Berks
STAFFARONI, MD, Mark A	Lehigh
STAFFEN, ROBERT N	Student
STAFFORD, MD, Calvin R	Delaware
STAFFORD, MD, Regis W	Allegheny
STAHL, MD, Robert W	Dauphin
STAHL, MD, Russell F	Philadelphia
STAHLE, MD, Dale C	Dauphin
STAHLMAN, MD, Frederick B	Clarion
STAHLMAN, MD, Roy A	Lancaster
STAHLNECKER, MD, C Stephen	Delaware
STAINBACK, MD, William C	Montgomery
STALEY, MD, Robert W	Allegheny
STALTER, MD, Ralph J	Allegheny
STALTERI, DO, Michael F	Dauphin
STAMAN, MD, Harry	Allegheny
STAMATAKOS, MD, Michael J	Lehigh
STAMM, MD, Barry D	Erie
STANCOMBE, MD, Wesley R	Northampton
STANDLER, NANCY A	Allegheny
STANEK, MD, Marjorie A	Philadelphia
STANEK, MD, Robert	Philadelphia
STANGER, MD, Robert H	Allegheny
STANISH, MD, Frank X	Allegheny
STANITSKI, MD, Carl L	Allegheny
STANK, MD, Thomas M	Philadelphia
STANKIEWICZ, MD, Russell J	Union
STANKO, MD, Kenneth M	Allegheny
STANKOSKI, MD, John A	Luzerne
STANKOVIC, MD, Ljubisa	Dauphin
STANTON JR, MD, James N	Allegheny
STANTON JR, MD, John J	Philadelphia
STANULONIS, MD, Stanley W	Schuylkill
STAPLES, MD, Herman D	Delaware
STAPP, MD, Harriet L	Montgomery
STARCHER, DO, Sam G	Fayette
STARER, MD, Larrimore J	Delaware
STARK, MD, Bruce I	Philadelphia
STARKEY, MD, Ralph H	Montour
STARKWEATHER, MD, George A	Delaware
STAROS, MD, Eric B	Philadelphia
STAROSCIK, MD, Rudolf N	Philadelphia
STARRELS, MD, Michael E	Bucks
STARRELS, MD, Sidney H	Philadelphia
STARSNIC, MD, Mary A	Philadelphia
STARUNKO, MD, Basilio	Philadelphia
STARZ, MD, Terence W	Allegheny
STARZL, MD, Thomas E	Allegheny
STASCHAK, MD, Michael C	Allegheny
STASIK JR, MD, John J	Lehigh
STAUB, MD, Alice W	Philadelphia
STAUB, MD, Jonathan S	Lancaster
STAUB, PERPETUA A	Student
STAUB JR, MD, Carl A	Delaware
STAUFFER, MD, Harold E	Lancaster
STAUFFER, MD, Richard A	Northampton
STAUFFER, MD, Stanley S	Northampton
STAVISH, MD, Philip C	Berks
STAVRIDES, MD, Alexander	Allegheny
STEC, MD, Eugene G	Lackawanna
STECHSCHULTE JR, MD, Donald W	Allegheny
STECKEL, MD, Alan J	Allegheny
STECKEL, MD, Donald C	Union
STEEGER, MD, Joseph R	Philadelphia
STEEL, MD, Howard H	Philadelphia
STEELE, MD, John E	Carbon
STEELE, MD, John F	Mercer
STEELE, DO, Kirth W	Northampton
STEELE, MD, Logan H	Allegheny
STEELE, MD, R Edward	Cumberland
STEEN, MD, Oliver T	Allegheny
STEERMAN, MD, Paul H	Philadelphia
STEFANELLI, MD, James L	Philadelphia
STEFANIK, MD, David	Cambria
STEFANYSZYN, MD, Mary A	Philadelphia
STEFFENS, MD, Arnold O	Montgomery
STEGURA, MD, Barney A	Luzerne
STEHMAN, DO, Glenn R	Luzerne
STEIGERWALT, MD, John L	Montgomery
STEIKER, MD, Daniel D	Philadelphia
STEIN, MD, Alan H	Cambria
STEIN, MD, Arthur V	Lehigh
STEIN, BRADLEY D	Allegheny
STEIN, DAGMAR	Student
STEIN, MD, Eleanor R	Dauphin
STEIN, MD, Franklin M	Philadelphia
STEIN, MD, George N	Philadelphia
STEIN, MD, Herbert	Philadelphia
STEIN, HOWARD M	Dauphin
STEIN, MD, Hymen D	Philadelphia
STEIN, MD, Irvin	Philadelphia
STEIN, MD, Natalio	Philadelphia
STEIN, MD, Raymond O	Philadelphia
STEIN, MD, Richard N	Northampton
STEIN, MD, Robert S	Northampton
STEIN, MD, Seymour	Philadelphia
STEIN, MD, Stanley I	Northampton
STEIN JR, MD, Donald B	Delaware
STEINBACH, LAWRENCE E	Student
STEINBERG, MD, Abraam	Allegheny
STEINBERG, MD, Arthur	Philadelphia
STEINBERG, MD, Dean A	Bucks
STEINBERG, MD, Joel S	Philadelphia
STEINBERG, MD, Marvin E	Philadelphia
STEINBERG, MD, Nathan	Philadelphia
STEINBERG, MD, Stanley B	Philadelphia
STEINBERG, MD, Steven	Montgomery
STEINBOOK, MD, Melvin	Northampton
STEINBRINK, MD, William H	Erie
STEINDEL, MD, Carl R	Lackawanna
STEINER, MD, Craig M	Allegheny
STEINER, MD, Daniel R	Allegheny
STEINER, MD, Victoria E	Berks
STEINFELD, MD, Michael L	Allegheny
STEINFELD, MD, Richard I	Mercer
STEINGARD, MD, Joseph J	Philadelphia
STEINKE, DO, Walter D	Lancaster
STEINMAN, MD, Arnold M	Allegheny
STEINMAN, MD, Robert C	Lancaster
STEINMETZ III, MD, Charles G	Philadelphia
STEINMEYER JR, MD, Harry H	Montgomery
STEINOUR, MD, Thomas A	Franklin
STEKERT, MD, Ruth	Bucks
STELLA, MD, Joseph E	Montour
STELLA, MD, Victoria G	Berks
STELLMACHER, MD, Virginia M	Lehigh
STELMACH, MD, Peter	Berks
STELMACH, MD, W Peter	Berks
STELMACK, MD, Victor R	Chester
STELZER, MD, Frederic A	Lehigh
STEM, MD, Lawrence R	Blair
STEM JR, MD, Theodore B	Westmoreland
STEMMLER, MD, Edward J	Philadelphia
STEMPKOWSKI JR, MD, Joseph J	Allegheny
STENGEL, MD, Robert J	Lancaster
STEPANOW, MD, Samuel J	Philadelphia
STEPANSKY, MD, David W	Montgomery
STEPANSKY, MD, William	Montgomery
STEPHAN, MD, Thorsten	Allegheny
STEPHENS, MD, Josephine M	Washington
STEPHENS, MD, Marilyn H	Clearfield
STEPHENS JR, MD, Harry W	Lehigh
STEPHENSON, MD, James B	Philadelphia
STEPHENSON, MD, Orlando K	Perry
STEPHENSON, MD, Patricia A S	Bucks
STEPHENSON, MD, Ruth	Philadelphia
STEPPACHER, MD, Lester G	Philadelphia
STEPT, MD, Leonard A	Allegheny
STEPT, MD, Raymond	Allegheny
STEPT, MD, William J	Allegheny
STERLING, MD, Nancy I	Dauphin
STERN, CYNTHIA M	Student
STERN, JAMIE L	Student
STERN, MD, Lillian H	Philadelphia
STERN, MD, Richard O	Delaware
STERN, MD, Robert M	Allegheny
STERNBERG, MD, Craig D	Philadelphia
STERNBURG, MD, Jon K	Wayne/Pike
STERNLIEB, MD, Jonathan M	Montgomery
STERNLIEB, MD, Sanford B	Luzerne
STERSTE, MD, Andrea M	Dauphin
STETSON, MD, Derwood L	Franklin
STETZ, DO, Drew J	Montour
STEVEN, MD, James M	Philadelphia
STEVENS, MD, Bryan J	York
STEVENS, MD, Robert G	Lycoming
STEVENSON, ALAN J	Student
STEVENSON, MD, Peter T	Westmoreland
STEVENSON, MD, Richard D	Montgomery
STEWARD, MD, Joanne A	Lehigh
STEWARD JR, MD, Robert E	Clearfield
STEWART, MD, Donald J	Allegheny
STEWART, MD, Ellen C	Allegheny
STEWART, MD, James A	Lycoming
STEWART, MD, Mervin S	Allegheny
STEWART, MD, Michael J	Philadelphia
STEWART, MD, Michael P	Lackawanna
STEWART, MD, Patricia E	Montgomery
STEWART, MD, Richard P	Dauphin
STEWART, MD, Thomas A	Berks
STEWART, MD, William D	Allegheny
STEWART, MD, William P	Philadelphia
STEWART III, DO, Joseph H	Franklin
STEWART JR, MD, William G	Montgomery
STICK, MD, Wesley D	York
STICKLER, MD, Mitchell C	Philadelphia
STIEF, MD, Michael J	Northmbrland
STIEGEL, MD, Robert M	Beaver
STIERSTORFER, MD, Max J	Lehigh
STIFFEL, MD, Arthur	Philadelphia
STIFFEL, MD, Jerry	Philadelphia
STILE, MD, Sabato A	Westmoreland
STILL, MD, George J	Mckean
STINE, MD, Amy R	Allegheny
STINELY, MD, Regis W	Washington
STINEMAN, MD, Margaret G	Philadelphia
STINNETT, MD, James L	Philadelphia
STISH, MD, Eugene R	Luzerne
STISH JR, MD, Anthony G	Luzerne
STITT, MD, Donald G	Mercer
STITT, MD, Hugh I	Armstrong
STJOHN, MD, Kevin B	York
STOCK, MD, Donald H	Philadelphia
STOCK, MD, Margaret E	Allegheny
STOCKTON, MD, Kevin L	Cumberland
STODDARD, MD, Bradley K	Philadelphia
STOFMAN, MD, Henry C	Philadelphia
STOKAR, MD, Lawrence M	Allegheny
STOKEN, MD, Drew J	Dauphin
STOKER, MD, John W	Blair
STOKES, MD, Ranjan	Philadelphia
STOLLER, MD, Ronald G	Allegheny
STOLOFF, MD, Irwin L	Philadelphia
STOLTZFUS, MD, Elam R	Union
STOLTZFUS, MD, Virgil D	Lancaster
STOLZ, MD, John C	Berks
STOLZ, MD, Jonathan L	Berks
STOLZ, DO, Ralph E	Lehigh
STOLZER, MD, Bertrand L	Allegheny
STONE, DO, Donald J	Columbia
STONE, MD, Hrant H	Philadelphia
STONE, MD, Robert K	Montgomery
STONE, MD, Walker H	Lycoming
STONE JR, MD, Charles S	Allegheny
STONER, MD, John C	Dauphin
STONER, MD, John G	York
STONER, MD, Max A	Dauphin
STONER, MD, Paul S	Dauphin
STONER, MD, Robert E	Lancaster
STONER JR, MD, Robert R	Dauphin
STOOL, MD, Sylvan E	Allegheny
STOREY, MD, Patrick B	Philadelphia
STORM, MD, Charles T	Delaware
STORY, MD, Nancy S	Lycoming
STOTE, MD, Robert M	Philadelphia
STOTKA, MD, Victor L	Allegheny
STOTLER, MD, Charles W	Cambria
STOUDT, MD, Donald E	Berks
STOUDT, MD, K Donald	Mercer
STOUDT, DO, Kathy J	Berks
STOUFFER JR, MD, Vance R	York
STOUT, MD, Richard R	Allegheny
STOUT, MD, William J	Lancaster
STOUTENBOROUGH, MD, Kenneth A	Lebanon
STOVER, MD, Donald L	Cambria
STOWELL, MD, Joseph M	Blair
STRACCI, DO, Peter F	Allegheny
STRAHS, MD, Gerald	Perry
STRAKA, MD, John A	Allegheny
STRALEY, MD, Richard K	Lycoming
STRAMAT, MD, John M	Allegheny
STRANG, MD, Clyde A	York
STRANGARITY, MD, Joseph W	Berks
STRATFORD, MD, Sandra D	Philadelphia
STRATTON, MD, Henry A	Philadelphia
STRATTON, MD, Robert D	Erie
STRAUB, MD, William H	Allegheny
STRAUSBAUGH, MD, Donald R	York
STRAUSE JR, MD, Harold L	Berks
STRAUSS, MD, Melvin	Dauphin
STRAUSS, MD, Richard E	Bucks
STRAUSS, MD, Robert D	Lehigh
STRAUSSFOGEL, MD, Martin K	Northmbrland
STRAVINO, MD, Vincent D	Northampton
STRAYER, MD, David R	Philadelphia
STREET, DAVID F	Student
STREET, MD, Thomas F	Luzerne
STREETER IV, ROBERT C	Student
STREIFF JR, MD, John J	Erie
STREISFELD, MD, David L	Allegheny
STRELEC, MD, Stephen R	Allegheny
STREMPLE, MD, John F	Allegheny
STRENGE, MD, Henry J	Philadelphia
STRETTON, MD, Jean B	Chester
STREUBERT, MD, George E	Northampton
STRIAR, MD, Jeffrey H	Montgomery
STRICKER, MD, Robert S	Luzerne
STRICKLAND, MD, Mary L	Montour
STRICKLER, MD, Jane A M	Centre
STRIMLAN, MD, C Vaughn	Allegheny
STRINE, MD, James A	Allegheny
STRITE JR, MD, James A	Franklin
STRITTMATTER, MD, Isidor T	Philadelphia
STRITTMATTER, MD, John M	Lancaster
STROBEL JR, MD, George E	Berks
STROCK, MD, Bradford K	Dauphin
STROCKBINE, MD, Melvin F	York
STRODE, MD, Marshall D	Chester
STROHLEIN, MD, Stephen S	Monroe
STRONG, DO, Franklin D	Philadelphia
STRONG, MD, George H	Philadelphia
STRONG, MD, Theressa B	Allegheny
STRONG III, MD, Michael D	Philadelphia
STROTHER, MD, George W	Cambria
STROUD, MD, Hilary A	Allegheny
STROUD III, MD, Morris W	Chester
STROWHOUER, DO, William J	Delaware
STRUNK, MD, Thomas J	Cambria
STRUNK, MD, William M	Northampton
STRYKER, MD, Allan K	Lycoming
STRYKER, MD, John A	Dauphin
STRZELECKI, MD, Zigmund F	Bucks
STUARD, MD, I Donald	Berks
STUART, MD, John C	Allegheny
STUART, MD, Lorna B	Chester
STUART, MD, Robert B	Erie
STUART, MD, Scott P	Allegheny
STUART, MD, Thomas J	Lancaster
STUBA, MD, Stella	Montgomery
STUBBLEFIELD, MD, James I	Philadelphia
STUBBLEFIELD, MATTHEW S	Allegheny
STUBBS, MD, G Winston	Philadelphia
STUBBS, MD, John J	Allegheny
STUCCIO, MD, Dominick A	Luzerne
STUCCIO, MD, Joseph J	Luzerne
STUDDIFORD, MD, James S	Philadelphia
STUEBBEN, KURT C	Allegheny
STUEBER, MD, Kristin	Philadelphia
STULL JR, MD, Walter F	Lehigh
STULLKEN JR, MD, Edward H	Allegheny
STUMPF, MD, Rebecca L	Westmoreland
STUPI, MD, Angela M	Allegheny
STUPNIKER, MD, Sonia	Philadelphia
STURGEON JR, MD, John D	Fayette
STURM, MD, Patrick W	Beaver
STURM JR, MD, Charles F	Allegheny
STUTMAN, MD, Fred A	Philadelphia
STUTZ, MD, Martin	Washington
STYPULA, MD, Richard W	Mercer
STYPULA JR, MD, Richard W	Allegheny
SU, MD, Lang-Pao	Lackawanna
SU, MD, Shyh-Min	Allegheny
SUAREZ, MD, Ramon U	Lebanon
SUAREZ JR, MD, Jose A	Allegheny
SUATONI JR, MD, Frank J	Allegheny
SUBBARAO, MD, Aragam R	Cambria
SUBBIAH, MD, Theuaraya N	Butler
SUBRAMANY, MD, Narayanaswamy	Elk/Cameron
SUCOV, ANDREW	Student
SUERO, MD, Rene O	Philadelphia
SUGAR, MD, Miklos	Delaware
SUGARMAN, MD, Samuel	Philadelphia
SUGDEN, ANNE E	Allegheny
SUGDEN, MD, William A	Bucks
SUGIURA, MD, Henry T	Philadelphia
SUGIURA, MD, Sumiko M	Philadelphia
SUH, MD, Sang J	Lackawanna
SUK, MD, Jin H	Venango
SUKANICH, MD, Kriengsak	Allegheny
SUKAROCHANA, MD, Kamthorn	Allegheny
SUKERKAR, MD, Niteen N	Franklin
SUKONIK, MD, Joel R	Philadelphia
SULLIVAN, DO, Daniel B	Philadelphia
SULLIVAN, MD, Daniel R	Allegheny
SULLIVAN, MD, Edward M	Delaware
SULLIVAN, MD, Gregory B	Philadelphia
SULLIVAN, MD, Howard E	Montgomery
SULLIVAN, MD, John M	Dauphin
SULLIVAN, MD, Lawrence X	Allegheny
SULLIVAN, MD, Mark F	Allegheny
SULLIVAN, MD, Michael T	Clearfield
SULLIVAN, MD, Richard A	Montgomery
SULLIVAN, MD, Robert D	Blair
SULLIVAN, MD, Thomas C	Westmoreland

SULLIVAN, MD, William A Dauphin
SULLIVAN, MD, William H Philadelphia
SULLUM, MD, Daniel S Northampton
SULLUM, MD, Jonathan C Lackawanna
SULPIZI, MD, Antoinette M Northampton
SULTZ, DO, Marvin E Philadelphia
SUMMERS, MD, David S Erie
SUMMERS, MD, Kermit L Lancaster
SUMMERS, MD, Richard F Philadelphia
SUMMONS, MD, Howard J Berks
SUN, MD, Elizabeth A Montgomery
SUN, MD, Evelyn L Philadelphia
SUN, NANCY Allegheny
SUN, MD, William Z Philadelphia
SUNDAY, MICHAEL L Student
SUNDERLIN JR, MD, Frederick S Montour
SUNDERMAN, MD, F William Philadelphia
SUNDHEIM, MD, James L Lackawanna
SUNDMAKER, MD, Wilfried K Delaware
SUNDY, JOHN S Student
SUNG, MD, Chun M Allegheny
SUNG, MD, Duk I Allegheny
SUNG, MD, Lee H Westmoreland
SUNG, MD, Paul P Lawrence
SUPER, MD, Leonid E Philadelphia
SUPERDOCK, DAVID T Student
SUPINSKI, EDWARD M Student
SUPINSKI, MD, Robert S Potter
SUPPA, MD, Osvaldo S Erie
SUPPLE, MD, Edward W Lancaster
SUPRYS, MD, Marianne J York
SURKIN, MD, Marc I Delaware
SUSANN, MD, Philip W Erie
SUSEN, MD, Anthony F Allegheny
SUSI, MD, Jesse G Erie
SUSSMAN, MD, David Lehigh
SUSSMAN, MD, Marcel S Philadelphia
SUSSMAN, DO, Mark P Montgomery
SUSSMAN, MD, Nathan Dauphin
SUSSMAN, MD, Sylvia Lehigh
SUSSMANE, MD, Jeffrey B Lancaster
SUTARIA, MD, Hasmukhbhai N Butler
SUTER, MD, Harry J Lycoming
SUTER, MD, Stanley C Lebanon
SUTHAR, MD, Arvind L Mifflin/Juni
SUTHERLAND, MD, Robert D Bucks
SUTHERLAND, MD, Robert M Allegheny
SUTLIFF, MD, Carlene S Dauphin
SUTLIFF, MD, Frederick P Montgomery
SUTNICK, MD, Alton I Philadelphia
SUTTON, MD, A Keith Huntingdon
SUTTON, MD, Charles A Blair
SUTTON, MD, Paul L Montour
SUTTON, MD, Robert L Allegheny
SUTTON JR, MD, Edward L Butler
SUTTON JR, MD, John C Beaver
SUVARNAKAR, MD, Jawahar N Jefferson
SUWAN, MD, Manee Berks
SUWAN, MD, Nipapan Armstrong
SUWAN, MD, Sakdidej Armstrong
SVIGALS, MD, Paul J Philadelphia
SWAGLER, DO, Curtis P Tioga
SWAIN, MD, Asha L Blair
SWAIN, MD, Pradip K Blair
SWAIN, MD, Stephen S Schuylkill
SWALLOW, DO, William B Union
SWAMI, MD, Kumar Philadelphia
SWAMI, MD, S Chandra Blair
SWAMIDOSS, MD, Stephenson S Dauphin
SWAMY, MD, Mallekarjuna S Allegheny
SWAN, MD, Barbara E Allegheny
SWAN, MD, David M Allegheny
SWAN, MD, Reyer O Lancaster
SWANK, MD, Mark D Northampton
SWANSIGER, MD, Robert J Cambria
SWANSON, MD, Ernest W Mercer
SWANSON, MD, Lee A Erie
SWANSON, MD, Michael D Allegheny
SWANTEK, DO, Leo J Erie
SWARTZ, MD, Edward F Franklin
SWARTZ, MD, Joel D Philadelphia
SWARTZ, MD, Mark A Luzerne
SWARTZ JR, MD, Oliver H Dauphin
SWEENEY, DO, Donald J Tioga
SWEENEY, MD, Dorothy M Allegheny
SWEENEY, DO, Edward W Allegheny
SWEENEY, DO, Thomas F York
SWEENEY, MD, William F Allegheny
SWEENEY JR, MD, Francis J Philadelphia
SWEET, MD, William A Berks
SWEGAL, MD, Otto F Allegheny
SWEIGARD, MD, Keith W Montgomery
SWEIGART, MD, Gene M Bradford
SWENSEN, MD, Harold E Allegheny
SWENSEN, MD, Nancy M Allegheny
SWETERLITSCH, MD, Louis H Northampton
SWETERLITSCH, MD, Louis H Allegheny
SWICK II, MD, J Howard Beaver
SWIDWA, MD, Denise M Allegheny
SWIERCZEWSKI, MD, Edward V Westmoreland
SWIFT, MD, Frank L Lackawanna
SWINTON, MD, Timothy W Lancaster
SWISHER, JOHN W Student
SWISHER II, MD, Charles L Lackawanna
SYBING, MD, Eugenio A Mercer
SYBING, MD, Melita M Mercer
SYED, MD, Aladdin Z Allegheny
SYKES, DO, Leroy I Dauphin
SYLVESTER, MD, Hans M Philadelphia
SYMES, MD, Dilwyn E Philadelphia
SYMONS, MD, John T Blair
SYMS, MD, Charles A Philadelphia
SZABO, MD, Emil R Huntingdon
SZABO, MD, Patricia E Delaware
SZAL, MD, Joseph J Philadelphia
SZARKO, MD, Carol J Berks
SZARKO, MD, Frank J Berks
SZARKO, MD, Richard J Dauphin
SZAYNA, MD, Stanley Philadelphia
SZCZECH, LYNDAANNE M Student
SZEBENYI, MD, Andrew G Montgomery
SZOKE, MD, Edward E Adams
SZUTOWICZ, DO, Michael P Lancaster
SZYDLOWSKI, MD, Thaddeus R Lebanon

T

TABACHNICK, MD, Theodore M Allegheny
TABAS, MD, Gary Allegheny
TABAS, MD, Janet H Allegheny
TABBY, DO, David S Philadelphia
TABLER, MD, Jan B Montgomery
TABOR, MD, Ellen K Allegheny
TACHDJIAN, MD, Vahaken Philadelphia
TACHOVSKY, MD, Thomas J Northampton
TADDONIO, MD, Richard B Bucks
TADJALLI, MD, Helen E York
TAEFFNER, MD, John H Philadelphia
TAFFLIN, DO, Dennis H Bucks
TAFTAF, MD, Mohammad O Lawrence
TAGALA, MD, Praxidio H Clearfield
TAGGART, MD, George W Luzerne
TAGGART, TINA S Student
TAGGERT, MD, Charles Allegheny
TAGHIZADEH, MD, Firooz Fayette
TAHIR, MD, Mahmod A Lehigh
TAIT, MD, Edwin C Montgomery
TAITELBAUM, MD, Ben Allegheny
TAKACH, MD, Stephen J Indiana
TAKAGI, BRIAN K Allegheny
TAKEDA, MD, Misao Philadelphia
TALAGA, MD, Ronald N Wayne/Pike
TALAMO, MD, James M Westmoreland
TALAMO, MD, Mary L Westmoreland
TALAMO, MD, Robert J Westmoreland
TALAMO, MD, Thomas S Westmoreland
TALANGBAYAN, MD, Francis V Philadelphia
TALATI, MD, Dineshkumar C Luzerne
TALBERT, MD, Madonna L Lancaster
TALBOT, MD, Shelagh K Philadelphia
TALBOT, MD, Sheryl F Philadelphia
TALBOTT, MD, John B Allegheny
TALL, MD, Milton G Allegheny
TALLAM, MD, Janardan R Potter
TALLERICO, MD, Samuel J Allegheny
TALLMAN, MD, Edwin H Berks
TALSANIA, JAY S Student
TAMA, MD, Lawrence Bradford
TAMAKI, MD, H Tom Montgomery
TAN, MD, Anthony H Allegheny
TAN, MD, Antonius H Lehigh
TAN, MD, Domingo C Jefferson
TAN, MD, Edwin L Lackawanna
TAN, MD, Isabel G Mercer
TAN, MD, Josephine C Philadelphia
TAN, MD, Lian K Carbon
TAN, MD, Myrna M Philadelphia
TAN, MD, Wilfredo S Erie
TAN, MD, Yoke Y Dauphin
TAN JR, MD, Ramon N Cambria
TANANIS, MD, Anthony A York
TANANIS, MD, Leonard J Schuylkill
TANCOR, MD, Benito Philadelphia
TANDON, MANISH Student
TANG, MD, Myhanh L Philadelphia
TANKER, DO, Mark S Philadelphia
TANNEHILL, MD, Norman B Allegheny
TANNENBAUM, DAVID S Student
TANNER, MD, Leonard M Lebanon
TANNING, MD, Howard M Allegheny
TANRIBILIR, MD, Abdul K Columbia
TANTISIRA, MD, Boonrak Allegheny
TANTISIRA, KELAN G Allegheny
TANTISIRA, MD, Somphong Westmoreland
TANTUM, MD, Kermit R Dauphin
TANYOL, MD, Hasib Montgomery
TANZER, MD, Peter P Allegheny
TAPYRIK, MD, Nicholas Beaver
TARABISHI, MD, Farida N Allegheny
TARABISHY, MD, Ramsey Dauphin
TARASZEWSKI, MD, Robert Montour
TART JR, MD, Braston I York
TARWATER, MD, Doyle L Washington
TASE, MD, Douglas S Berks
TASMAN, MD, William S Philadelphia
TATARKO, MICHAEL Student
TATE, MD, Frederick J Lehigh
TATE, MD, J Harrison Erie
TATEM 3RD, MD, Henry R Bucks
TATTERSALL, MD, Harold A Monroe
TATUM, MD, James K Beaver
TAUBER, MD, Joseph B Allegheny
TAUBERG, MD, Herbert R Allegheny
TAUS, DO, John K Lehigh
TAVANA, MD, Manoucher Erie
TAVARES, MD, Joao O Erie
TAVARIA, MD, Soli Schuylkill
TAX, MD, Richard L Bucks
TAXIN, MD, Richard N Delaware
TAYLOR, MD, Arthur R Lycoming
TAYLOR, MD, Brian T Fayette
TAYLOR, MD, Jacqueline Philadelphia
TAYLOR, MD, James A Monroe
TAYLOR, MD, James E Philadelphia
TAYLOR, MD, Judith E Fayette
TAYLOR, MD, Marcia R Philadelphia
TAYLOR, MD, Morgan F Beaver
TAYLOR, MD, Peter B Montour
TAYLOR, MD, Philip C Philadelphia
TAYLOR III, MD, James S Dauphin
TAYLOR JR, MD, Elmer J Philadelphia
TAYLOR JR, MD, Fred R Warren
TAYLOR JR, MD, John O Crawford
TCHIRKOW, MD, George Allegheny
TCHONG, MD, Kuo-Liang Delaware
TE, MD, Tomas T Bucks
TEANO, MD, Dan A Delaware
TECAU, DO, Robert L Dauphin
TECCE, MD, Marc A Allegheny
TECSON, MD, Arturo S Cumberland
TEDESCO, DO, J Michael Luzerne
TEDESCO, MD, Louis J Luzerne
TEEHAN, MD, Brendan P Montgomery
TEEPLE JR, MD, Edward Allegheny
TEET, MD, Daniel A Allegheny
TEETER, MD, James H Franklin
TEGZES JR, MD, George Allegheny
TEH, MD, Pek C Lawrence
TEICH, MD, Kenneth W Dauphin
TEICH, MD, Stephen M Montgomery
TEICHMAN, MD, Fred Union
TEITELBAUM, MD, Carl Luzerne
TEJPAR, MD, Mohamed K Lawrence
TELEGADIS, MD, John Philadelphia
TEMELES, MD, Lawrence Philadelphia
TEMELES, MD, Roy S Allegheny
TEMPLETON, MD, Bryce Philadelphia
TEMPLETON, MD, Josephine J Philadelphia
TEMPLETON III, MD, John Y Philadelphia
TEMPLETON JR, MD, John M Philadelphia
TEMPLIN JR, MD, William B Cambria
TENDLER, MD, Steven W Montgomery
TENEDIOS, MD, George Montour
TENENOUSER, MD, Barry Allegheny
TENICELA, MD, Ruben Allegheny
TENSUAN JR, MD, Leonardo S Somerset
TEPLICK, MD, Joseph G Philadelphia
TEPLIS, MD, Alan C Dauphin
TEPPER, MD, Maurice C Philadelphia
TEPPER, MD, Richard L Philadelphia
TEREDESAI, MD, Pradip R Allegheny
TERMINI, MD, Joseph T Lehigh
TERNER, MD, Irwin S Allegheny
TERNES, MD, Robert J Franklin
TERRELL, JOHN A Student
TERWILLIGER, MD, Jerry W Bradford
TERZIAN, MD, Edward F L Delaware
TESSARO, MD, Anne N Allegheny
TESSIER, CHRISTOPHER D Student
TESSLER, MD, A Robert Philadelphia
TESTA, MD, Donna M Dauphin
TESTA, MD, John W Luzerne
TESTA, MD, Joseph A Westmoreland
TESTER, MD, William J Philadelphia
TETALMAN, MD, Bruce I Allegheny
TETRICK, MD, Elbert L Allegheny
TEUFEL, MD, Severin Montgomery
THAETE, MD, Frank L Allegheny
THAKARAR, MD, Pushpa Chester
THAKUR, MD, Arun S Philadelphia
THALER, MD, Malcolm S Montgomery
THAMES, DO, Richard Jefferson
THANE, MD, Thane T Franklin
THANKI, MD, Ashokkumar S Bucks
THARP, MD, Michael D Allegheny
THATCHER, MD, Jeffrey D Allegheny
THEERAKULSTIT, MD, Virachai Allegheny
THEIS, MD, Steven W Allegheny
THEL JR, MD, Henry C Beaver
THEMAN, MD, Terrill E Northampton
THETGYI, MD, Katherine Philadelphia
THEUERKAUF JR, MD, Frank J Erie
THEURKAUF JR, MD, Edward A Chester
THIBOUTOT, DIANE M Student
THIELE, MD, Brian L Dauphin
THIERS, MD, George F Allegheny
THIMONS, JOSEPH A Allegheny
THOFT, MD, Richard A Allegheny
THOMAS, MD, Bruce L Huntingdon
THOMAS, MD, Carmen C Philadelphia
THOMAS, DO, Charles E York
THOMAS, MD, Chester G Dauphin
THOMAS, MD, Christopher W Crawford
THOMAS, MD, David E Allegheny
THOMAS, MD, Eugene L Philadelphia
THOMAS, MD, F Ardell Tioga
THOMAS, MD, George P Carbon
THOMAS, MD, Harold D Washington
THOMAS, MD, Harry L Philadelphia
THOMAS, MD, Henry W Allegheny
THOMAS, MD, James H Westmoreland
THOMAS, JAMES W Student
THOMAS, MD, John M Bradford
THOMAS, MD, John W Allegheny
THOMAS, MD, L Martha Ann York
THOMAS, MD, Lynda T Philadelphia
THOMAS, MD, Nathan O Somerset
THOMAS, NEAL J Student
THOMAS, MD, Robert D Allegheny
THOMAS, TERENCE N Allegheny
THOMAS, MD, Thomas K Jefferson
THOMAS, MD, Victor J Allegheny
THOMAS JR, MD, David W Clinton
THOMAS JR, MD, George P Carbon
THOMAS JR, MD, Harold D Beaver
THOMAS JR, MD, Howard P Bucks
THOMAS JR, MD, James A Delaware
THOMAS JR, MD, James J Erie
THOMPSON, MD, Bradford R Beaver
THOMPSON, MD, C Fred Northampton
THOMPSON, MD, Carson J Lackawanna
THOMPSON, MD, Dan R Allegheny
THOMPSON, MD, David I Cumberland
THOMPSON, MD, Frank V Northampton
THOMPSON, MD, Herbert Allegheny
THOMPSON, MD, James S Allegheny
THOMPSON, MD, James W Montgomery
THOMPSON, MD, John W Allegheny
THOMPSON, MD, Linda L Beaver
THOMPSON, MD, Mark E Allegheny
THOMPSON, MD, Patreece M Philadelphia
THOMPSON, MD, Peter J Venango
THOMPSON, MD, Robert J Lehigh
THOMPSON, MD, Robert L Allegheny
THOMPSON, MD, Robert L Cumberland
THOMPSON, MD, William G Allegheny
THOMPSON, MD, William O Philadelphia
THOMPSON, MD, William W Elk/Cameron
THOMSON, MD, David P Allegheny
THONET, MD, Marcel A Philadelphia
THORINGTON, MD, J Monroe Philadelphia
THORNDYKE, MD, Luanne E Philadelphia
THORNE, MD, Charles G Chester
THORNTON, MD, Joseph K Franklin
THORNTON III, MD, James J Delaware
THORP, MD, T Ramsey Philadelphia
THORPE, MD, James H Bucks
THORSEN JR, MD, William B York
THORWARTH, MD, William T Philadelphia
THURMAN, MD, John N Delaware
THURSTON, MD, Stephen E Montour
TIAN, MD, Will T Mercer
TIBBELS, MD, Ewing W Bucks
TIBBENS, MD, George F Washington
TIBBITTS, MD, James A Lebanon
TIBERIO, MD, Richard A Fayette
TIBURCIO JR, MD, Albino F Butler
TICE, MD, Walter R Bucks
TICZON, MD, Andres R Allegheny
TIEFF, DO, Michael W Monroe
TIETBOHL JR, MD, Ralph H Berks
TIETJEN, MD, George W Wayne/Pike
TIFFT, MD, Stephen W Lancaster
TIGER, MD, Melvyn E Philadelphia
TIGNOR, MD, Richard F Lycoming
TILDON-BURTON, MD, Janice E Philadelphia
TILLERY, KIMBERLY M Allegheny
TILLGER, MD, John J Philadelphia
TILLY, MD, David A Lehigh
TILTON, DO, Bruce R Chester
TILVA, MD, Praful K Northmbrland
TIMEK, MD, Patricia A Cambria
TIMENS, MD, Lawrence J Cambria
TIMMAPURI, MD, Ajaz J Bucks
TIMNEY, MD, Thomas E Venango
TINDALL, MD, Dorothy D Montgomery
TINDALL, MD, Herbert L Lancaster
TINDALL, MD, Janice C Lancaster
TINKLEPAUGH, MD, Carole N Montgomery
TINKLEPAUGH, MD, Mark S Allegheny
TINNEY JR, MD, William S Lancaster
TINSLEY, MD, John P Monroe
TIONGCO, MD, Dolores D Centre
TIONGSON, MD, Eleanor S Delaware
TIONGSON JR, MD, Jose G Delaware
TIPPING, MD, James S Allegheny
TIPTON, MD, Raymond L Venango
TIRACCHIA, MD, Joseph Philadelphia
TIRUCHELVAM, MD, Junia P York
TIRUCHELVAM, MD, Vasudevan York
TISHERMAN, MD, Samuel E Allegheny
TITCHWORTH, MD, Roy L Allegheny
TITUS, MD, Laborde Philadelphia
TKACH, MD, John S Bradford
TOBBEN, MD, Paul J Allegheny
TOBIA, MD, Enio W Delaware
TOBIAS, MD, Richard B Lycoming
TOBIASZ, MD, Christopher Lycoming
TOCKS, MD, Jonathan B Dauphin
TODARO, MD, Samuel R Lackawanna
TODHUNTER, MD, William D Lycoming
TODOROVSKA, MD, Zagorka Philadelphia
TOFF, DO, Kenneth J Lehigh
TOLAN, MD, Jeffrey R Dauphin
TOLAND, MD, Joseph C Philadelphia
TOLAND, MD, Joseph J Philadelphia
TOLAT, MD, Pratima R Philadelphia
TOLBERT-WALKER, DERRICK J Allegheny
TOLEDO, MD, Francisco L Philadelphia
TOLENTINO, MD, Julian C Butler
TOLENTINO, MD, Pablito L Bucks
TOLHURST, MD, Kirk D Bradford

TOLINS, MD, Christine L	Tioga
TOLIS, MD, Basile D	Blair
TOLL, MD, Norma Spear	Philadelphia
TOLLETT, MD, Charles A	Philadelphia
TOLMAN, MD, Leon M	Armstrong
TOLSCIK, MD, Richard Z	Montgomery
TOM, MD, Lawrence Wc	Philadelphia
TOM, MD, Patricia	Dauphin
TOMARELLI, MD, Raymond C	Allegheny
TOMASELLO, MD, Donald N	Philadelphia
TOMASI, MD, Samuel J	Beaver
TOMASSETTI, MD, Bernard A	Philadelphia
TOMASSONI, GERY F	Student
TOMAZIC, DO, David R	Lackawanna
TOMCI, MD, George E	Westmoreland
TOME, MD, Julie A	Allegheny
TOME, MD, Robert E	Berks
TOMEDI, MD, John R	Luzerne
TOMEO, MD, Michael	Montgomery
TOMHAVE, MD, Robert H	Cambria
TOMLEY, MD, John E	Allegheny
TOMLINSON, MD, John W	Delaware
TOMLINSON, MD, John W	Bucks
TOMPKINS, MD, H Ernest	Montgomery
TONDREAU, MD, Roderick L	Philadelphia
TONEY, MD, David M	Westmoreland
TONKEN, HEIDI P	Student
TONKONOW, MD, William	Philadelphia
TONREY, MD, Francis G	Luzerne
TONSEY, MD, Habib	Philadelphia
TOOR, MD, Shaista N	Allegheny
TOOZE, MD, Frank M	Erie
TOPERZER, MD, Betty C	Erie
TORBAN, MD, Clara B	Philadelphia
TORCHIA, MD, Joseph A	Dauphin
TORCHIA, DO, Michael D	Lancaster
TOREKI, MD, William	Bucks
TORET, MD, Michel P	Westmoreland
TORI, MD, Joseph N	Chester
TORIO, MD, Reynaldo M	Westmoreland
TORNA, PATRICIA A	Student
TORNETTA, MD, Frank J	Montgomery
TOROK, MD, Frank S	Washington
TORONY-OKUN, MD, Jeanne A	Luzerne
TORPEY JR, MD, David J	Allegheny
TORRENCE, MD, Michael B	Delaware
TORRES, MD, Albert L	Luzerne
TORRES, MD, Carlos P	Montgomery
TORRES, MD, Flora M	Bedford
TORRES, MD, Julio E	Northampton
TORRES, MD, Robin G	Bedford
TORRES, MD, Victor L	Philadelphia
TORRETI, MARYELLEN A	Student
TORRETTI, MD, Dennis	Montour
TORREY, MD, Edwin H	York
TOSHNIWAL, MD, Pradip K	Northampton
TOSHNIWAL, MD, Renu	Northampton
TOSO, MD, Gianfranco F	Berks
TOTINO, MD, Joseph A	Delaware
TOTO, MD, Andrew S	Philadelphia
TOUCH, MD, Ralph J	Lackawanna
TOUCH, SUZANNE M	Student
TOURTELLOTTE, MD, Charles D	Philadelphia
TOUSI, MD, Abbas H	Bedford
TOWNEND, MD, Stephen C	Chester
TOWNSEND, MD, Arlene B	Allegheny
TOWNSEND, DEBRA L	Student
TOWNSEND, MD, Jay A	Cumberland
TRACHTE, MD, Thomas P	Berks
TRACHTENBERG, MD, Lee A	Allegheny
TRACHTENBERG, MD, William M	Lehigh
TRACY, MD, Gerald P	Lackawanna
TRAIMAN, MD, Richard G	Chester
TRAIN, MD, Henry D	Dauphin
TRAINER, MD, Paul J	Allegheny
TRAN, MD, Ngmia N	Philadelphia
TRAN, MD, Nhung T	Allegheny
TRANG, MD, Lien Bach	Allegheny
TRANOVICH, MD, Mark	Fayette
TRANOVICH, MD, Michael A	Allegheny
TRANSUE, MD, Seward M	Crawford
TRAUB, MD, Todd S	Venango
TRAUM, MD, Ronald E	Philadelphia
TRAUPMAN, MD, Arnold F	Northampton
TRAUTLEIN, MD, Joseph J	Dauphin
TRAVALINE, JOHN M	Student
TRAVISANO, MD, Frank J	Dauphin
TRAVITZ, MD, Ronald P	Montour
TRECHA, MD, Gregory T	Allegheny
TREDENNICK, MD, Charles N	Butler
TREDENNICK, MD, John T	Cambria
TREGER, MD, Albert	Allegheny
TREIMAN, ARTHUR M	Student
TRELLIS, MD, Emil S	Allegheny
TRENT, MD, Douglas E	Clearfield
TRENTO, MD, Alfredo	Allegheny
TRENTON, DO, Walter D	Somerset
TRESCOT, MD, Ronald E	York
TREVASKIS, MD, Allan E	Lehigh
TREVI-EXECUTIVE, DIR, John	Philadelphia
TREVLYN, MD, Dean W	Montour
TREXLER, MD, Ethan L	Berks
TRIANO, MD, Gene J	Dauphin
TRIANO, MARLA R	Student
TRIBBLE, MD, Jana K	Northampton
TRIBIT JR, MD, Charles B	Philadelphia
TRICHTINGER, MD, Martin D	Montgomery
TRIESTER, MD, Arthur N	Philadelphia
TRIFUNOVIC, MD, Robert D	Philadelphia
TRIMMER JR, MD, John H	York
TRIMPI, MD, Howard D	Lehigh
TRINH, MD, Phuong N	Philadelphia
TRINIDAD, MD, Tito B	Clearfield
TRINKLE, MD, Wilmer S	Northampton
TRIPI, MD, Joseph E	Adams
TRIPOLI, MD, Charles J	Washington
TRIPOLI, MD, Louis C	Allegheny
TRISTAN, MD, Theodore A	Dauphin
TRITSCHLER, MD, Joseph P	Beaver
TRIVEDI, MD, Gopalkrishna M	Mifflin/Juni
TRIVUS, MD, Robert H	Allegheny
TROEN, MD, Philip	Allegheny
TROIANO, MD, Richard S	Beaver
TROIANOS, MD, Christopher A	Allegheny
TROILO, MD, Camillo T	Fayette
TROLLINGER, MD, Robert J	Philadelphia
TROMPETER, MD, Joseph I	Allegheny
TRONCELLITI, MD, A Wayne	Montgomery
TRONCELLITI, MD, Alfred E	Montgomery
TRONCELLITI, MD, Edward A	Montgomery
TRONCELLITI, MD, Manrico A	Montgomery
TRONCELLITI, MD, Mario V	Philadelphia
TROSTLE, MD, David C	Lebanon
TROSTLE, MD, Douglas R	Lehigh
TROTT, EDWARD A	Student
TROTZKY, MD, Margret S	Delaware
TROUT, MD, John A	Westmoreland
TROUT, MD, Robert G	Philadelphia
TROXEL, MD, Richard S	Lehigh
TROYAN, MD, Beatrice P	Philadelphia
TRUE, MD, A Curtis	Bucks
TRUITT, MD, George W	Chester
TRUITT JR, MD, R Marshall	Philadelphia
TRUJILLO, MD, Hernando	Bucks
TRUJILLO, MD, Rene	Wyoming
TRUMBORE, MD, David J	Allegheny
TRUMP, MD, David H	Dauphin
TRUONG, MD, Nicholas H	Philadelphia
TRUSCOTT, MD, William R	Montgomery
TRUSKY, MD, Jeanette I	Centre
TRUSNOVIC JR, WILLIAM D	Allegheny
TRUXAL, MD, Blair D	Allegheny
TSAI, MD, Edward M	Indiana
TSAI, MD, Jer-Yuan	Greene
TSAI, MD, Ming C	Erie
TSAI, MD, Ming C	Blair
TSAI, MD, Yu J	Montgomery
TSAI, MD, Yung-Hsien	Mercer
TSE, K EDMUND	Student
TSE, MD, Rose L	Philadelphia
TSOUTSOPLIDES, MD, George C	Luzerne
TSUNG, MD, Wen-Han	Beaver
TUAN, MD, Bao-Kuen	Lackawanna
TUCH, MD, Arthur F	Delaware
TUCHINDA, MD, Jalit	Allegheny
TUCKER, DO, Hal R	Chester
TUCKER, MD, James N	Allegheny
TUCKER, MD, Jean E	Lancaster
TUCKER, DO, Marc S	Bucks
TUCKER, MD, Thomas W	Chester
TUCKEY, MD, Corinne N	Montgomery
TUCKMAN, MD, Glenn A	Berks
TUFFAHA, MD, Hani J	Lycoming
TUFFIASH, MD, William A	Lehigh
TUFT, MD, Louis	Philadelphia
TUKANOWICZ, MD, Stanislaw A	Cambria
TUKE, MD, Gregory C	Berks
TULISZEWSKI, MD, Robert M	Adams
TULL, MD, John W	York
TULLAI, MD, John	Delaware
TULLIUS, CHRISTINE R	Student
TULLY, MD, Vincent J	Wayne/Pike
TULSKY, MD, Emanuel G	Philadelphia
TUMAIAN, MD, Aram	Delaware
TUMELTY, DANIEL S	Student
TUMEN, MD, Henry J	Philadelphia
TUMMALAPALLI, MD, Krishnamurty V	Allegheny
TUNG, MD, Alfred S	Allegheny
TUNICK, MD, Stephen E	Beaver
TURAKHIA, MD, Bharati V	Philadelphia
TURAN, MD, Ekrem S	Chester
TURBESSI, MD, Albert J	Warren
TURCHETTI, MD, Eugene A	Lackawanna
TURCHI, MD, Pierre B	Franklin
TURCO, MD, Phillip J	Cambria
TUREL JR, MD, Anthony P	Montour
TURKEWITZ, MD, David	Montour
TURMAN, MD, Christopher	Philadelphia
TURNAMIAN, MD, Richard J	Union
TURNBLACER, MD, Charles B	Butler
TURNER, MD, Joseph	Allegheny
TURNER, MD, Martha	Philadelphia
TURNER, MD, Morris E	Allegheny
TURNER, MD, Oliver E	Allegheny
TURNER JR, MD, J Ellis	Delaware
TUROCK, MD, Michael J	Lackawanna
TUROCY, JOHN F	Allegheny
TURSKY, MD, Rosemarie J	Dauphin
TURTURRO, MD, Michael A	Allegheny
TURTZ, MD, Karlene K	Philadelphia
TURTZO, MD, Douglas F	Northampton
TURULA, MD, Jon B	Lancaster
TUSHIM, MD, Joseph N	Blair
TUTTLE, MD, Alfred	Allegheny
TUTTLE, MD, William B	Allegheny
TWAL, MD, Shafic Y	Indiana
TWARDY, MD, Bernadette E	Philadelphia
TWER, MD, Alan J	Montgomery
TWIGGAR II, MD, Edward V	Northmbrland
TYLER, MD, George	Northampton
TYLER-HILL, MD, Yasmin C	Delaware
TYMCHAK, GREGORY T	Allegheny
TYMOCZKO, MD, Robert G	Westmoreland
TYMON, MD, Timothy P	Lancaster
TYNDALL, MD, Christine S	Allegheny
TYNDALL, MD, James A	Dauphin
TYSON, MD, R Robert	Philadelphia
TYSON, MD, Sydney L	Philadelphia
TZANIS, MD, Loucas C	Dauphin
TZARNAS, MD, Chris D	Philadelphia

U

UBER, MD, Thomas R	Lawrence
UCMAKLI, MD, Alptekin	Philadelphia
UDARBE, MD, Guillermo G	Elk/Cameron
UDELL, MD, Louis	Philadelphia
UDIS, MD, David S	Philadelphia
UDOMSAK, MD, Paramin	Lackawanna
UDOSHI, MD, Geeta M	Luzerne
UDOSHI, MD, Mallapa B	Luzerne
UFBERG, MD, Michael H	Lehigh
UHLMAN, ERIC J	Student
UHRICH, MD, Kathryn H	Lebanon
UHRICH, MD, Robert W	Lebanon
UKNIS, MD, Audrey B	Philadelphia
ULASEWICZ, MD, Catherine C	Bucks
ULBRECHT, MD, Jan S	Centre
ULICNY, MD, Thomas L	Allegheny
ULIZIO, MD, Anthony R	Allegheny
ULLAH, MD, Zubair Z	Lebanon
ULRICH, MD, Jack M	Allegheny
ULRICH, MD, Richard G	Dauphin
ULRICH, MD, Samuel D	Dauphin
ULRICH, MD, Wesley D	Delaware
ULUS, MD, Ahmet	Philadelphia
ULUS, MD, Fuat	Blair
UMALI, MD, Idona C	Luzerne
UMAR, MD, Kenan	Montgomery
UMEH, MD, Onuorah I	Philadelphia
UMLAUF, MD, Charles W	Lehigh
UNDERHILL, MD, William L	Erie
UNDERWOOD, MD, Mara Z	Montgomery
UNGAR-SARGON, MD, Julian Y	Delaware
UNGER, MD, Andrew	Northampton
UNGER, MD, Michael	Montgomery
UNTEREKER, MD, William J	Philadelphia
UPDEGRAFF, MD, William C	Allegheny
UPDEGROVE, MD, John H	Northampton
UPDEGROVE, MD, Robert A	Lycoming
UPDIKE JR, MD, Furman T	York
URAM, MD, Herbert	Allegheny
URBACH, MD, Frederick	Montgomery
URBACH, MD, John R	Philadelphia
URBAN, MD, Clifford H	Chester
URBAN, MD, Donald G	Cumberland
URBAN, MD, Marguerite A	Philadelphia
URBAN, MD, Mark A	Philadelphia
URBAN, MD, Rena L	Allegheny
URBAN, MD, Richard S	Allegheny
URBAN, MD, Robert R	Westmoreland
URBANO, MD, Tomas H	Allegheny
URBANSKI, DO, Leonard F	Blair
URBANSKI, MD, Timothy E	Montgomery
URIBE, MD, Alexander	Delaware
URICCHIO, MD, Joseph F	Philadelphia
UROSKIE, MD, Theodore W	Lackawanna
URREA, MD, Oscar	Allegheny
USHINSKI, MD, Stanley C	Luzerne
UTBERG, MD, John R	Allegheny
UTSINGER, MD, Peter D	Montgomery
UTZ, JEFFREY P	Student
UY, MD, Henry T	Washington
UY, JONATHAN J	Student
UY, MD, Nenito P	Chester
UY, MD, Nonita T	Allegheny
UZYCH, MD, Walter	Delaware

V

VACCARO, MD, Philip F	Washington
VACCARO, MD, V Michael	Philadelphia
VACCARO, MD, Vincent M	Delaware
VACHARAT, MD, Nibondh	Philadelphia
VACHRANUKUNKIET, MD, Theerasakid	Philadelphia
VAGLEY, MD, Richard T	Allegheny
VAIDYA, MD, Shailendra	Philadelphia
VAISMAN, MD, Sergio R	Chester
VAKIL, MD, Hassan C	Delaware
VALCARCEL, MD, Sofronio J	Allegheny
VALDERRAMA, MD, Hugo T	Luzerne
VALDES, MD, Conrado A	Mckean
VALE, STEVEN	Student
VALENA, MD, Elena V	Mercer
VALENA, MD, Loe V	Mercer
VALENCIA, MD, Celedonio C	Berks
VALENTE, ANTHONY F	Student
VALENTEEN, MD, J Walter	Delaware
VALENTI, MD, John T	Luzerne
VALENTINE, MD, Jerome D	Philadelphia
VALENZA, MD, Thomas C	Allegheny
VALERIANO, MD, James P	Allegheny
VALIGORSKY, MD, Paul J	Elk/Cameron
VALKO, MD, Annemarie P S	Allegheny
VALKO, MD, George P	Philadelphia
VALLABH, MD, Sagar V	Mercer
VALLE, MD, Edgar O	Delaware
VALLEJO, MD, Manuel C	Washington
VALLESTEROS, MD, Federico P	Mercer
VALLIAPPAN, MD, Swaminathan	Allegheny
VALLOW, MD, Morton J	Philadelphia
VALVERDE, MD, Mario F	Lackawanna
VAN ARSDALEN, MD, Keith N	Philadelphia
VAN DE BEEK, MD, M Louis	Philadelphia
VAN DEWATER, MD, Joseph M	Philadelphia
VANANTWERP, MD, Kenneth J	Somerset
VANBUSKIRK, MD, Charles	York
VANDAMIA, MD, Donald N	Erie
VANDENBOSCH, MD, John T	Berks
VANDERBEEK, MD, Richard R	Bucks
VANDERHOFF, BRUCE T	Student
VANDERLIN, MD, Robert L	Lycoming
VANDERPOOL, MD, Ramon A	Bucks
VANDERVEER, MD, Joseph B	Montgomery
VANDERVEER, MD, Lindsley D	Northampton
VANDUKER, BRADFORD S	Student
VANDUUREN, MD, Anton	Franklin
VANDYK, MD, Klaas	Westmoreland
VANEENWYK, MD, Fay J	Montgomery
VANELKAN, HEIDI	Student
VANETT, MD, Bruce B	Delaware
VANGAALEN, MD, Adriaan J	Northampton
VANGIESEN, MD, Peter J	York
VANGORE, MD, Surya K	Philadelphia
VANHOUTEN, MD, Robert J	Adams
VANKIRK, MD, James K	Franklin
VANKIRK JR, JAMES K	Allegheny
VANKIRK JR, MD, John S	Allegheny
VANNORT, JOSEPH J	Student
VANNUCCI, MD, Robert C	Dauphin
VANSANT, MD, Alan E	York
VANSCOTT, MD, Eugene J	Montgomery
VANSTON, VINCENT J	Student
VANSTRIEN, MD, Adrian R	Washington
VANVORIS, MD, Lee P	Erie
VANWYK, MD, Rita E	York
VANZANTEN, MD, Henry C	Mercer
VARACALLO, MD, Albert L	Jefferson
VARADA, MD, Annapoorna	Philadelphia
VARADA, MD, K P Babu	Montgomery
VARANO, MD, Lottie A	Dauphin
VARANO, MD, Vincent J	Montour
VARCELOTTI, MD, Jorge R	Erie
VARDARO, MD, Lina G	Philadelphia
VARE JR, MD, Victor B	Montgomery
VARGA, MD, Arthur B	Fayette
VARGA, MD, Jeffrey M	Allegheny
VARGAS, HUGO E	Student
VARGO, MD, Karen S	Allegheny
VARINDANI, MD, Mahesh	Allegheny
VARKER, MD, Carolyn B	Philadelphia
VARKER, MD, Mary D	Philadelphia
VARLEY, MD, William J	Allegheny
VARMA, MD, Neena	Dauphin
VARMA, MD, Rajiv R	Allegheny
VARMA, MD, Swarna	Allegheny
VASILY, MD, David B	Northampton
VASQUEZ, MD, Ramon A	Allegheny
VASSALLO, MD, Richard W	Philadelphia
VASSALLO JR, MD, Ralph R	Philadelphia
VASSALLUZZO, MD, Francis J	Bucks
VASSALLUZZO, MD, Julio E	Bucks
VASSALOTTI, MD, Stephen B	Philadelphia
VASTA, MD, Alfred G	Bucks
VASTINE, MD, John R	Northmbrland
VASUDEVAN, MD, Gopalan	Westmoreland
VASUDEVAN, MD, Raghavan	Lycoming
VATAVUK, MD, Mark K	Erie
VATES, MD, Charles W	Allegheny
VAUGHAN, MD, Paul M	Allegheny
VAUGHN JR, MD, Arthur R	Philadelphia
VAZALES, MD, Brad E	Lancaster
VAZQUEZ, MD, Jorge	Washington
VAZQUEZ-ARAN, MD, Annette	Monroe
VEENIS, MD, Cornelius Y	Allegheny
VEGA, MD, Rogelio E	Armstrong
VEGARI, MD, Matt M	Monroe
VEGLIA, MD, Kathleen S	Luzerne
VELASCO, MD, Rey	Lehigh
VELAYO, MD, Dante P	Union
VELEZ, MD, Rafael I	Westmoreland
VEMULAPALLI, MD, Kutumbarao	Erie
VEMULAPALLI, MD, Lakshmi R	Erie
VENIER, MD, Leon H	Berks
VENIT, MD, Bethany A	Luzerne
VENTRA, MD, Pamela C	Allegheny
VENTRE, MD, Susan	Lackawanna
VENTURA, MD, Cecilia R	Lackawanna
VENTURA, MD, Samuel R	Lackawanna
VENZON, MD, Norman A	Westmoreland
VERA, MD, Luis F	Philadelphia
VERCH, MD, Patricia M	Montour
VERDECCHIA, MD, Leo M	Erie
VERDI, MD, Carol A	Philadelphia
VERGARE, MD, Michael J	Philadelphia
VERGIS, EMANNUEL N	Allegheny
VERGNE, MD, Raymond	Allegheny
VERMA, MD, Maheshwer B	Northampton
VERMEIRE, MD, David A	Mercer
VERNACE, MD, Joseph V	Montgomery
VERNICK, MD, Clifford G	Lehigh
VERNICK, MD, Jerome J	Philadelphia
VERNINO, DO, Richard James	Allegheny

VERNINO, MD, Rocco A	Allegheny
VERNO, LISA C	Student
VERNOCY, MD, William C	Indiana
VERNOCY, MD, William G	Indiana
VERONESI, DO, John N	Jefferson
VERSAGE, MD, Joseph L	Northampton
VESELY, MD, John A	Washington
VESOULIS, MD, Zissis	Bradford
VEY, MD, Edwin K	Allegheny
VICKERS, MD, Curtis W	Columbia
VICKERY, MD, Jon L	Dauphin
VICTOR, MD, Mark F	Philadelphia
VIDELL, DO, Jerry S	Philadelphia
VIECHNICKI, MD, Michael B	Lehigh
VIEK, MD, Christa V R	Philadelphia
VIEK, MD, Nicholas F	Chester
VIERA, MD, Angel	Allegheny
VIGDAROVICH, MD, Vladimir	Northmbrland
VIGILANTE, MD, Michael	Lehigh
VIGLIONE, MD, Joseph P	Monroe
VIJAYAMOHAN, MD, Govindarajulu	Allegheny
VIKOREN, MD, Farah H	Bucks
VIKOREN, MD, Persila H	Philadelphia
VILLA, MD, Francisco B	Potter
VILLACRUSIS, MD, Oscar C	Luzerne
VILLAGRA, MD, Victor G	Montour
VILLANOS, MD, Jesus M	Erie
VILLANUEVA, MD, Onofre Q	Venango
VILLARIN JR, L ALBERT	Student
VILLARREAL, MD, Carlos X	Schuylkill
VILLASIN, MD, Joseph V	Lackawanna
VILLASIS, MD, Cynthia D	Delaware
VILLAVICENCIO-NOCHE, MD, Lydia L	Fayette
VILLEGAS, MD, Antonio C	Montgomery
VILLEGAS, MD, Emilio	Westmoreland
VILLELLA, MD, Edward R	Allegheny
VILUSHIS, DO, George J	Erie
VIN, MD, Prakash K	Westmoreland
VINCENT, MD, Gregory J	Bucks
VINCENT, MD, Joseph E	Lehigh
VINSON, MD, Carey T	Allegheny
VIOLA, MD, Annette M	Chester
VIOLA, MD, John E	Philadelphia
VIOLAGO, MD, Eduardo S	Dauphin
VISALE, MD, Albert T	Allegheny
VISCUSI, MD, Eugene R	Philadelphia
VISNESKI, DO, Paul E	Lancaster
VISOT, MD, Luis R	Erie
VISPERAS, MD, Emiliana P	Northampton
VISPERAS, MD, Mario F	Carbon
VISWANATHAN, MD, Byravan	Adams
VITALE, MD, Louis J	Lackawanna
VITANZA, DO, Sebastian A	Erie
VITKIN, MD, Elvina	Philadelphia
VITTO, ANTHONY	Student
VITTONE, MD, Ronald B	Westmoreland
VIVERETTE JR, MD, Joseph F	Allegheny
VIVIAN, MD, Gail M	Chester
VIZER, MD, Mark B	Bucks
VLACHOS, MD, Vasilios A	Chester
VLAHOS, DO, Patrick J	Allegheny
VLESSING, MD, Elias	Bucks
VLESSING, MD, Eva	Bucks
VOCI, MD, Gerardo	Philadelphia
VOGAN, MD, Clifford R	Armstrong
VOGAN, MD, William R	Mercer
VOGEL JR, MD, Julius A	Beaver
VOGELEY, MD, Eva A	Allegheny
VOGIN, MD, Eugene E	Philadelphia
VOGIN, GARY D	Student
VOGLER JR, MD, Wilfred E	Northampton
VOGT, BETH A	Allegheny
VOGT, MD, Merle A	Delaware
VOLIN, MD, Jan J	Montgomery
VOLK, MD, Francis N	Philadelphia
VOLK, MD, Stephen A	Northampton
VOLKIN, MD, Leonard B	Allegheny
VOLKIN, MD, Robert L	Allegheny
VOLLMER, MD, Earl S	Montgomery
VOLPE, MD, Frank J	Dauphin
VOLPETTI, MD, George W	Luzerne
VONDERPORTEN, MD, Kenneth P	Allegheny
VONRUEDEN, MD, David G	Delaware
VOORA, MD, Sambasivarao	Erie
VORA, MD, Prafullchandra	Greene
VORASINGHA, MD, Thongchai	Philadelphia
VORE, MD, Steven B	Centre
VOSK, MD, Arno D	Lycoming
VOSSENBERG, MD, Frans J	Montgomery
VOUTSINAS, MD, Louisa V	Luzerne
VOYTKO, MD, Richard E	Cambria
VRABEC, MD, Donald P	Montour
VRABLIK, MD, Ronald M	Crawford
VREELAND, MD, James H	Bedford
VROOMAN, MD, Samuel C	Philadelphia
VUJAN, MD, Alexander S	Allegheny
VUJAN JR, MD, Alexander S	Mercer
VUJEVICH, MD, Marion M	Allegheny
VUKMER, MD, George J	Venango
VYAS, PRANAV K	Allegheny
VYDAS, MD, Saulius J	Centre

W

WACHS, MD, Hirsh	Allegheny
WACHTER, MD, H Ewing	Monroe
WADDINGTON, MD, Arthur W	Philadelphia
WADE, MD, Franklin G	Lycoming
WADE, MD, George R	Chester
WADEMAN, MD, Ross L	Berks
WADHWA, MD, Kamal P	Lawrence
WADHWA, MD, Rajindar K	Allegheny
WADHWA, MD, Saroj R	Allegheny
WADHWANI, MD, Bhagwan J	Washington
WAGENHEIM, MD, Harry H	Philadelphia
WAGENHEIM, MD, Helen S	Philadelphia
WAGMAN, MD, Albert D	Philadelphia
WAGNER, MD, Barbara C	Monroe
WAGNER, MD, Charles I	Montgomery
WAGNER, MD, David K	Philadelphia
WAGNER, MD, James D	Allegheny
WAGNER, MD, Jere L	Northmbrland
WAGNER, MD, John B	Berks
WAGNER, MD, John M	Lackawanna
WAGNER, MD, Joseph A	Philadelphia
WAGNER, MD, Louis J	Venango
WAGNER, DO, Mark E	Berks
WAGNER, MD, Robert A	Venango
WAGNER, MD, Robert E	Potter
WAGNER, MD, Seymour	Philadelphia
WAGNER, MD, Tibor D	Montgomery
WAGNER, MD, W John	Lycoming
WAGNER JR, MD, Frederick B	Philadelphia
WAGNER JR, MD, Richard S	Lancaster
WAHAL, MD, George A	Allegheny
WAHHAB, MD, Abdul	Schuylkill
WAHL, MD, Dayne F	Butler
WAHL, MD, Jeffrey M	Philadelphia
WAHL, MD, Jeffry R	Cambria
WAIBEL, MD, David A	Lackawanna
WAIBEL, MD, John T	Blair
WAINER, MD, Amos S	Philadelphia
WAKULCHIK, MD, Stephen D	Wayne/Pike
WALBERG, MD, Harry W	Allegheny
WALD, MD, Lawrence M	Philadelphia
WALD, MD, Michael E	Allegheny
WALD, MD, Niel	Allegheny
WALDEN, MD, Thomas B	Northampton
WALDHAUSEN, MD, John A	Dauphin
WALDMAN, MD, Clifford R	Blair
WALDMAN, MD, Joseph	Philadelphia
WALDMAN, MD, Terry L	Philadelphia
WALDO, MD, Ralph F	Indiana
WALDOR, MD, Philip A	Chester
WALDORF, HEIDI A	Student
WALICHUCK, MD, John G	Delaware
WALIGURA, DO, R Curtis	Allegheny
WALINSKY, MD, Paul	Philadelphia
WALJI, MD, Salim	Philadelphia
WALKENSTEIN, MD, Michael D	Philadelphia
WALKER, MD, A Carl	Greene
WALKER, MD, Andrew B	Lehigh
WALKER, MD, Ann G	Philadelphia
WALKER, MD, Barry R	Philadelphia
WALKER, MD, Brent E	Erie
WALKER, MD, Brian K	Centre
WALKER, MD, Herbert I	Philadelphia
WALKER, MD, James F	Erie
WALKER, MD, John E	Allegheny
WALKER, MD, Jon G	Lancaster
WALKER, MD, Kimberly C	Philadelphia
WALKER, MD, Leon R	Blair
WALKER, MD, Levi	Allegheny
WALKER, MD, M Lorenzo	Philadelphia
WALKER, MD, Marcellus A	Wayne/Pike
WALKER, MD, Margaret E	Philadelphia
WALKER, MARY A	Student
WALKER, MD, Robert L	Montour
WALKER, MD, Stanley R	Northampton
WALKER, MD, Stephen R	Philadelphia
WALKER, MD, William R	Lancaster
WALKER JR, MD, Leroy L	Philadelphia
WALKOWSKI JR, MD, Edward J	Lackawanna
WALL, MD, John N	Allegheny
WALL, MD, Norman M	Schuylkill
WALL, MD, Rod A	Cambria
WALL, THOMAS J	Student
WALLACE, MD, Homer D	Allegheny
WALLACE, MD, Ira B	Philadelphia
WALLACE, MD, Richard P	Philadelphia
WALLACE, MD, Wilbur S	Erie
WALLACE JR, MD, Joseph	Delaware
WALLEN, MD, Albert D	Philadelphia
WALLENDJACK, MD, John C	Dauphin
WALLER, MD, Louis C	Allegheny
WALLER, MD, Louis C	Lackawanna
WALLERSTEIN, MD, Edward M	Erie
WALLEY III, MD, Robert E	Allegheny
WALLIA, MD, Rajni	Allegheny
WALLIA, MD, Tegendra S	Beaver
WALLIN, MD, Bruce A	Philadelphia
WALLIN, MD, Thomas E	Dauphin
WALLISCH, MD, Michael D	Potter
WALLNER, DO, Leonard	Philadelphia
WALLNER, DO, Paul E	Philadelphia
WALMER, MD, John D	Lebanon
WALMSLEY, MD, James E	Chester
WALNISTA, MD, Frank J	Lackawanna
WALOFF, MD, Ronald I	Philadelphia
WALOR OFFICE MGR, MRS MARGARET M	Westmoreland
WALRATH III, MD, Martin H	Allegheny
WALSH, MD, Arthur C	Allegheny
WALSH, CHRISTOPHER J	Allegheny
WALSH, MD, James C	Luzerne
WALSH, MD, John J	Philadelphia
WALSH, MD, John J	Allegheny
WALSH, MD, Nicholette C	Allegheny
WALSH, MD, Thomas F	Allegheny
WALTER, MD, C Lee	Allegheny
WALTER, MD, Daniel B	Philadelphia
WALTER, MD, David L	Venango
WALTER, MD, Earl R	Mifflin/Juni
WALTER, MD, Willard F	Allegheny
WALTER, MD, William J	Allegheny
WALTERS, MD, Bruce W	Washington
WALTERS, DONALD A	Student
WALTERS, MD, William H	Schuylkill
WALTERS, MD, William S	Warren
WALTHER, BRUCE E	Student
WALTMAN, MD, Charles A	Northampton
WALTZ, JOHN S	Allegheny
WALTZ, MD, Paul K	Dauphin
WALTZER, MD, Frederick N	Montgomery
WAMPLER, MD, David L	Cumberland
WAMPLER, MD, Merle J	York
WANAMAKER, MD, John L	Bradford
WANCZYK, MD, Casimir J	Berks
WANDALOWSKI, MD, John G	Lackawanna
WANG, MD, Barbara K	Westmoreland
WANG, MD, Chee K	Northampton
WANG, MD, George C	Delaware
WANG, LEILEI	Allegheny
WANG, MD, Scott E	Allegheny
WANG, MD, Shen-Chi	Mercer
WANG, MD, Yung-Wen	Schuylkill
WANINGER, MD, Kevin N	Philadelphia
WAPLES, MD, Charles H	Philadelphia
WAPNER, MD, John M	Lehigh
WAPNER, MD, Keith L	Philadelphia
WAPNER, MD, Paul M	Philadelphia
WAPNER, MD, Ronald J	Philadelphia
WARAVDEKAR, NEIL V	Student
WARD, MD, Edgar H	Erie
WARD, MD, Edward J	Delaware
WARD, MD, George W	Philadelphia
WARD, MD, H Richard	Union
WARD, KRISTINE M	Student
WARD, MD, Linda A	Fayette
WARD, MD, Mary J	Columbia
WARD, MD, Michael J A	Chester
WARD, MD, Samuel P	Dauphin
WARD, MD, Stephen D	Montgomery
WARD, MD, Thomas A	Northampton
WARD, MD, Timothy J	Erie
WARD, MD, W Timothy	Allegheny
WARD JR, MD, Louis E	Fayette
WARDE, MD, Donal A	Allegheny
WARDEN, MD, James R	Erie
WARE, MD, Tracy A	Philadelphia
WARE, MD, William B	Beaver
WARFEL, MD, Martin C	Erie
WARGO, MD, Peter J	Allegheny
WARHOL, MD, Michael J	Philadelphia
WARIKOO, MD, Nanna	Cambria
WARIKOO, MD, Shiban K	Cambria
WARNER, MD, Francis J	Montgomery
WARNER, MD, Howard F	Philadelphia
WARNER, MD, Jeannette G	York
WARNER, DO, Mark A	Delaware
WARNER, MD, Norman M	Chester
WARNER, MD, Robert E	Allegheny
WARNER, MD, Robert H	Allegheny
WARNER, MD, Silas L	Philadelphia
WARNICK, MD, Richard D	Philadelphia
WARNING II, WILLIAM J	Student
WARREN, MD, James W	Dauphin
WARREN, MD, Jonathan	Northampton
WARREN, MD, Kenneth C	Montgomery
WARREN, MD, William L	Chester
WARRENDER, MD, William F	Bucks
WARTELLA JR, MD, Stephen	Luzerne
WASHBURN, MD, Virginia E	Allegheny
WASHICK, MD, Frank A	Philadelphia
WASHINGTON, MD, Buford S	Philadelphia
WASILEWSKI JR, MD, Charles L	Lycoming
WASKO, MD, Robert	Lehigh
WASNICK, MD, William	Luzerne
WASNIEWSKI JR, DO, John J	Philadelphia
WASSERMAN, MD, Kenneth E	Philadelphia
WASSERMAN, MD, Ronald E	Lehigh
WASSERMAN, MD, Theodore W	Philadelphia
WASSIL, MD, John G	Mercer
WASSIL JR, MD, John G	Mercer
WATERMAN, DO, Gary Lee	Philadelphia
WATERS, DO, Patrick T	Philadelphia
WATKIN JR, MD, Walter B	Dauphin
WATKINS, MD, Brenda E	Allegheny
WATKINS, MD, George M	Northampton
WATKINS, MD, Gloria J	Westmoreland
WATSON, MD, Charles G	Allegheny
WATSON, MD, James G	Montgomery
WATSON, MD, James R	Allegheny
WATSON, MD, T G	Mercer
WATSON, MD, Thomas M	Crawford
WATSON, MD, William Gray	Allegheny
WATSON III, MD, Robert A	Philadelphia
WATTENMAKER, MD, Bernard M	Allegheny
WATTERS, MD, Edmond C	Allegheny
WATTERSON, MD, Samuel G	Somerset
WATTS, MD, Harvey F	Philadelphia
WAWROSE, MD, Frederick E	Huntingdon
WAWRZYNSKI II, PAUL E	Student
WAX, MD, Martin B	Montgomery
WAXMAN, MD, Herbert S	Philadelphia
WAY, MD, George E	Cambria
WAYE, MD, Robert D	Bradford
WAYLONIS, MD, J Robert	Allegheny
WAYNE, MD, Dennis O	Allegheny
WEADER, MD, Joseph A	Montour
WEADER, MD, William M	Northmbrland
WEAN, MD, Lawrence P	Delaware
WEANER JR, MD, Howard H	Lycoming
WEASON, MD, Steven R	Bucks
WEAVER, MD, Aaron R	Lancaster
WEAVER, AMY LU	Montour
WEAVER, MD, Don K	Lycoming
WEAVER, MD, Donald R	Bradford
WEAVER, MD, Frank M	York
WEAVER, MD, James D	Erie
WEAVER, MD, Kent E	Berks
WEAVER, MD, Lunda E	Blair
WEAVER, MD, Mary F	Berks
WEAVER, MICHAEL A	Student
WEAVER, MD, Miles L	Allegheny
WEAVER, MD, R Clair	Lancaster
WEAVER, DO, Richman G	York
WEAVER, MD, Robert P	Centre
WEAVER, MD, Thomas D	Allegheny
WEBB III, MD, Paul R	Bradford
WEBBER, MD, Carol P	Montgomery
WEBBER, MD, John B	Philadelphia
WEBER, MD, Daniel I	Dauphin
WEBER, MD, Frederic J	Montgomery
WEBER, MD, George L	Delaware
WEBER, MD, George W	Dauphin
WEBER, HILARY B	Student
WEBER, MD, John E	Allegheny
WEBER, MD, John I	Philadelphia
WEBER, MD, Lawrence	Allegheny
WEBER, MD, Otto R	Monroe
WEBER, MD, Richard H	Lancaster
WEBER, MD, Steven J	Bucks
WEBER, MD, William C	Northampton
WEBSTER, MD, Gordon W	Delaware
WEBSTER, MD, John H	Allegheny
WEBSTER, MD, Lane	Tioga
WEBSTER, MD, Wilma P	Columbia
WEBSTER JR, MD, Marshall W	Allegheny
WECHSLER, MD, Harry L	Allegheny
WECHSLER, MD, Lawrence R	Allegheny
WECHSLER, MD, Richard J	Philadelphia
WECHSLER, MD, Richard L	Allegheny
WECHSLER, MD, Sylvia M	Allegheny
WECHT, MD, Cyril H	Allegheny
WEDEEN, MD, Robert S	Chester
WEDEMEYER, MD, Anne L	Allegheny
WEE, MD, Eng C	Mercer
WEED, MD, Allen S	Montgomery
WEED, MD, Michael K	Lancaster
WEGENER, MD, William A	Philadelphia
WEHBE, MD, Marwan A	Montgomery
WEI, MD, Lawrence C	Potter
WEIBEL, CYNTHIA M	Student
WEIBEL, MD, David C	Union
WEIBEL, MD, Robert E	Delaware
WEIDA, CAROL J	Student
WEIDA, MD, Thomas J	Lancaster
WEIDAW, MD, Harold R	Carbon
WEIDMAN EXEC DIR, BRUCE R	Berks
WEIDMAN EXEC DIR, BRUCE R	Berks
WEIDNER, MD, Paul L	Philadelphia
WEIDNER, MD, William A	Dauphin
WEIG, MD, Spencer G	Bradford
WEIGEL, MD, A Linn	Allegheny
WEIGEL, MD, Jesse A	Dauphin
WEIGEL, MD, Joseph H	Beaver
WEIGEL JR, MD, John E	Allegheny
WEIGHTMAN, MD, Joseph	Union
WEIGLER, MD, Richard R	Allegheny
WEIKERS, MD, Norbert J	Allegheny
WEIMER, MD, Gregory R	Centre
WEIN, MD, Alan J	Philadelphia
WEIN, MD, Thomas P	Allegheny
WEINBAUM, MD, David L	Allegheny
WEINBERG, MD, Carroll A	Delaware
WEINBERG, MD, Daniel J	Philadelphia
WEINBERG, MD, J David	Lancaster
WEINBERG, MD, Joel H	Allegheny
WEINBERG, MD, Laurence M	Chester
WEINBERG, MD, Lee M	Allegheny
WEINBERG, MD, Michael G	Westmoreland
WEINBERG, MD, Richard A	Delaware
WEINBERG, MD, Richard L	Allegheny
WEINBERGER, MD, Irving G	Allegheny
WEINBERGER, DO, Richard L	Lackawanna
WEINBLATT, MD, Howard A	Philadelphia
WEINER, MD, Bruce	Montgomery
WEINER, MD, Frank	Indiana
WEINER, MD, Gerald H	Lawrence
WEINER, MD, Harold M	Montgomery
WEINER, MD, Herman L	Philadelphia
WEINER, DO, Ira H	Philadelphia
WEINER, MD, Jack	Philadelphia
WEINER, MD, Jeffery R	Montgomery
WEINER, MD, Leon J	Philadelphia
WEINER, DO, Perry R	Philadelphia
WEINER, MD, Roger D	Delaware
WEINFELD, MD, Mieczyslaw	Allegheny
WEINGARTEN, MD, Martin Z	Philadelphia
WEINGARTEN, MD, Michael S	Philadelphia
WEINSHENKER, NAOMI J	Student

WEINSTEIN, DO, Allen J	Lehigh
WEINSTEIN, MD, David P	Westmoreland
WEINSTEIN, MD, Gary S	Allegheny
WEINSTEIN, MD, George L	Philadelphia
WEINSTEIN, MD, Jack L	Philadelphia
WEINSTEIN, MD, Lee	Dauphin
WEINSTEIN, MD, Maryann B	Washington
WEINSTEIN, MD, Robert S	Philadelphia
WEINSTEIN, MD, Saul F	Philadelphia
WEINSTOCK, MD, Andrew I	Lancaster
WEINSTOCK, MD, Barry S	Philadelphia
WEINSTOCK, MD, Jerome L	Montgomery
WEINSTOCK, MD, Robert M	Philadelphia
WEIS, DO, John H	Bradford
WEIS, MD, Paul R	Lehigh
WEISBAND, MD, Benjamin J	Allegheny
WEISBERG, MD, Edward S	Allegheny
WEISBERG, MD, Jerome S	Berks
WEISBERG, MD, Paul B	Philadelphia
WEISBERG, MD, Robert A	Bucks
WEISEL, MD, William M	Westmoreland
WEISENFLUH, MARK G	Student
WEISER, MD, Madeleine C	Montgomery
WEISER, MD, Paul J	Bucks
WEISKOPF, MD, Jay R	Allegheny
WEISMAN, MD, Dale M	Northampton
WEISMAN, MD, Kenneth M	Delaware
WEISMAN, MD, Richard A	Allegheny
WEISMAN, MD, Robert A	Philadelphia
WEISMER, MD, Richard M	Lancaster
WEISNER, MD, Michael J	Union
WEISS, MD, Alan R	Montgomery
WEISS, MD, Albert A	Philadelphia
WEISS, MD, Arthur J	Philadelphia
WEISS, MD, Burton	Philadelphia
WEISS, MD, Carl B	Monroe
WEISS, MD, Charles	Philadelphia
WEISS, MD, David L	Philadelphia
WEISS, MD, Edward D	Philadelphia
WEISS, MD, Elissa	Allegheny
WEISS, ERIC G	Student
WEISS, MD, Fred H	Philadelphia
WEISS, MD, George H	Montgomery
WEISS, MD, Gerald B	Philadelphia
WEISS, MD, Herman A	Allegheny
WEISS, MD, James	Allegheny
WEISS, MD, Jeffrey P	Lackawanna
WEISS, MD, Jordan B	Philadelphia
WEISS, MD, Larry D	Allegheny
WEISS, MD, Laurence B	Philadelphia
WEISS, DO, Malcolm D	York
WEISS, MD, Malcolm S	Allegheny
WEISS, MICHAEL J	Student
WEISS, MD, Michael W	Allegheny
WEISS, MD, Ned M	Montgomery
WEISS, MD, Richard D	Delaware
WEISS, MD, Richard J	Philadelphia
WEISS, MD, Robert	Philadelphia
WEISS, MD, Robert F	Allegheny
WEISS, MD, Robert J	Warren
WEISS, MD, Sidney	Philadelphia
WEISS, MD, Stephen M	Philadelphia
WEISS, MD, William B	Philadelphia
WEISS, MD, William B	Lycoming
WEISSER, MD, C William	Allegheny
WEISSMAN, MD, Jerry	Butler
WEISSMAN, MD, Joel M	Philadelphia
WEISSMAN, MD, Marcus I	Philadelphia
WEITEKAMP, MD, Michael R	Dauphin
WEITZEL, MD, Scott L	Montour
WEITZEL, MD, William K	Allegheny
WELCH, MD, Fred W	Susquehanna
WELCH, MD, J Patrick	Lebanon
WELDNER, MD, Paul W	Dauphin
WELDON, MD, John F	Washington
WELLENBACH, MD, Burton L	Philadelphia
WELLER, MD, Carl A	Northmbrland
WELLER, MD, Russell W	Chester
WELLES, MD, Richard V	Erie
WELLMAN, MD, Richard H	Butler
WELLS, MD, E Buist	Erie
WELLS, LAUREEN F	Student
WELNER, MD, Alan H	Philadelphia
WELSH, MD, James F	Berks
WELSH, MD, Judith B	Delaware
WELTMAN, MD, Gary R	Wyoming
WELTY, MD, John W	Philadelphia
WELTY, MD, Katherine K	Westmoreland
WEMPLE, MD, Jan B	Northampton
WENDELL JR, MD, James I	Montgomery
WENDER, MD, Richard C	Philadelphia
WENDLING, MD, Woodrow W	Philadelphia
WENG, MD, Sam S	Northampton
WENGER, MD, Allen S	Dauphin
WENGER, MD, Jay A	Bucks
WENGER, MD, Marlin E	Lancaster
WENGER, MD, Norman E	Lackawanna
WENGER, MD, Sidney U	Philadelphia
WENGERT JR, MD, Paul A	Dauphin
WENGROVITZ, MD, Paul H	Centre
WENIGER, MD, Frederick C	Allegheny
WENIGER, MD, Frederick L	Allegheny
WENNER, DO, David R	Dauphin
WENNER, MD, Robert B	Luzerne
WENNER JR, DO, Earl J	York
WENNER JR, MD, William J	Philadelphia
WENNERSTEN, MD, Jack R	Montgomery
WENTZ, MD, Henry S	Lancaster
WENTZ JR, MD, Walter E	Delaware
WENTZEL, MD, H Earl	Philadelphia
WENTZLER, MD, J Donald	Union
WENZ, MD, Margie E	Allegheny
WENZ, MD, Robert E	Allegheny
WERLEY, MD, Charles W	Northampton
WERLEY, MD, John D	Northampton
WERNER, MD, A William	Erie
WERNER, ALAN M	Allegheny
WERNER, MD, David B	Centre
WERNER, MD, Donald J	Lackawanna
WERNER, MD, Elliot B	Philadelphia
WERNER, MD, Joyce Z	Cambria
WERNER, KATHLEEN M	Allegheny
WERNER, ROBERT S	Student
WERNER JR, MD, Joseph H	Bucks
WERT, MD, Roy E	Bradford
WERTHAN, MD, Merylee E	Philadelphia
WERTHEIMER, MD, John H	Philadelphia
WERTHEIMER, MD, Marc J	Delaware
WERTHER, MD, Norman M	Montgomery
WERTIME, MD, Clara G	Dauphin
WERTZ, MD, Robert E	Blair
WERTZ, MD, Robert R	Cambria
WESCHLER, MD, Barbara	Allegheny
WESNER, MD, Neil N	Luzerne
WESSEL, MD, Isadore J	Philadelphia
WEST, MD, Edward	Centre
WEST, MD, John C	Montour
WEST, MD, Robert B	Mifflin/Juni
WEST, MD, William B	Huntingdon
WEST, MD, William J	Cumberland
WEST JR, MD, Clifton F	Montgomery
WESTCOTT, MD, Richard J	Berks
WESTERMANN, MD, Carola J	Allegheny
WESTHEIM, MD, Alan I	Monroe
WESTON, MD, David M	Lancaster
WESTON, MD, Kenneth R	Lehigh
WESTON, MD, S David	Luzerne
WETHERHOLD, DAVID W	Allegheny
WETMORE, MD, Ralph F	Philadelphia
WETMORE, MD, Stanley M	Dauphin
WETSCHLER, MD, Stanley S	Allegheny
WETSTONE, MD, Jeffrey B	Lycoming
WETTLAUFER, MD, Marilyn R	Philadelphia
WETZEL, MD, Marie A	Blair
WEXLER, MD, Harry	Philadelphia
WEXLER, SHARI B	Student
WEXLIN, MD, Donald J	Montgomery
WEYLAND, MD, Charletta K	Lebanon
WHALEN, MD, Edward C	Montgomery
WHALEN, MARK J	Allegheny
WHALEN, MD, Thomas J	Washington
WHALEY, MD, Dana H	Westmoreland
WHAREN, MD, Robert E	Allegheny
WHARTON, MD, Stanley W	Erie
WHEATLY, MD, William K	Lancaster
WHEELER, MD, Glen N	Lebanon
WHEELER, MD, Leigh D	Centre
WHEELER, MD, Thomas B	Philadelphia
WHEELING, MD, George H	Cambria
WHELAN, MD, Stephen T	Delaware
WHETSTONE, MD, Charles L	Lancaster
WHILDIN, MD, James G	Northampton
WHIPPLE, MD, Dorothy S	Philadelphia
WHITAKER, MD, H Craig	Delaware
WHITAKER, MD, J Michael	Bucks
WHITAKER, MD, Linton A	Philadelphia
WHITAKER, MD, Paul J	Northampton
WHITCOMB, MD, Clarence A	Philadelphia
WHITCOMB, MD, Luther M	Cumberland
WHITE, MD, Albert E	Bucks
WHITE, MD, Carol J	Greene
WHITE, MD, Cheryl Jo	Montgomery
WHITE, MD, Daryl E	Franklin
WHITE, MD, David A	Washington
WHITE, MD, David M	Philadelphia
WHITE, MD, Deborah A	Philadelphia
WHITE, MD, George S	Centre
WHITE, MD, Jack C	Chester
WHITE, MD, John V	Montgomery
WHITE, MD, Joseph G	Chester
WHITE, JULIE M	Student
WHITE, MD, Kathlene A	Montgomery
WHITE, MD, Richard F	Bucks
WHITE, MD, Richard K	Lehigh
WHITE, MD, Robert A	Delaware
WHITE, MD, Robert P	Northampton
WHITE, MD, Sean B	Philadelphia
WHITE, MD, Steven J	Armstrong
WHITE, MD, T Michael	Cambria
WHITE, MD, Warren F	Cambria
WHITE, MD, Wesley R	Lackawanna
WHITE, MD, William L	Allegheny
WHITE EXEC SEC, MS ANNE L	Fayette
WHITE JR, MD, Robert H	Lancaster
WHITELEY, MD, John P	York
WHITENACK, MD, Stephen H	Philadelphia
WHITESIDE, MD, Virginia E	Allegheny
WHITING, MD, R Keith	Lebanon
WHITLEY, AMY B	Student
WHITMAN, MD, Mark A	Bucks
WHITMAN, MD, Randal L	Philadelphia
WHITMAN, MD, Robert S	Allegheny
WHITMORE, MD, John T	Bedford
WHITMORE, MD, Mason	Delaware
WHITSON, MD, David W	Lehigh
WHITTAKER, MD, Richard P	Montgomery
WHITTEN, MD, Thomas L	Westmoreland
WHITTEN, MD, Warren L	Indiana
WHOLEY, MD, Mark H	Allegheny
WIBLE, MD, Claire E	York
WIBLE, MD, Leroy C	Allegheny
WIBULOUTAI, MD, Boonterm	Beaver
WICHMAN, MD, Beth A	Clearfield
WICK, MD, John L	Butler
WICKERHAM JR, MD, Earl P	Allegheny
WICKEY, MD, Gregory S	Dauphin
WICKRAMASINGHE, MD, Eardly K	Erie
WIDDOWSON, MD, Harold R	Delaware
WIDELITZ, MD, Martin M	Philadelphia
WIDER, MD, Saul	Philadelphia
WIDGE, MD, Toeruna S	Lehigh
WIDGER, MD, John E	Columbia
WIDLAN, MD, Sheldon	Westmoreland
WIDLITZ, MD, Michael D	Bucks
WIDOME, MD, Mark D	Dauphin
WIECKS, MD, Michael J	Dauphin
WIECZOREK, MD, J Eric	Somerset
WIEDER JR, MD, Henry S	Philadelphia
WIEGAND, MD, David A	Dauphin
WIEMANN, MD, George F	Bucks
WIENER, MD, David H	Montgomery
WIENER, MD, Eugene S	Allegheny
WIENER, DO, Harvey M	Allegheny
WIENER, MD, Jacob	Philadelphia
WIENER, MD, Stephen G	Berks
WIESENFELD, MD, Nathaniel H	Luzerne
WIESNER, MD, Irving S	Delaware
WIEST, MD, Hiram L	Dauphin
WIEST, MD, Philip R	Berks
WIGERT, MD, Walter S	Tioga
WIGHT, MD, Susan C	Philadelphia
WIGLE, MD, Arnold R	Westmoreland
WIKLER, MD, Joan G	Bucks
WIKLER, MD, Louis A	Philadelphia
WIKLER, MD, Matthew A	Montgomery
WIKOFF, MD, Edward K	Philadelphia
WILBERGER JR, MD, James E	Allegheny
WILCOX, MD, Simmon L	Beaver
WILCOX, MD, Wilfred W	Lycoming
WILCOX JR, MD, Winthrop P	Lancaster
WILD JR, MD, Robert M	Centre
WILDBLOOD, MD, Harry M	York
WILDENHAIN, MD, Philip M	Allegheny
WILDER, MD, Bruce L	Allegheny
WILDER, MD, David W	Cambria
WILDERMAN, MD, Barry S	Bucks
WILDRICK, MD, Kenneth H	Northampton
WILEN, MD, Howard O	Allegheny
WILEY, MD, Bert C	Blair
WILEY, MD, Catherine C	Delaware
WILEY, DO, David E	Lancaster
WILEY, MD, Robin L	Philadelphia
WILF, MD, Harold	Philadelphia
WILFONG, MD, Donald J	Allegheny
WILHELM, MD, Barbara E	Fayette
WILHELM, MD, William C	Erie
WILKENING, MD, Robin M	Mifflin/Juni
WILKERSON, MD, Joseph L	Delaware
WILKINS, MD, Byron D	Lehigh
WILKINS, MD, Daniel M	Allegheny
WILKINSON, MD, David M	Montour
WILKINSON, MD, Harold A	Delaware
WILKINSON, MD, John H	Allegheny
WILKINSON, MD, Roselise H	Delaware
WILKOS, MD, Francis J	Erie
WILLARD III, MD, Willis W	Cumberland
WILLENS, MD, John S	Chester
WILLET, MD, Andrew A	Greene
WILLIAMS, MD, A Claude	Lycoming
WILLIAMS, MD, Barbara J	Montgomery
WILLIAMS, MD, Burton L	Delaware
WILLIAMS, MD, Carol C	Mifflin/Juni
WILLIAMS, MD, Claude M	Delaware
WILLIAMS, MD, David O	Lehigh
WILLIAMS, MD, F Marian	Philadelphia
WILLIAMS, MD, Glenn L	Philadelphia
WILLIAMS, MD, Henry N	Lancaster
WILLIAMS, MD, Herman J	Berks
WILLIAMS, MD, Jay James	Philadelphia
WILLIAMS, MD, John J	Berks
WILLIAMS, MD, John T	Philadelphia
WILLIAMS, MD, Judith V	Montgomery
WILLIAMS, MD, Karl E	Allegheny
WILLIAMS, MD, Kirkley R	Philadelphia
WILLIAMS, DO, Mark S	Westmoreland
WILLIAMS, MD, Melvin C	Indiana
WILLIAMS, MD, Norman S	Westmoreland
WILLIAMS, DO, Paul D	Dauphin
WILLIAMS, MD, R Hallock	Montgomery
WILLIAMS, MD, Richard A	Erie
WILLIAMS, MD, Richard G	Allegheny
WILLIAMS, MD, Robert H	Lycoming
WILLIAMS, MD, Scott L	Allegheny
WILLIAMS, MD, Stephen K	Montgomery
WILLIAMS, MD, Steven C	Allegheny
WILLIAMS, MD, Susan L	Delaware
WILLIAMS, MD, Virginia M	Dauphin
WILLIAMS III, MD, Irving	Union
WILLIAMS JR, MD, Philip D	Allegheny
WILLIAMS JR, MD, Thomas L	Northampton
WILLIAMSON, MD, Edward L	Westmoreland
WILLIAMSON, MD, Mark E	Allegheny
WILLIAMSON, MD, Neihl J	Lycoming
WILLIAMSON, WINSOME D M	Student
WILLIG, MD, Doris	Philadelphia
WILLIHNGANZ, MD, Walter D	Bucks
WILLIS, MD, Deborah G	Allegheny
WILLIS, MD, Johnnie S	Northampton
WILLISON, MD, Robert W	Allegheny
WILLNER, MD, David L	Chester
WILLWERTH, MD, Gerald E	Franklin
WILLWERTH, MD, James W	Berks
WILSKER, MD, Herbert B	Lancaster
WILSON, MD, Arthur R	Armstrong
WILSON, MD, Charles R	Allegheny
WILSON, DO, Daniel K	Mckean
WILSON, DAVID G	Student
WILSON, MD, David O	Allegheny
WILSON, MD, Donald F	Chester
WILSON, MD, Dorothy G	Northmbrland
WILSON, MD, Frederick S	Montgomery
WILSON, MD, George M	Philadelphia
WILSON, MD, George W	Allegheny
WILSON, MD, J Edward	Dauphin
WILSON, MD, James A	Lancaster
WILSON, MD, James L	Tioga
WILSON, MD, Janet L	Philadelphia
WILSON, MD, John F	Philadelphia
WILSON, MD, John F	Montgomery
WILSON, MD, John S	Westmoreland
WILSON, JONATHAN M	Student
WILSON, MD, Lance B	Bucks
WILSON, MD, Linda C	Chester
WILSON, MD, Ray A	York
WILSON, MD, Raymond N	Westmoreland
WILSON, MD, Richard A	Armstrong
WILSON, MD, Richard C	Lehigh
WILSON, MD, Richard P	Philadelphia
WILSON, MD, Robert J	Allegheny
WILSON, MD, Roma A	Delaware
WILSON, MD, Ruth W	Beaver
WILSON, MD, Samuel M	Union
WILSON, MD, Thomas W	Lawrence
WILSON, MD, W Lawrence	Allegheny
WILSON, MD, William W	Montgomery
WILSON JR, MD, Robert N	Montgomery
WILT, MD, Kenneth E	York
WILTON, MD, Edward A	Montgomery
WIMSATT, MD, Michael H	Mifflin/Juni
WINANS, MD, Lewis E	Berks
WINEGRAD, DO, Leonard	Philadelphia
WINER, MD, Stephen F	Lebanon
WINEY, MD, Wilfred H	Cambria
WINFREE, MD, Listervelt	Philadelphia
WINGARD, MD, Larry B	Armstrong
WINGERD, MD, Robert A	Franklin
WINGERT JR, MD, Charles H	Centre
WINGERT JR, MD, J Paul	Blair
WINHELD, MARIKA R	Allegheny
WINIARSKI, MD, Genevieve C	Lancaster
WINIARSKI, MD, Janusz	Blair
WINKLER JR, MD, Louis H	Northampton
WINN, MD, Charles	Delaware
WINN, MD, Randall S	Berks
WINN JR, MD, Charles L	Bucks
WINSLOW, MD, Roy E	Franklin
WINSON, MD, Samuel G	Philadelphia
WINSTEAD, MD, Welby	Bradford
WINSTON, MD, James R	Philadelphia
WINSTON, MD, Joseph M	Berks
WINSTON, MD, Norman J	Berks
WINSTON, MD, Ralph B	Bradford
WINT, MD, Roger M	Philadelphia
WINT, MD, Samuel J	Cambria
WINTER, MD, Charles R	Lancaster
WINTER, MD, Fred S	Montgomery
WINTER, MD, Peter M	Allegheny
WINTER 2ND, MD, John C	Lycoming
WINZELBERG, MD, Gary G	Allegheny
WIRE, MD, Wilbur H	York
WIRGANOWICZ, PHILIP Z	Student
WIRSHUP, MD, Mary B	Chester
WIRTH, MD, Timothy M	Berks
WIRTS, MD, Steven B	Philadelphia
WIRTS JR, MD, C Wilmer	Philadelphia
WISE, MD, Richard J	Luzerne
WISE, SCOTT W	Student
WISEMAN, DO, Douglas C	Northampton
WISHNEV, MD, Martin A	Allegheny
WISMAN, MD, Craig B	Dauphin
WISNESKI JR, MD, John T	Allegheny
WISNIEWSKI, MD, Peter M	Philadelphia
WISS, MD, Raymond J	Cumberland
WISSINGER, MD, H Andrew	Allegheny
WISSLER, MD, Robert U	Lancaster
WITHERELL, PETER M	Student
WITHERSPOON, MD, John S	Allegheny
WITHERSPOON, MD, Myra A	Mckean
WITHERSPOON, MD, Robert G	Westmoreland
WITKIN, MD, Evelyn D	Montgomery
WITKOWSKI, MD, Joseph A	Philadelphia
WITKOWSKI, MARK T	Student
WITMER, MD, Donald B	Lancaster
WITMER, MD, Robert H	Lancaster
WITOWSKI, MD, John J	Lackawanna
WITT, MD, D Ernest	Columbia
WITT, MD, Paul J	Luzerne
WITTELS, MD, Emanuel	Berks
WITTHOFF JR, MD, Elmer M	Lycoming
WITTIG, MD, Robert L	Allegheny
WITTMANN, MD, Thomas A	Erie
WNEK, MD, Gary E	Philadelphia
WODNICKI, MD, Moises	Washington
WODZINSKI, MD, Steven F	Westmoreland
WOELFEL, MD, George F	Allegheny
WOERTHWEIN, MD, Kenneth F	York
WOHL, MD, Daniel L	Philadelphia
WOHL, MD, Milton A	Philadelphia
WOJCIAK, DO, Raymond J	Allegheny

WOJTOWYCH, MD, Mykola	Philadelphia
WOLANIN, MD, Janusz	Luzerne
WOLBACH JR, MD, Albert B	Lancaster
WOLDORF, MD, Norman M	Dauphin
WOLDOW, MD, Andrew B	Montgomery
WOLDOW, MD, Asher	Philadelphia
WOLDOW, MD, Irving	Philadelphia
WOLF, MD, Charles R	Chester
WOLF, MD, Franklin M	Berks
WOLF, MD, Lewis R	Philadelphia
WOLF, MD, Melvyn A	Montgomery
WOLF, MD, Sandra M	Philadelphia
WOLF, MD, Stephen H	Bucks
WOLF, MD, Stewart G	Northampton
WOLF JR, MD, John H	Philadelphia
WOLFE, MD, Daniel E	Lycoming
WOLFE, MD, David W	Bradford
WOLFE, MD, Dwight D	Lancaster
WOLFE, DO, Gary E	Dauphin
WOLFE, MD, Judith A	Cambria
WOLFE, MD, Patrick W	Cambria
WOLFE, MD, William F	Dauphin
WOLFERTH JR, MD, Charles C	Philadelphia
WOLFF, MD, Bruce R	Mercer
WOLFF, MD, Charles R	Allegheny
WOLFF, MD, Jeffrey M	Westmoreland
WOLFF, MD, Regis A	Allegheny
WOLFGANG, MD, Gary L	Montour
WOLFINGER, MD, Walter L	Franklin
WOLFORD, MD, Jack A	Allegheny
WOLFSON, MD, Bernard	Allegheny
WOLFSON, MD, Philip J	Philadelphia
WOLFSON, MD, Robert J	Philadelphia
WOLFSON JR, MD, Sidney K	Allegheny
WOLGEMUTH JR, MD, John M	Lancaster
WOLGIN, MD, William	Philadelphia
WOLINSKY, MD, Arthur P	Allegheny
WOLK, MD, Melvyn H	Lackawanna
WOLK, MICHAEL D	Allegheny
WOLK, MD, Stephen M	Philadelphia
WOLK, MD, Thomas A	Chester
WOLLMAN, MD, Harry	Philadelphia
WOLLMAN, MD, Michael R	Allegheny
WOLMARK, MD, Norman	Allegheny
WOLOSHIN, MD, Henry J	Philadelphia
WOLSON, MD, Alan H	Lehigh
WON, MD, Kwan H	Dauphin
WON, MD, Okhee	Lackawanna
WONG, MD, Albert	Somerset
WONG, MD, Alfonso Ming Y	Philadelphia
WONG, MD, Edgar	Tioga
WONG, MD, James	Berks
WONG, MD, Kevin M	Westmoreland
WONG, MD, Ling G	Centre
WONG, MD, Ming-Der	York
WONG, MD, Randolph K M	Dauphin
WONGPAKDEE, MD, Sobsan	Potter
WONSETTLER, MD, Donald E	Mercer
WOO, MD, Mariano	York
WOOD, MD, Bradford J	Cumberland
WOOD, MD, David W	Montgomery
WOOD, MD, Elizabeth T	Adams
WOOD, MD, Ernest M	Lancaster
WOOD, MD, Francis C	Philadelphia
WOOD, MD, Howard P	Montgomery
WOOD, MD, John M	Allegheny
WOOD, DO, Karen S	Bucks
WOOD, MD, Margaret D	Philadelphia
WOOD, MD, Margaret G	Philadelphia
WOOD, MD, Marlene B	Luzerne
WOOD, MERLE E	Student
WOOD, DO, Stephen G	Union
WOODCOCK, MD, Charles H	Union
WOODCOCK, MD, Charles W	Dauphin
WOODINGS, MD, Samuel G	Mercer
WOODLEY, MD, Christopher C	Lackawanna
WOODMAN, MD, Thomas J	Bucks
WOODRING, MD, Albert J	Montgomery
WOODRING, MD, Leonard R	Berks
WOODRUFF, MD, Charles L	Philadelphia
WOODRUFF, MD, David L	Erie
WOODRUFF JR, MD, D Stratton	Montgomery
WOODS, MD, Anne M	York
WOODS, GEORGE M	Student
WOODS, MD, Lon D	Adams
WOODS, MD, Timothy A	Philadelphia
WOODSIDE, MD, John A	York
WOODWARD, MD, Edward G	Dauphin
WOODWARD, MD, John P	Philadelphia
WOOLDRIDGE, DO, Carl W	Clearfield
WOOLLEY, DANIEL S	Student
WOOLLEY JR, MD, Paul O	Centre
WOOLSLAYER, MD, Paul R	Somerset
WOOTEN, MD, Sally M	Mifflin/Juni
WORATYLA, STEVEN P	Student
WORLEY, MD, Carl M	Allegheny
WORLEY, MD, Seth J	Lancaster
WORNAS, MD, Christian G	Berks
WOROBEC, MD, Russell N	Lycoming
WORRALL, MD, V Thomas	Allegheny
WORRILOW, MD, Suzanne H	Lebanon
WORSHTIL, MD, Mark E	Washington
WORTHINGTON, MD, John J	Montgomery
WOTRING, MD, John M	Berks
WOYNAROWSKI, MD, John A	Berks
WOZNEY, MD, Paul	Allegheny
WOZNIAK, MD, Richard S	Cambria
WRIGHT, BRUCE A	Allegheny
WRIGHT, MD, David G	Allegheny
WRIGHT, MD, David L	Venango
WRIGHT, MD, Eleanore R	Chester
WRIGHT, MD, F Malcolm	York
WRIGHT, JAMES H	Student
WRIGHT, MD, L Alan	Allegheny
WRIGHT, MD, Lance S	Philadelphia
WRIGHT, MD, Merja T	Erie
WRIGHT, MD, Rayford E	Cambria
WRIGHT, MD, Richard E	Allegheny
WRIGHT, MD, Robert E	Lackawanna
WRIGHT, MD, Scott H	Philadelphia
WRIGHT, MD, Thomas S	Montgomery
WRIGHT, MD, William R	Lawrence
WRIGHT II, MD, John C Y	Beaver
WRIGHT JR, MD, Alfred E	Fayette
WRIGHT JR, MD, George C	Allegheny
WRIGHT JR, MD, George J	Allegheny
WRIGLEY, MD, Michael S	Montgomery
WROBLESKI, MD, Harry F	Allegheny
WU, MD, Chau H	Elk/Cameron
WU, MD, Christine	Philadelphia
WU, JULIA	Allegheny
WU, MD, Jun-Yi	Lackawanna
WU, SHIJEI	Allegheny
WUERZ, MD, Richard C	Philadelphia
WULC, MD, Allan E	Montgomery
WUMMER, MD, Brian A	Berks
WURTELE, MD, Lester H	Philadelphia
WURTZEL, MD, Howard	Montgomery
WUSHENSKY, MD, Curtis A	Philadelphia
WUSTROW, MD, H Juergen	Blair
WUSYLKO, MD, Michael	Allegheny
WYCHE, DO, Samuel P	Philadelphia
WYMER, MD, Ralph M	Butler
WYNERT, MD, William R	Cambria
WYSZOMIERSKI, MD, David A	Westmoreland
WYTOCK, MD, Dale H	Montour

X

XANTHOPOULOS, DO, James E	Mifflin/Juni
XAVIER, MD, Cherian P	Philadelphia

Y

YABLON, MD, Jeffrey S	Philadelphia
YABLONSKI, JEFFREY A	Allegheny
YACONO, MD, John V	Allegheny
YAGNIK, MD, Pratap M	Delaware
YAGNIK, MD, Rekha P	Delaware
YAKISH, MD, Jack E	Erie
YAKISH, MD, Samuel D	Beaver
YALOM, MD, Eve F	Allegheny
YAMULLA, MD, Robert S	Luzerne
YAMULLA, MD, Stanley J	Luzerne
YANCEY, MD, Michael V	Bradford
YANCHUS, MD, Robert M	Westmoreland
YANG, MD, Harold C	Dauphin
YANG, MD, Jae-Taek	Armstrong
YANG, MD, Jau-Hsin	Allegheny
YANG, MD, Shuin-Lin	Philadelphia
YANG, MD, Un-Taek	Montgomery
YANG, MD, Wen-Shiong	Lehigh
YANG, MD, Willian	Montgomery
YANICKO JR, MD, Daniel R	Mercer
YANKURA, MD, John A	Allegheny
YANNACCONE, MD, Robert	Union
YANOFF, MD, David B	Lehigh
YANOFSKY, MD, Charles S	Dauphin
YANOSHAK, DO, Robert N	Luzerne
YANOVIAK, DO, Francis J	Union
YANOVSKI, MD, A Vivian	Philadelphia
YANOVSKI, MD, Alexander G	Philadelphia
YANOVSKI, MD, Jack A	Philadelphia
YAO, MD, Francisco C	Mercer
YAO, TIMOTHY C	Allegheny
YAP, ENGLOK	Student
YAP, MD, Wen T	Montour
YARBORO, MD, Theodore L	Mercer
YARDLEY, MD, Trevor W	Cambria
YARDNEY, MD, Marc J	Delaware
YARNALL, DAVID C	Student
YARNALL, MD, G Winfield	Dauphin
YARNELL, MD, Thomas M	Luzerne
YARRA, MD, Nirmala	Philadelphia
YARROW, MD, Morris W	Philadelphia
YARTZ, DO, Frank C	Montour
YASKIN, MD, Hyman E	Philadelphia
YASUI, MD, Robert S	Lycoming
YASWINSKI JR, MD, Peter T	Monroe
YATES, MD, Adolph J	Allegheny
YATES, MD, Anthony P	Allegheny
YATES, MD, James A	Dauphin
YATES, MD, William A	Cambria
YAVIL, DO, Jules S	Philadelphia
YAVOREK, MD, Henry G	Erie
YAZDANFAR, MD, Shahriar	Philadelphia
YAZDANYAR, MD, Ali	Bucks
YEAGER, MD, Bradford A	Lehigh
YEAGER, MD, Henry C	Lackawanna
YEAGER, MD, James P	Cumberland
YEAGLEY, MD, Heber E	Berks
YEAKEL, MD, Allen E	Lancaster
YEALY, MD, W Holmes	Lycoming
YEAMANS, MD, Bruce E	Lebanon
YEASTED, MD, G Alan	Allegheny
YEATES, MD, Laura	Crawford
YEAW, MD, Scott C	Northampton
YEE, LAURENCE F	Allegheny
YEISLEY, MD, Geary L	Lehigh
YELLENIK, MD, Andrew C	Allegheny
YELLENIK, MD, Robert F	Allegheny
YEN, MD, Conception T	Lehigh
YENCHA JR, MYRON W	Student
YEOMAN, MD, Margaret P	Delaware
YERGER, MD, John F	Cambria
YESKEY, MD, Kevin S	Dauphin
YETIMYAN, MD, Vahe	Delaware
YETSCONISH, MD, Charles A	Allegheny
YEVITZ, MD, Michael G	Lackawanna
YEVITZ, MD, William J	Lackawanna
YIH, MD, Donald F	Montgomery
YING, MD, Shun C	Allegheny
YINGLING, MD, Douglas B	Clearfield
YINGVORAPANT, MD, Somchao	Allegheny
YIP, MD, Luke C	Lehigh
YOCKEY, MD, Robert H	Armstrong
YOCUM, DO, Jeffrey A	Lebanon
YOCUM, DO, Martin D	Lebanon
YODER, MD, Delbert L	Somerset
YODER, MD, John B	Lancaster
YODER, MD, Morris L	Delaware
YODER, MD, Stanley J	Centre
YOH, MD, Harold N	Berks
YOHE, MD, Frank J	Crawford
YOHE, MD, William C	York
YONAS, MD, Howard	Allegheny
YOO, MD, Eun S	Lackawanna
YOO, MD, Ho Joon	Erie
YOO, MD, Hoon	Wayne/Pike
YOO, MD, Tai Y	Jefferson
YOO, MD, Young-Kul	Allegheny
YOON, MD, Chan	Lycoming
YOON, MD, Chung H	Philadelphia
YOON, MD, Donald D	Westmoreland
YOON, MD, Hee J	Bradford
YOON, MD, Myung S	Luzerne
YORK, MD, Eugene P	Dauphin
YORK, MD, Jeffrey P	Mifflin/Juni
YOST, MD, Charles S	Columbia
YOST, MD, Robert M	Montgomery
YOUKEY, MD, Jerry R	Montour
YOUN, MD, Brian A	Montour
YOUNDT, MD, Luke B	Berks
YOUNES, MD, Mamdouh S	York
YOUNG, MD, Cheng Dong	Allegheny
YOUNG, DO, David J	Philadelphia
YOUNG, MD, Geraldine P	Philadelphia
YOUNG, GREGORY R	Allegheny
YOUNG, MD, In Min	Montgomery
YOUNG, MD, Irving	Philadelphia
YOUNG, MD, J Michael	Lancaster
YOUNG, MD, James F	Lancaster
YOUNG, MD, Joseph M	Westmoreland
YOUNG, LINDA L	Student
YOUNG, MICHELLE P	Allegheny
YOUNG, MD, Muriel L	Philadelphia
YOUNG, MD, Vincent K	Philadelphia
YOUNG, DO, William E	Centre
YOUNG, MD, William W	Dauphin
YOUNG, MD, William W	Lancaster
YOUNG, MD, Willie Edward	Philadelphia
YOUNG EXEC DIR, SHERWOOD C	Berks
YOUNGBERG, MD, Russell E	Berks
YOUNGKIN, MD, James F	Columbia
YOUNGWIRTH, MD, Lewis D	Bradford
YOUSHAW, MD, Dennis G	Blair
YOW, MD, Michael V	Delaware
YOXTHEIMER, MD, Robert L	Chester
YSLA, MD, Roy G	York
YU, MD, Paul T	Northampton
YUCHA, MD, Thomas J	Dauphin
YUDIS, MD, Melvin	Montgomery
YUHAS, MD, Thomas R	Dauphin
YUKEVICH, MD, John P	Beaver
YUM, MD, Keuk Y	Delaware
YUMANG, MD, Norberto Y	Lawrence
YUMEN, MD, Omar	Montour
YUN, MD, Daniel D	Philadelphia
YUN, MD, Jae K	Erie
YUN, MD, Won K	Lebanon
YUNGINGER, MD, Richard C	Lancaster
YUNKUN, MD, Jeffrey A	Allegheny
YUSCHAK, MD, James V	Montgomery

Z

ZABALA-OMBAO, MD, Lourdes A	Bucks
ZABALETA, MD, Ruben H	Chester
ZABAT, MD, Enrico A	Cambria
ZABEL, DO, Christine M	Delaware
ZABLOTSKY, MD, Peter M	Butler
ZACCHEI, ANTHONY C	Student
ZACHIAN, MD, Victor A	Philadelphia
ZADEH, MD, Mehdi L	Erie
ZAEPFEL, MD, Joseph P	Lancaster
ZAFAR, MD, Ghaffar A	Schuylkill
ZAFAR, MD, Tasneem S	Washington
ZAGER, MD, Ruth P	Philadelphia
ZAGER, SCOTT L	Student
ZAGLAMA, MD, Nabil E	Fayette
ZAGURSKY, MD, Joyce A	Delaware
ZAHORCHAK, MD, Joseph A	Allegheny
ZAHORIAN III, DO, George T	Dauphin
ZAIDAN, MD, James G	Fayette
ZAINO, MD, Richard J	Dauphin
ZAITOON, MD, Mohammad M	Westmoreland
ZAJAC, MD, Barbara A	Montgomery
ZAJACZKOWSKI, MARIE	Student
ZAK, MD, Paula M	Allegheny
ZAKEOSIAN, MD, Garabet M	Delaware
ZAKHARY, MD, George	Schuylkill
ZAKRZEWSKI, DO, Michael J	Philadelphia
ZAKUTO, MD, Alan Sheldon	Philadelphia
ZALADONIS, MD, Joseph J	Lehigh
ZALADONIS, MD, Sylvia P	Lehigh
ZALAMEA, MD, Petronio F	Beaver
ZALATIMO, MD, Akram A	Luzerne
ZALE, MD, Anthony G	Lackawanna
ZALMAN, RICHARD	Student
ZAMARIN, MD, Richard I	Philadelphia
ZAMBARANO, MD, Thomas J	Dauphin
ZAMBELLI JR, MD, George R	Beaver
ZAMMERILLA, MD, Charles A	Fayette
ZAMOSTIEN, MD, Bernard B	Philadelphia
ZAMOSTIEN, MD, Paul S	Delaware
ZANGRILLI, MD, James G	Allegheny
ZANGWILL, MD, Donald P	Allegheny
ZANKMAN, MD, Nathan	Bucks
ZANNI, MD, Anthony L	Bucks
ZAPATA, MD, William A	Berks
ZAPP, JOHN J	Allegheny
ZAPPALA, DO, Angelo J	Bucks
ZARATE, MD, Maria Paz A	Greene
ZARFOS, MD, Morgan L	York
ZARLENGO, RAYMOND P	Student
ZARRELLI, STEPHEN G	Student
ZASIK JR, DO, Joseph M	Northampton
ZATUCHNI, MD, Jacob	Philadelphia
ZAVADAK, DANIEL G	Allegheny
ZAVAHIR, MD, M Feizal	Blair
ZAVATSKY, ALBERT R	Student
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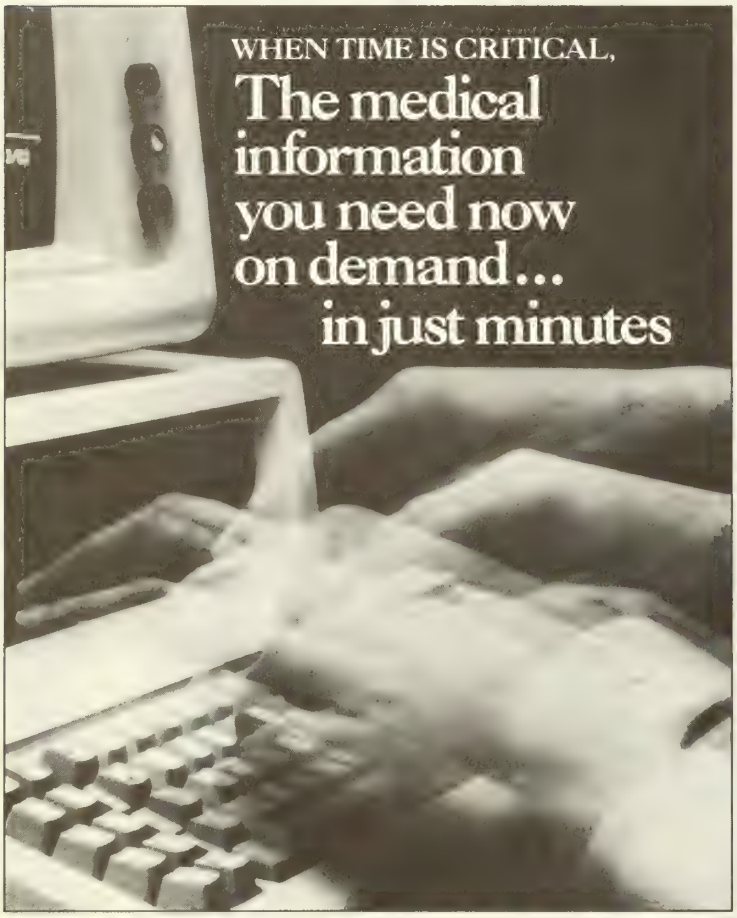

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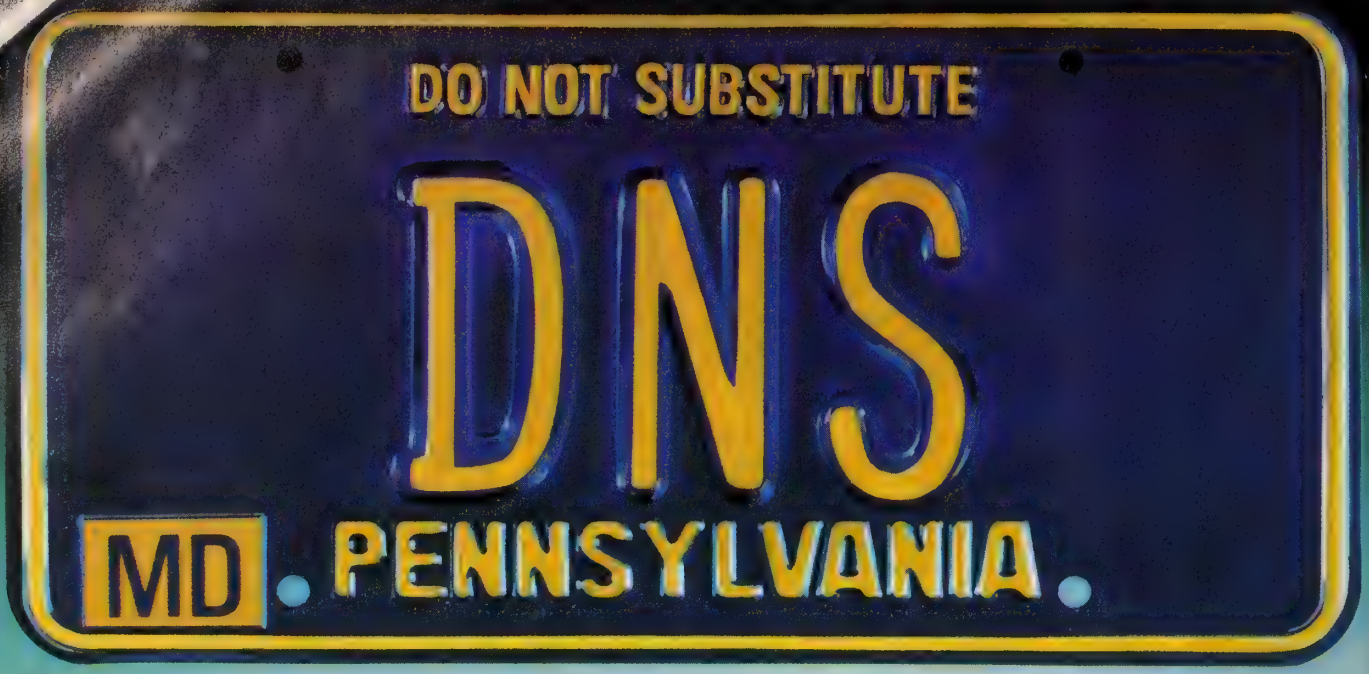

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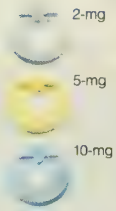

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Pennsylvania Liability REFORM

LIABILITY ALERT

Pennsylvania physicians may see comprehensive medical liability reform this year. But without you, it won't happen.

The Situation

House Bill 2520, which amends the Health Care Services Malpractice Act (Act 111) to provide criteria for expert witnesses, is now before the House Rules Committee.

When the House of Representatives reconvenes later this fall, House Bill 2520 will be reported from the Rules Committee and placed on the House **tabled** calendar. Legislators who support the PMS position on medical liability and tort reform will then seek **procedural** votes to have House Bill 2520 placed on the **active** House calendar.

If successful, Representative J. Scott Chadwick (R-Bradford) will offer the provisions now in House Bill 1834 as a comprehensive medical liability reform amendment to House Bill 2520. These provisions are:

- Sanctions for frivolous lawsuits
- Jury to be informed if plaintiff received reimbursement from collateral sources
- Defendant liable for only his proportional share
- Award of punitive damages with clear and convincing evidence of evil intent
- Future awards reduced to present worth
- Expert witness redefined
- Statute of limitations set at maximum of three years
- CAT fund involvement eliminated in settlement decisions of cases over $200,000
- Delay damages prohibited
- Joint legislative committee on professional liability strengthened
- Informed consent required only for major invasive procedures

LAT Action Plan

Through the Legislative Action Teams (LATs), PMS is initiating a grass roots campaign to aggressively support the medical liability amendments to House Bill 2520. Physicians and auxilians who are LAT members are conducting legislative briefings statewide at county medical society, hospital medical staff and county medical society auxiliary meetings.

What You Can Do

You are the key to this campaign's success. **Visit, call,** or **write** to your State Representative. Emphasize the need for medical liability and tort reform and ask for support of the medical liability amendment to House Bill 2520.

Because there are a limited number of days remaining in the legislative schedule, NOW is when you can make a difference! Contact your State Representative today.

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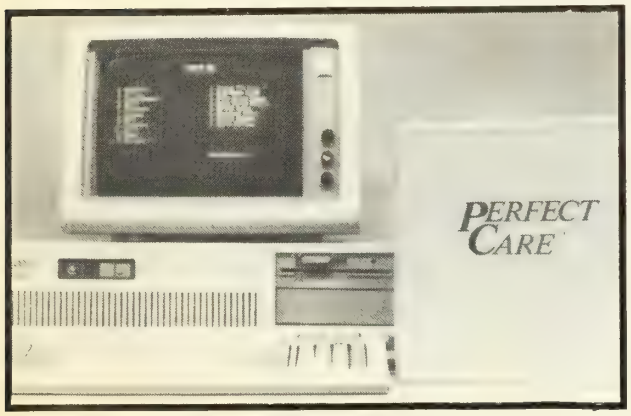

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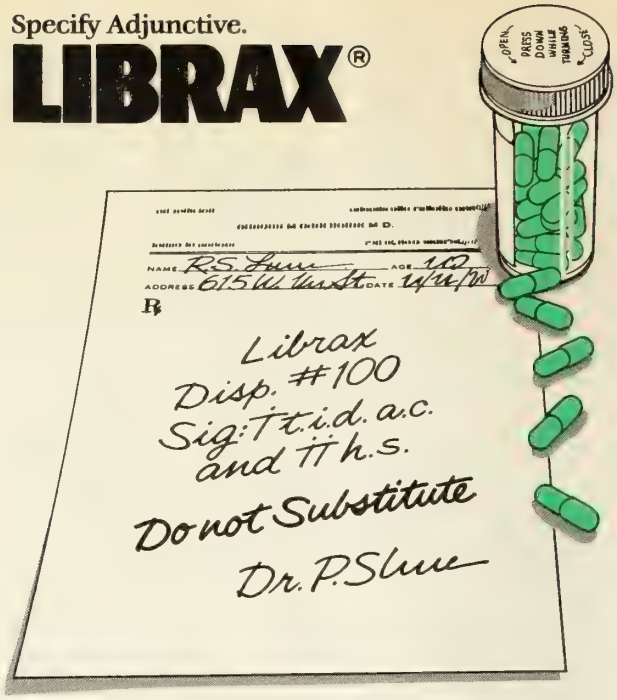

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* **Indications:** Based on a review of this drug by the National Academy of Sciences—National Research Council and/or other information, FDA has classified the indications as follows:
"Possibly" effective: as adjunctive therapy in the treatment of peptic ulcer and in the treatment of the irritable bowel syndrome (irritable colon, spastic colon, mucous colitis) and acute enterocolitis.
Final classification of the less-than-effective indications requires further investigation.

Contraindications: Glaucoma; prostatic hypertrophy, benign bladder neck obstruction; hypersensitivity to chlordiazepoxide HCl and/or clidinium Br.
Warnings: Caution patients about possible combined effects with alcohol and other CNS depressants, and against hazardous occupations requiring complete mental alertness (*e.g.*, operating machinery, driving)
Usage in Pregnancy: **Use of minor tranquilizers during first trimester should almost always be avoided because of increased risk of congenital malformations as suggested in several studies. Consider possibility of pregnancy when instituting therapy. Advise patients to discuss therapy if they intend to or do become pregnant.**
As with all anticholinergics, inhibition of lactation may occur.
Withdrawal symptoms of the barbiturate type have occurred after discontinuation of benzodiazepines (see Drug Abuse and Dependence).
Precautions: In elderly and debilitated, limit dosage to smallest effective amount to preclude ataxia, oversedation, confusion (no more than 2 capsules/day initially; increase gradually as needed and tolerated). Though generally not recommended, if combination therapy with other psychotropics seems indicated, carefully consider pharmacology of agents, particularly potentiating drugs such as MAO inhibitors, phenothiazines. Observe usual precautions in presence of impaired renal or hepatic function. Paradoxical reactions reported in psychiatric patients. Employ usual precautions in treating anxiety states with evidence of impending depression; suicidal tendencies may be present and protective measures necessary. Variable effects on blood coagulation reported very rarely in patients receiving the drug and oral anticoagulants; causal relationship not established. Inform patients to consult physician before increasing dose or abruptly discontinuing this drug.
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Drug Abuse and Dependence: Withdrawal symptoms similar to those noted with barbiturates and alcohol have occurred following abrupt discontinuance of chlordiazepoxide; more severe seen after excessive doses over extended periods; milder after taking continuously at therapeutic levels for several months. After extended therapy, avoid abrupt discontinuation and taper dosage. Carefully supervise addiction-prone individuals because of predisposition to habituation and dependence.

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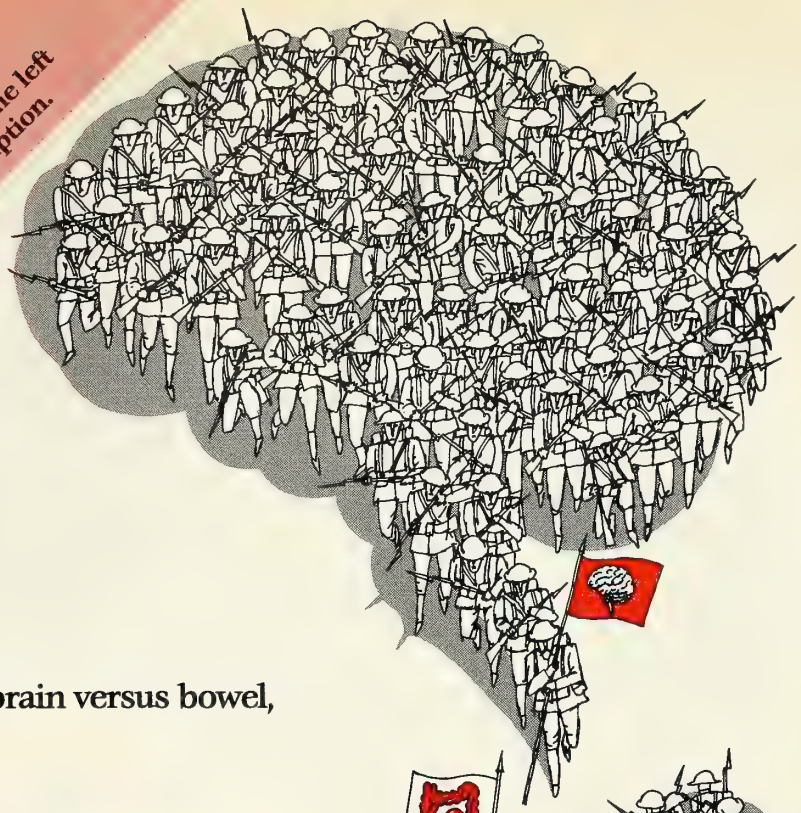

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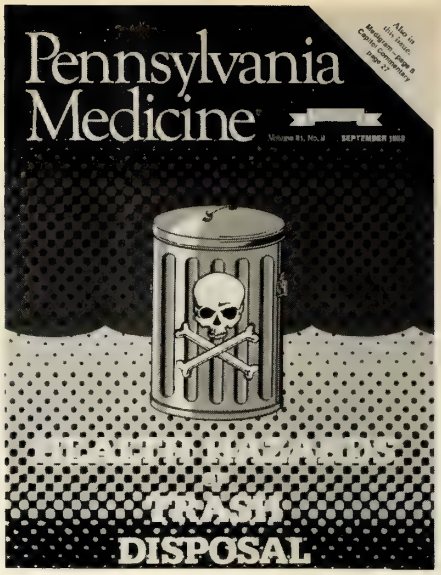

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4:00 p.m.	Case Presentation
5:00 p.m.	"Cardiac Rehabilitation in the Community Hospital" *Edward Catherwood, MD* clinical assistant professor of medicine, Hahnemann University
5:30 p.m.	"Oximetry during Aerobic Exercise" *Ileana L. Piña, MD* associate professor of clinical medicine, director, Cardiac Fitness Center and Heart Failure Unit
6:00 p.m.	Refreshments

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SOCIETY VICTORIOUS IN AMPHETAMINE CASE

Commonwealth Court on August 18 granted PMS's motion for summary judgment in the amphetamine litigation. The effect of that decision is that the State Boards of Medicine and Osteopathic Medicine cannot enforce the waiver requirement. Physicians now can use controlled sympathomimetic amines without applying for or obtaining a waiver. As before the regulations went into effect, physicians can be disciplined if they use a controlled sympathomimetic amine in a manner not in accordance with accepted medical practices. Physicians also must still comply with the reporting requirements and the ban on the use of Schedule II drugs for weight control. Those provisions were not challenged in the litigation. The boards have 30 days to appeal. The Society will propose a retrospective sample review plan authorized by the PMS Executive Committee in July.

LIABILITY INSURANCE COST CONTINUES UPWARD SPIRAL

A request for a 10 percent overall rate increase amounting to $757,000 annually was filed July 18 by the Pennsylvania Professional Liability Joint Underwriting Association. The JUA was established by Act 111 of 1975 to make available to health care providers a source of last resort for professional liability insurance. Unless the Insurance Department takes formal administrative action prior to September 16, the filing may be deemed approved. Earlier the Insurance Department approved a rate increase of 13.9 percent for medical professional liability coverage for St. Paul Fire and Marine Insurance Co. This increase was effective July 1, 1988.

COURT DENIES CHALLENGE TO MANDATORY INSURANCE

The Medical Professional Catastrophe Loss (CAT) Fund and mandatory surcharge provisions of ACT 111 of 1975, the Health Care Services Malpractice Act, have been upheld in federal district court. The plaintiff's challenge was based on a variety of equal protection and due process arguments. But the Society's House of Delegates in 1986 rejected a resolution that PMS should challenge the Act. The rejection was based in part on the substantial unfunded liability incurred by the CAT Fund since its inception and the fear that physicians might be personally liable for awards now paid by the CAT Fund. At the inception of the CAT Fund more than ten years ago and prior to its incurring of the unfunded liability, PMS unsuccessfully challenged the mandatory provisions in McCoy v. Commonwealth.

RESOLUTIONS DUE FOR PMS HOUSE

With a deadline for resolutions of September 21, the speaker and vice speaker of the Society's House of Delegates, James A. Raub, MD, and Jonathan E. Rhoads Jr., MD, issued a memorandum August 12 explaining the procedure for submission. Resolutions submitted by September 21 automatically become the business of the House of Delegates at the 1988 Annual Meeting in Philadelphia October 21-23. Resolutions must be written by a PMS member and introduced by a delegate to the House. Resolutions submitted after September 21 will require a special vote at the opening session of the House to be accepted for consideration. All resolutions should be submitted to the Office of the Secretary, PMS Headquarters, 20 Erford Road, Lemoyne, PA 17043.

LEGISLATIVE ACTION TEAMS ALERTED FOR FALL SESSION

Expecting action on H.B. 2520, which amends Act 111 of 1975 by defining expert witness, PMS has alerted its Legislative Action Teams to the possibility of amending that bill by adding the ingredients of H.B. 1834, the medical liability reform bill introduced earlier this year. Legislative Action Team members will speak at September county medical society meetings and contact their legislators to brief them. Page 1 of this issue has details.

DR. HARROP TESTIFIES ON MEDICARE REFORM

Calling for expansion of Medicaid to provide immediate temporary help for low-income elderly patients and broad national reform of Medicare instead of state-by-state tinkering, PMS President Donald E. Harrop, MD, brought medicine's position to public hearings in Allentown, Philadelphia, and Pittsburgh during August. The hearings on H.B. 2250, the Medicare Overcharge Measure, were held by the House Subcommittee on Aging and Youth, whose chairman, Allen Kukovich (Westmoreland County) is chief sponsor of the bill. Dr. Harrop explained that the complexities of Medicare confuse people and often lead to unrealistic expectations. Although doctors also are confused by the paperwork and red tape, Pennsylvania physicians accept Medicare's payment allowance as payment in full in 89.7 percent of cases — the third highest rate in the nation last year.

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Cost and competition: twin spectres

"Mere parsimony is not economy. . . . Expense, and great expense, may be an essential part of true economy." Edmund Burke: Letter to a Noble Lord, 1796.

Cost seems to have become the driving force behind medical care during the last decade. We can expect a host of economic influences to come to the fore over the next several years as the effect of dollar-oriented medicine takes center stage. Acute care hospitalization will decrease as the cost of inpatient care increases. Concomitantly, ambulatory medical care will become the alternative. The teaching hospitals and acute care facilities will acquire the expensive diagnostic and therapeutic equipment and will become the site where complicated therapeutic and surgical procedures are offered. Pre-paid health care plans, such as HMOs, PPOs, or some form of Medicare, or possibly self-insurance will grow because these plans will be seen as cost effective alternatives to high priced fee-for-service medicine. National health insurance, à la Great Britain, is not an unthinkable expectation.

The technology of modern medicine has advanced far beyond imagination during the last few years. While major medical advances have been realized, many of these are not available to a large contingency of our population. The cost of long term illness or expensive procedures such as renal dialysis, intensive care, or transplantation will be increasingly borne by the individual or family members rather than by third party payers or government supported programs. Our medical care has developed into a two or even three tiered system and it appears that this cleft will only continue to widen.

Rationing has been mentioned in the literature with more frequency than one cares to admit. We find ourselves with a limited supply of medical care in the face of overwhelming demand for the right to health care. Price tagging life support services is ethically unacceptable so the development of rationing schemes will proliferate. Many of the alternative pre-paid health plans attempt to ration care by limiting usage. Physicians must apply their skills to the care of the sick and injured with a constant eye on the cost. Stringent regulations also serve to ration services, e.g., precertification of admission, second opinion programs, and gatekeepers.

Some believers have espoused competition as the solution for the difficult problems facing medicine. Henry Clay, in a speech before the U.S. Senate in 1832, noted, "By competition the total amount of supply is increased, and by increase of the supply a competition in the sale ensues, and this enables the consumer to buy at lower rates. Of all human powers operating on the affairs of mankind, none is greater than that of competition." It would indeed be wonderful if competition accomplished all that for medicine, but too many other market factors and too many multi-faceted problems affect health care for the principle of free competition to be truly effective.

Over the last decade, there have been signs of escalating competition in medicine and it appears that this trend will continue and even intensify. With the impending oversupply of physicians in some areas (metropolitan) and in some specialties (maldistribution), competition between physicians is likely to increase. Physicians will almost certainly face competition with nonphysician health care personnel in the future. Some evidence of that is already present in the demands for more independent practice from pharmacists, optometrists, podiatrists, nurse midwives, and nurse practitioners. The Pennsylvania Medical Society recently issued a legislative alert concerning Senate Bill 657, a bill that would allow optometrists to prescribe therapeutic drugs. Americans almost surely will be making serious health care decisions, for both type of insurance plan and provider, based upon colorful and imaginative, if not substantive, advertising. A no more undesirable situation can be imagined.

In a speech to the Philosophical Society of Washington, December 4, 1886, John S. Billings (1838–1913) commented, "Speaking to a body of scientific men, each of whom has, I hope, also certain unscientific beliefs, desires, hopes, and longings, I will say only: 'Be strong and of good courage.' As scientific men, let us try to increase and diffuse knowledge; as men and citizens, let us try to be useful; and in each capacity, let us do the work that comes to us honestly and thoroughly and fear not the unknown future."

David A. Smith, MD
Medical Editor

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House of Delegates to meet in Philadelphia

Gerald L. Andriole, MD, of Hazleton, will be installed as the 139th president of the Pennsylvania Medical Society at the Society's annual business meeting in October. The meeting will take place Friday, October 21 through Sunday, October 23 at the Adam's Mark Hotel in Philadelphia. Installation ceremonies will be held Saturday evening.

The first session of the Society's 1988 House of Delegates will be called to order Friday at 10:00 a.m., the second, Saturday at 1:00 p.m., and the third, Sunday at 9:30 a.m.

Resolutions to be considered by the House of Delegates should be submitted to the Office of the Secretary of the State Society by September 21. Resolutions submitted after this date will not be published in the *Official Reports Book.*

Elections for the following offices will be held during the second session Saturday afternoon: vice president, speaker of the House, vice speaker of the House, Sixth District trustee, Seventh District trustee, Tenth District trustee, Twelfth District trustee, Specialty Society trustee, Medical Student trustee, half of the Pennsylvania delegation to the American Medical Association, and three positions on the Committee to Nominate Delegates and Alternate Delegates to the AMA. The House also will vote to fill two vacancies on the Judicial Council.

Ten proposed Bylaws amendments also will be considered by the House.

HMSS meeting slated for October 19–20

The PMS Hospital Medical Staff Section (HMSS) will hold its Ninth Assembly Meeting on Wednesday and Thursday, October 19–20, at the Adam's Mark Hotel in Philadelphia. Seminars on developing leadership skills and on mandated quality data collection will be held in conjunction with the meeting.

The HMSS business meeting will begin at 1:00 p.m. on Wednesday, October 19, with a workshop on medical staff bylaws. Following the workshop, HMSS representatives will convene as a reference committee to debate resolutions. The deadline for submission of resolutions to the October meeting is September 19.

Elections will be held on Thursday, October 20, for the following four Governing Council seats: chairman, vice chairman, secretary, and one member-at-large. Final debate of resolutions, a caucus, and an open forum will close the meeting.

Thursday's keynote luncheon speaker, Thomas R. Reardon, MD, will discuss the national Physician Payment Review Commission. Dr. Reardon is one of five physician representatives on the commission, which was created by Congress to make recommendations for reform in Medicare payments to physicians.

On Wednesday morning the PMS Council on Medical Practice and the HMSS will cosponsor a leadership/management skill development seminar for medical directors and other interested physicians. The seminar leader will be Robert E. Porter, PhD, coordinator, Physician Management Education Program, Geisinger Medical Center.

An optional four-hour seminar entitled, "Meeting the Challenges of Mandated Quality Data Collection," will be held at the close of the HMSS meeting on Thursday. Michael Pine, MD, MBA, a consultant on medical quality assurance and health care management, and Paul M. Steen, MD, senior vice president of Research and Clinical Support for MediQual Systems, Inc., will serve as the data seminar leaders.

Registration materials for the PMS-HMSS Ninth Assembly Meeting, the pre-conference seminar, and the post-conference seminar will be mailed to all hospital medical staff and county society leadership. The PMS member registration fee for each of the seminars is $75; nonmember fee is $125. There is no registration fee for the HMSS meeting. To obtain registration information, contact the PMS-HMSS, 20 Erford Road, Lemoyne, PA 17043; (717) 763-7151.

Young physicians to meet in October

The PMS Young Physicians Section (YPS) will hold its Second Annual Assembly meeting Thursday, October 20, in conjunction with the PMS House of Delegates meeting at the Adam's Mark Hotel in Philadelphia.

The YPS meeting will include discussions of: (1) current legislative issues and activities which have the potential to impact on young physicians' practices; (2) the development of management and communications skills for use in personal and professional life; and (3) how to become involved in organized medicine, including opportunities for young physicians and the time commitments associated with them.

The YPS will also offer an optional four hour program titled "Meeting the Challenges of Mandated Quality Data Collection," which will be presented by the PMS Hospital Medical Staff Section. The registration fee for the HMSS seminar is $75 and includes four hours of Category I continuing medical education credit.

The section will hold a continental breakfast during which young physicians can meet each other and the governing council members. A business meeting also will be held to elect officers and to debate resolutions.

There is no registration fee for the PMS-YPS meeting. Physicians should contact their county medical society executive director or secretary to register.

The PMS-YPS was established by the 1987 House of Delegates to encourage young physicians to take a more active role in county and state society activities and policy making. All active PMS members under age 40 or in the first five years of professional endeavor after residency or fellowship training are eligible for membership.

For more information, contact the PMS Young Physicians Section at 1-800-228-7823.

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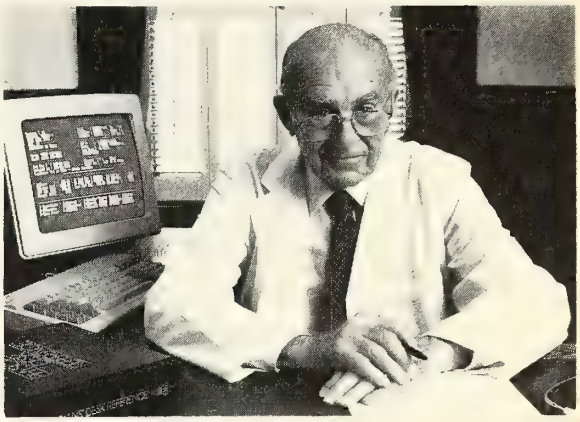

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RCT proposal creates ado at AMA meeting

A report proposing a pilot program to create a Registered Care Technologist (RCT) in response to the nurses shortage engendered much discussion at the AMA Annual Meeting June 26–30 in Chicago. Other topics of discussion focused on Medicaid reform, drug abuse, AIDS, Medicare Maximum Allowable Actual Charges, Medicare claim denial, and peer review.

The Pennsylvania Delegation submitted four resolutions. One called for the AMA to study "no loss/no gain" clauses in group health contracts, two called on the AMA to formulate training plans for allied health personnel and patient care personnel, and the fourth called for the reauthorization of Health Education Assistance Loans (HEAL). The "no loss/no gain" resolution was adopted by the AMA House, and the other three were referred for either study or action.

Two members of the delegation—R. William Alexander, MD, and Robert Corato—were elected to positions. Dr. Alexander, Reading, will serve a three-year term on the steering committee of the Organization of State Medical Association Presidents (OSMAP), and Corato, from the Medical College of Pennsylvania, will serve on the AMA Medical Student Section Governing Council.

Registered Care Technologist

According to the RCT proposal, an RCT is a bedside care giver who executes a physician's orders at the direction of the head nurse. An RCT would possess special skills in modern technology and would be certified and registered to provide care. This issue was referred to the AMA Board of Trustees.

Medicaid reform

The following Medicaid reforms were approved by the AMA House:

- the creation of basic national eligibility and benefits standards;
- the elimination of existing categorical requirements;
- the creation of adequate payment schedules.

The AMA House recommended establishment of a task force to address the problem of health care for the indigent.

Drug abuse

A proposal calling drug abuse our most pressing social problem and urging that the focus of the battle against drugs be on curbing the demand through education and treatment was passed by the AMA House. The proposal calls on the president of the United States to appoint a high ranking official of the Executive Branch to lead the national effort against drug abuse. The proposal also specifies that the national campaign against drug abuse be broadened to include abuse of alcohol and tobacco.

AIDS

The AMA House reaffirmed the AIDS policy it set at the 1987 Annual Meeting, and approved new policy calling for:

- a second national seroprevalence study to determine the rate of spread of the AIDS epidemic;
- states to give serious consideration to implementing a contact tracing program with adequate safeguards to protect confidentiality;
- a recommendation that in the United States where safe, alternative nutrition is widely available, HIV seropositive women should not breast feed.

The AMA House also approved a resolution asking the Food and Drug Administration to continue to expedite evaluations of available drugs used in the treatment of AIDS, and called for a study of the availability of disability insurance for physicians with infectious diseases.

MAAC

The AMA House adopted policy on Medicare's MAAC provision that mandates the AMA to:

- seek repeal of the MAAC provision;
- support federal legislation that would rectify Medicare contractual inequities with physicians and patients;
- continue to challenge laws and regulations forcing assignment for laboratory and diagnostic procedures;
- continue to oppose differential treatment of "participating" and "nonparticipating" physicians under Medicare;

Medicare claim denial

From 10 separate resolutions on Medicare claim denial, the AMA House adopted policy that calls on the AMA to:

- seek appropriate legislative relief in-

President Elect Gerald L. Andriole, MD, (center) accepted a membership award from the American Medical Association on behalf of the State Society. William S. Hotchkiss, MD, president of the AMA, (left), and Alan R. Nelson, MD, president elect of the AMA, (right), presented the award, which was given to PMS for exceeding its prior year AMA membership for the ninth consecutive year.

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• continue working to assure that physicians are notified before denial letters are sent to the patients;
• urge carriers to handle physicians' appeals of denials expeditiously;
• work to assure that notifications to patients are worded in a way that will not question the judgment of the physician or the quality of care received;
• assure that services denied be clearly identified (by more than just procedure code) and be referred to as "not covered by Medicare," rather than "medically unnecessary" in notices to patients.

Peer review

A report on peer review in the wake of the decision in *Patrick vs. Burget* was adopted by the AMA House. The report concluded that legal risks to peer reviewers are minimal provided that review is conducted in good faith with proper procedures.

Other matters

In other matters, the AMA House voted to raise membership dues $25 to $400 in 1989. Medical student and resident dues will remain the same.

The House also adopted policy concerning long term care that calls for assurance of care, financial assistance, and independence in choosing service providers. The House voted to oppose the introduction of smokeless cigarettes and to urge all commercial airlines to adopt no smoking policies on all domestic flights.

Seminar teaches improved legislative contact

The Pennsylvania Medical Political Action Committee (PaMPAC) and the Pennsylvania Medical Society's Council on Governmental Relations recently cohosted a legislative contact seminar, conducted by the American Medical Association's Division of Medical Society Relations.

The program, attended by 37 physicians and spouses and led by political consultant Michael E. Dunn, was designed to improve communications between PMS key contacts and their respective state and federal legislators.

Getting to know your legislator—or having your legislator get to know you—was the thrust of Dunn's message. He stressed that the development of a productive and personal relationship with legislators is paramount to a successful grassroots campaign.

In addition to Dunn' presentation, several AMA and PMS staff members updated participants on medical issues presently confronting legislators.

Guest speaker at the seminar was Senator James Greenwood (Bucks County). He spoke on how legislators react to special interests and provided additional insight on how PMS can better influence policy through the key contact initiative.

Michael E. Dunn

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Radiologists name officers

The Pennsylvania Radiological Society recently elected its new officers. The elections were held at the Society's 73rd annual meeting in Gettysburg.

Elected president was Ronald A. D'Altorio, MD, associate director of diagnostic radiology at St. Francis General Medical Center in Pittsburgh.

Other newly elected officers follow: president elect—Jonathan L. Stolz, MD, from Community General Hospital in Reading; first vice president—Michael B. Love, MD, director of the Diagnostic Radiology Residency Program at Temple University Hospital; second vice president—Irwin Beckman, DO, from Allegheny General Hospital in Pittsburgh; and secretary—Michael H. Bleshman, MD, from Phoenixville Hospital in Phoenixville.

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AIDS cases up 100 according to latest record

An additional 100 AIDS cases and 75 AIDS deaths occurred during July, the state Department of Health announced.

The department said there have been 1,830 cases of AIDS in Pennsylvania since 1981, with 1,125 deaths. The total includes 1,806 adult cases and 24 pediatric cases.

Of the adult cases, 1,234 involve homosexual/bisexual men, 228 involve male and female intravenous drug users, and 134 involve homosexual/bisexual men who also use intravenous drugs. The three groups account for approximately 88 percent of the state's adult cases.

AIDS Statistics

Year	Number of Cases	Number of Deaths	Percent Deceased
1981	6	5	83
1982	21	21	100
1983	52	49	94
1984	133	123	92
1985	272	243	89
1986	430	319	74
1987	651	308	47
1988	265	57	22
Total	1,830	1,125	61

Of the remaining adult cases, 62 acquired AIDS through blood transfusions, 52 through heterosexual contact, and 47 are hemophiliacs. No data are available for 49 cases.

The department reported that 1,032 of the cases involve whites; 649 are black; 147 are Hispanic; two are Asian.

The 10 counties in the state with the most AIDS cases follow: Philadelphia (990); Allegheny (172); Delaware (80); Bucks (75); Montgomery (73); Berks (46); Dauphin (38); Chester (29); Lancaster (28); and York (25).

Ten of the state's 67 counties have no AIDS cases.

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Course Director:
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Faculty:
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Arthur Forman, M.D.
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October 26, 1988
Anticoagulation Therapy
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Management of Hyperlipidemia
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Stuart Snyder, M.D.
Faculty:
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December 7, 1988
Valvular Heart Disease
Course Director:
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PMS offers videotape on MedisGroups

A new informational videotape is available from PMS to make physicians more familiar with MedisGroups, the software program chosen by the Pennsylvania Health Care Cost Containment Council to collect quality-of-care data as required by Act 89 of 1986.

Entitled "Making Sense of MedisGroups," the 16-minute tape concisely discusses the system's severity-of-illness and morbidity scoring, examples of the key clinical findings used, and how physicians can help to ensure appropriate severity scores for their hospital admissions.

The tape presents comments from:

- Lisa I. Iezzoni, MD, MS, Boston University Medical Center research professor and expert on health care data collection.
- John A. Malcolm Jr., MD, Lewisburg, chairman of the PMS Task Force on Health Care Cost Containment.
- Lee H. McCormick, MD, Pittsburgh, PMS Hospital Medical Staff Section Trustee.
- James G. Pitcavage, MD, Sewickley, member of the PMS Task Force on Health Care Cost Containment.

Available on 3/4-inch and half-inch VHS videocassettes, the program costs $25 for PMS members and $35 for nonmembers. To order, call the Communications Division at 1-800-228-7823.

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3:30–4:00 Which Thrombolytic Agent Should Be Used in Patients With Acute Myocardial Infarction? . . . . . J. David Ogilby, M.D.

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The Physicians' Cincinnatus Society

Invites you to join the struggle for our professional survival. The Society is dedicated to protect your constitutional rights. Presently, physicians in Pennsylvania can be priced out of insurance and, if unable to buy the mandated amount of insurance, will have their license revoked without any due process whatsoever. We have challenged Act 111, the Health Care Services Malpractice Act, in federal court. We are now awaiting the judge's decision, an incredible eight months after the conclusion of the trial on November 17, 1987. We need your support. Join us now. Safeguard medicine and your future.

The Physicians' Cincinnatus Society takes its name from the legendary hero of ancient Rome, Lucius Quintius Cincinnatus. In 1783, the commissioned officers of the Continental Army founded **The Society of the Cincinnati,** named after Cincinnatus. These officers of the Continental Army knew the difficulties they encountered in organizing in the beginning of the Revolution. For that reason they wanted an organization in place so that they could respond quickly in time of need and, like Cincinnatus, do the job and return to their private lives. In 1986, we founded **The Physicians' Cincinnatus Society,** a nonpartisan organization dedicated to the defense of the constitutional rights of individual physicians and physicians collectively as they relate to their professional lives and to the practice of medicine in general. The Society shall remain a dues-collecting organization even during dormant, nonthreatening periods and thus remain able to respond at any time. Its first and foremost task, however, shall be to restore the constitutional rights and due process for physicians in Pennsylvania. Annual dues will be $100.00, a small price to pay to safeguard your constitutional rights. The Society's counsel and Board will evaluate every case presented to it and, if found to have merit, the case will be challenged in the courts as long as there are funds available. **The Physicians' Cincinnatus Society** does not replace existing medical societies. It will work closely with them. The PCS, because of its singular purpose and nonpartisan nature, sees its greatest usefulness in dealing with problems in areas in which multi-purpose medical societies are ineffective or unable to act because of internal or regional politics.

Application for Membership

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Address: _____

Specialty: _____ Soc. Sec. No. _____

Date of Birth: _____ Signature: _____

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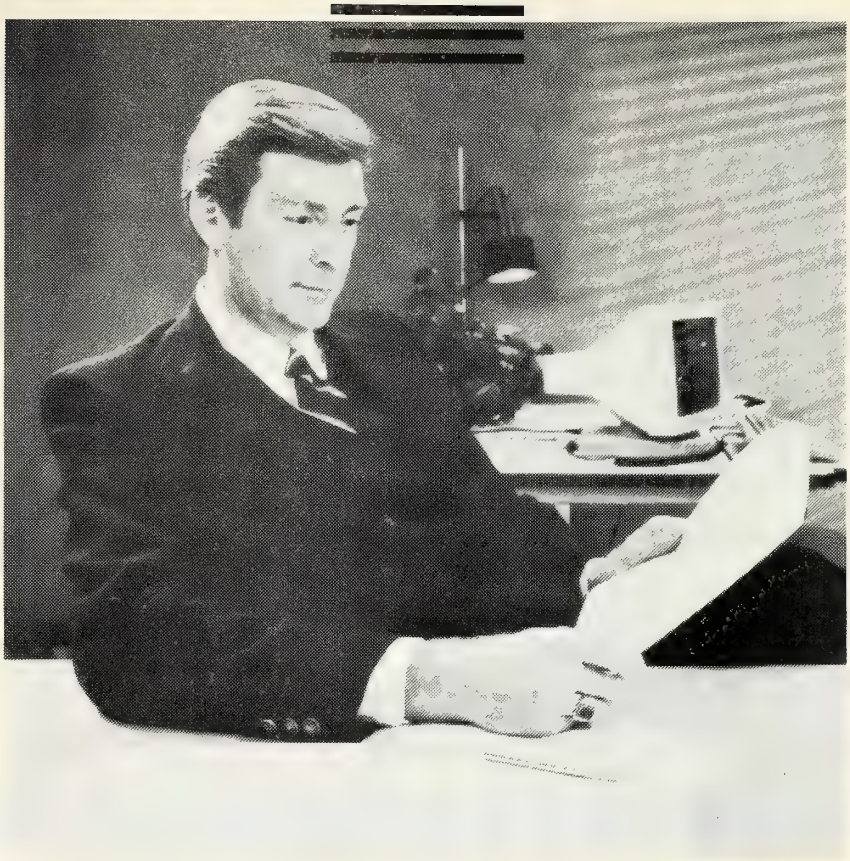

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PMSLIC provides claims statistics

Lawrence E. Smarr

PMS House of Delegates Resolution 86-17 requires that PMSLIC report certain claim statistics to the House of Delegates on a semi-annual basis. In response to this resolution, PMSLIC published the first semi-annual report in the September 1987 issue of *Pennsylvania Medicine*. The data included in the following tables is an update of the most recent five years' experience of the data requested by Resolution 86-17, as follows:

Table 1. Joinders—Includes PMSLIC physicians joined by other parties and other parties joined by PMSLIC.

Table 2. Number of claims and suits filed by specialty, July 1, 1983–June 30, 1988.

Table 3. Cost of claims and suits filed by specialty, July 1, 1983–June 30, 1988.

Readers having questions regarding the information contained in these exhibits should contact Lawrence E. Smarr, vice president, Statistics and Research, Pennsylvania Medical Society Liability Insurance Company, 20-A Erford Road, P.O. Box 303, Lemoyne, PA 17043.

Mr. Smarr is vice president of statistics and research, Pennsylvania Medical Society Liability Insurance Company, Lemoyne.

Table 1
Number of Cases in which a Physician Is Joined as an Additional Defendant by a Hospital or Physician

Since beginning tracking joinder data on April 1, 1987, 28 PMSLIC insureds were joined by other parties through June 30, 1988, as follows:

PMSLIC Insured Joined by:	Number of Times
Hospital	16
Other Physician	2
Nursing Home	2
Drug Company	1
Other	
Commercial Business	4
Auto Insurance Carrier	1
Patient	1
Pharmacist	1
Total	28

During the same period, PMSLIC joined four other parties, as follows:

Party Joined by PMSLIC	Number of Times
Physician	3
Manufacturer	1
Total	4

Table 2
Number of Claims Filed by Specialty
July 1, 1983–June 30, 1988

Specialty	Number of Claims
Allergy	3
Anesthesiology	155
Cardiology	82
Cardio-Thoracic Surgery	25
Cardio-Vascular & Thoracic Surgery	42
Cardio-Vascular Surgery	52
Colon-Rectal Surgery	1
Dermatology	59
Emergency Medicine	138
Family Practice	225
Gastroenterology	12
General Practice	280
General Surgery	634
Gynecology	25
Hematology	1
Industrial Medicine	5
Internal Medicine	591
Nephrology	2
Neurology	209
OB/GYN	603
Oncology	3
Ophthalmology	119
Orthopedics	775
Otolaryngology	104
Pathology	14
Pediatrics	125
Plastic Surgery	105
Proctology	3
Psychiatry	20
Pulmonary Disease	1
Radiology	208
Rehab/Physiatry	26
Thoracic Surgery	28
Urology	78
Vascular Surgery	16
Not Otherwise Classified	40
Corporate Liability	75
Partnership Liability	3
Nurse Anesthetist	1
Nurse Midwives	3
Physiotherapist	1
Total	4,892

Pennsylvania Blue Shield wins contract

The Health Care Financing Administration has awarded Pennsylvania Blue Shield a contract to process Medicare Part B claims for a million beneficiaries in New Jersey. The added business for Blue Shield will result in the creation of 570 jobs, mostly in the Harrisburg area.

As a Medicare Part B carrier, Pennsylvania Blue Shield will be responsible for making payments of approximately $1 billion for the services of 23,000 physicians and other suppliers. The additions the New Jersey contract will increase Blue Shield's Medicare business by 14 million claims annually, or approximately 50 percent. In 1987, the insurer processed nearly 28 million Medicare Part B claims for beneficiaries in Pennsylvania, Delaware, and the District of Columbia metropolitan area.

Prudential Insurance Company, Newark, NJ, previously held the New Jersey contract but will withdraw from the program by the end of 1988.

Dr. Flannery leads Hospice Academy

Wilbur E. Flannery, MD, New Castle, former PMS president, has been elected vice president and president elect of the Academy of Hospice Physicians. Dr. Flannery, medical director of Hospice of St. Francis Hospital, was elected at the Academy's organizational meeting during the Fourth Annual Symposium of the International Hospice Institute.

Dr. Flannery served as PMS president in 1963. He also has served as chairman of Pennsylvania Blue Shield's board.

As an officer of the Hospice Academy, Dr. Flannery will help the Academy achieve its goals of gaining recognition of the practice of hospice medicine and creating career opportunities for physicians interested in providing hospice care.

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TABLE 3
NUMBER OF CLAIMS AND SUITS (C & S) FILED BY SPECIALTY
07/01/83 - 06/30/88*

Specialty	# Open C & S	Closed Claims (Except Verdicts) No Loss Pmt # C & S	Closed Claims (Except Verdicts) No Loss Pmt Avg Exp Pmt	Closed Verdicts** No Loss Payment # C & S	Closed Verdicts** No Loss Payment Avg Exp Pmt	Closed Settlements w/ Loss Pmt. # C & S	Closed Settlements w/ Loss Pmt. Avg Loss Pmt	Closed Settlements w/ Loss Pmt. Avg Exp Pmt	Closed Verdicts** w/ Loss Pmt. # C & S	Closed Verdicts** w/ Loss Pmt. Avg Loss Pmt	Closed Verdicts** w/ Loss Pmt. Avg Exp Pmt
Allergy	2	0	-0-	0	-0-	1	$23,000	-0-	0	-0-	$ -0-
Anesthesiology	50	52	$2,385	1	$14,333	51	25,360	$ 2,244	1	$ 18,000	1,750
Cardio-Thoracic Surg.	17	6	1,538	0	-0-	2	67,500	7,572	0	-0-	-0-
Cardio-Vasc. Surg.	33	9	899	0	-0-	10	95,475	7,983	0	-0-	-0-
Cardio-Vascular & Thoracic Surgery	25	13	2,401	0	-0-	4	23,625	3,176	0	-0-	-0-
Cardiology	42	32	3,077	2	25,973	6	69,167	6,659	0	-0-	-0-
Colon-Rectal Surgery	0	1	656	0	-0-	0	-0-	-0-	0	-0-	-0-
Dermatology	36	13	1,324	1	11,358	9	26,527	3,296	0	-0-	-0-
Emergency Medicine	61	41	4,318	8	17,221	26	32,412	4,681	2	8,521	14,202
Family Practice	119	69	2,834	4	26,074	33	44,621	4,930	0	-0-	-0-
Gastroenterology	6	4	3,418	0	-0-	2	60,000	9,248	0	-0-	-0-
General Practice	133	95	2,497	5	4,041	47	47,529	6,030	0	-0-	-0-
General Surgery	331	189	2,958	12	19,917	100	59,026	6,516	2	51,463	14,367
Gynecology	13	7	5,292	0	-0-	5	55,820	7,000	0	-0-	-0-
Hematology	0	1	-0-	0	-0-	0	-0-	-0-	0	-0-	-0-
Industrial Medicine	2	3	2,691	0	-0-	0	-0-	-0-	0	-0-	-0-
Internal Medicine	306	190	4,062	14	19,718	81	55,507	5,882	0	-0-	-0-
Nephrology	1	1	915	0	-0-	0	-0-	-0-	0	-0-	-0-
Neurology	105	76	1,889	3	17,393	24	65,844	7,816	1	50,000	755
OB/GYN	319	156	2,422	9	18,482	113	66,220	5,936	6	59,000	19,128
Oncology	1	1	45	0	-0-	1	4,000	1,948	0	-0-	-0-
Ophthalmology	53	44	2,091	1	32,047	21	54,384	6,384	0	-0-	-0-
Orthopedics	380	250	2,873	15	18,924	127	52,171	6,586	3	60,001	9,254
Otolaryngology	58	20	1,576	5	10,822	19	48,549	9,607	2	46,608	32,448
Pathology	9	4	4,947	1	27,401	0	-0-	-0-	0	-0-	-0-
Pediatrics	81	30	3,877	1	45,912	12	74,583	8,136	1	23,040	16,540
Plastic Surgery	52	38	1,326	1	4,598	14	23,929	2,903	0	-0-	-0-
Proctology	2	1	4,226	0	-0-	0	-0-	-0-	0	-0-	-0-
Psychiatry	9	9	5,057	0	-0-	2	56,250	6,196	0	-0-	-0-
Pulmonary Diseases	1	0	-0-	0	-0-	0	-0-	-0-	0	-0-	-0-
Radiology	102	73	3,258	1	42,028	30	40,390	10,085	2	38,000	11,162
Rehab/Physiatry	16	8	3,290	1	2,605	1	75,000	225	0	-0-	-0-
Thoracic Surgery	17	8	6,016	0	-0-	3	87,667	11,253	0	-0-	-0-
Urology	36	21	2,179	3	30,036	18	37,410	7,149	0	-0-	-0-
Vascular Surgery	8	7	5,778	0	-0-	1	50,000	15	0	-0-	-0-
Not Oth. Classified	17	15	1,574	1	2,817	7	22,044	1,926	0	-0-	-0-
Physiotherapist	0	0	-0-	0	-0-	1	5,000	-0-	0	-0-	-0-
Nurse Anesthetist	1	0	-0-	0	-0-	0	-0-	-0-	0	-0-	-0-
Nurse Midwife	1	0	-0-	0	-0-	2	62,728	4,517	0	-0-	-0-
Corporate Liability	44	23	3,817	0	-0-	7	34,077	7,593	1	40,000	21,486
Partnership Liability	1	1	7,639	1	38,916	0	-0-	-0-	0	-0-	-0-
GRAND TOTALS	2,490	1,511	$2,916	90	$18,865	780	$51,792	$ 6,085	21	$ 45,439	$15,591

* Claims and suits filed during this period resulted from policy years 1978-1988. PMSLIC's limit of liability is $100,000 per incident for policy years 1978-1982, $150,000 for 1983 and $200,000 for 1984-1988.

** Cases tried to verdict which are still open pending final resolution due to post trial motions, appeals, etc. are counted as open files.

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Modern Management of Cardiovascular Emergencies
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Saturday, September 24, 1988

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Wednesday, October 5, 1988

Diabetes Update
Friday, October 7, 1988
Sheraton Inn, Danville

A.C.L.S. Instructor Course
Friday & Saturday, October 7 & 8, 1988

The Pediatric Patient with Joint Problems
Wednesday, October 12, 1988

Contemporary Issues in Internal Medicine
Wednesday, October 19, 1988
Sheraton Inn, Danville

A.C.L.S. Provider Course
Saturday & Sunday, October 22 & 23, 1988

Psychological Trauma
Wednesday, October 26, 1988

3rd Annual Horizons in Cardiac Rehabilitation
Friday & Saturday, October 28 & 29, 1988

Evaluation in Neurological Disorders
Wednesday, November 2, 1988

Pediatric Update
Thursday, November 17, 1988

Advanced Trauma Life Support Provider Course
Friday & Saturday, November 18 & 19, 1988

Clinical Roundup '88: A Family Practice Symposium
Friday & Saturday, December 2 & 3, 1988
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(formerly Pocono Hershey Resort)
White Haven, PA

Advanced Trauma Life Support Instructor Course
Friday, Saturday & Sunday, December 9–11, 1988

Advanced Trauma Life Support Provider Course
Friday & Saturday, January 13 & 14, 1989

A.C.L.S. Instructor Course
Friday & Saturday, January 27 & 28, 1989

14th Annual Concepts in Clinical Medicine
Saturday & Sunday, February 11 & 12, 1989
Sheraton Inn, Danville

A.C.L.S. Recertification Course
Saturday, February 18, 1989

A.C.L.S. Provider Course
Saturday & Sunday, March 4 & 5, 1989

Advanced Trauma Life Support
Friday & Saturday, March 10 & 11, 1989

A.C.L.S. Provider Course
Saturday & Sunday, April 8 & 9, 1989

Current Concepts in Peripheral Vascular Disease
Wednesday, April 12, 1989

Advances in Dermatology
Wednesday, April 19, 1989

Clinical Update in Pulmonary Disease
Wednesday, April 26, 1989

A.C.L.S. Recertification Course
Saturday, April 29, 1989

4th Annual Eye Loss Support Group Meeting
Wednesday, May 3, 1989

4th Annual Emergency Medicine Conference
Thursday & Friday, May 11 & 12, 1989
Sheraton Inn, Lancaster

Third Annual Symposium in Clinical Medicine
Tuesday–Friday, June 20–23, 1989
Hilton Head Island, South Carolina

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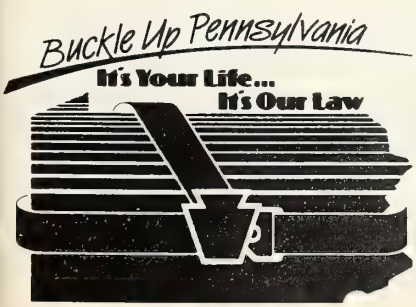

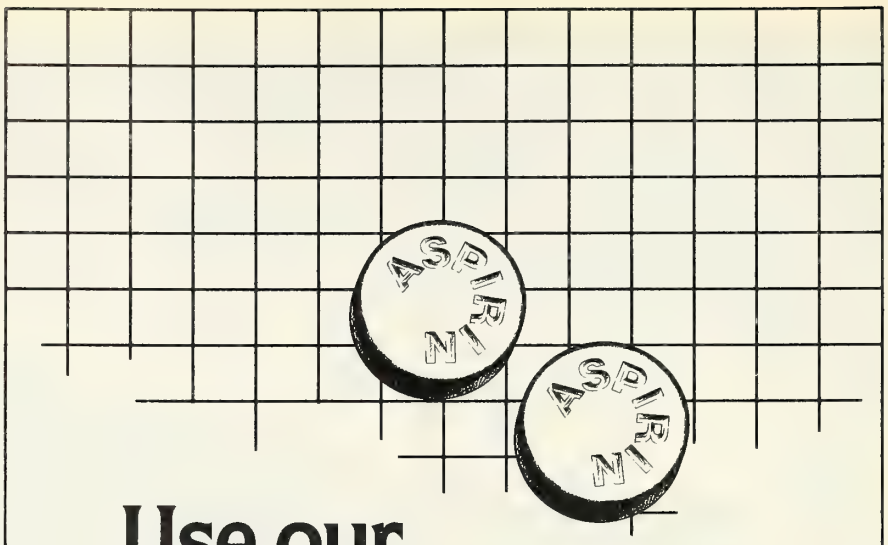

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AXID®
nizatidine capsules

Brief Summary. Consult the package insert for prescribing information.

Indications and Usage: Axid is indicated for up to eight weeks for the treatment of active duodenal ulcer. In most patients, the ulcer will heal within four weeks.

Axid is indicated for maintenance therapy for duodenal ulcer patients, at a reduced dosage of 150 mg h.s. after healing of an active duodenal ulcer. The consequences of continuous therapy with Axid for longer than one year are not known.

Contraindication: Axid is contraindicated in patients with known hypersensitivity to the drug and should be used with caution in patients with hypersensitivity to other H_2-receptor antagonists.

Precautions: *General*—1. Symptomatic response to nizatidine therapy does not preclude the presence of gastric malignancy.

2. Because nizatidine is excreted primarily by the kidney, dosage should be reduced in patients with moderate to severe renal insufficiency.

3. Pharmacokinetic studies in patients with hepatorenal syndrome have not been done. Part of the dose of nizatidine is metabolized in the liver. In patients with normal renal function and uncomplicated hepatic dysfunction, the disposition of nizatidine is similar to that in normal subjects.

Laboratory Tests—False-positive tests for urobilinogen with Multistix® may occur during therapy with nizatidine.

Drug Interactions—No interactions have been observed between Axid and theophylline, chlordiazepoxide, lorazepam, lidocaine, phenytoin, and warfarin. Axid does not inhibit the cytochrome P-450-linked drug-metabolizing enzyme system; therefore, drug interactions mediated by inhibition of hepatic metabolism are not expected to occur. In patients given very high doses (3,900 mg) of aspirin daily, increases in serum salicylate levels were seen when nizatidine, 150 mg b.i.d., was administered concurrently.

Carcinogenesis, Mutagenesis, Impairment of Fertility—A two-year oral carcinogenicity study in rats with doses as high as 500 mg/kg/day (about 80 times the recommended daily therapeutic dose) showed no evidence of a carcinogenic effect. There was a dose related increase in the density of enterochromaffin-like (ECL) cells in the gastric oxyntic mucosa. In a two-year study in mice, there was no evidence of a carcinogenic effect in male mice, although hyperplastic nodules of the liver were increased in the high dose males compared to placebo. Female mice given the high dose of Axid (2,000 mg/kg/day, about 330 times the human dose) showed marginally statistically significant increases in hepatic carcinoma and hepatic nodular hyperplasia with no numerical increase seen in any of the other dose groups. The rate of hepatic carcinoma in the high dose animals was within the historical control limits seen for the strain of mice used. The female mice were given a dose larger than the maximum tolerated dose, as indicated by excessive (30%) weight decrement compared to concurrent controls, and evidence of mild liver injury (transaminase elevations). The occurrence of a marginal finding at high dose only in animals given an excessive, and somewhat hepatotoxic dose, with no evidence of a carcinogenic effect in rats, male mice, and female mice (given up to 360 mg/kg/day, about 60 times the human dose), and a negative mutagenicity battery is not considered evidence of a carcinogenic potential for Axid.

Axid was not mutagenic in a battery of tests performed to evaluate its potential genetic toxicity, including bacterial mutation tests, unscheduled DNA synthesis, sister chromatid exchange, and the mouse lymphoma assay.

In a two-generation, perinatal and postnatal, fertility study in rats, doses of nizatidine up to 650 mg/kg/day produced no adverse effects on the reproductive performance of parental animals or their progeny.

Pregnancy—Teratogenic Effects—Pregnancy Category C—Oral reproduction studies in rats at doses up to 300 times the human dose, and in Dutch Belted rabbits at doses up to 55 times the human dose, revealed no evidence of impaired fertility or teratogenic effect, but, at a dose equivalent to 300 times the human dose, treated rabbits had abortions, decreased number of live fetuses, and depressed fetal weights. On intravenous administration to pregnant New Zealand White rabbits, nizatidine at 20 mg/kg produced cardiac enlargement, coarctation of the aortic arch, and cutaneous edema in one fetus and at 50 mg/kg it produced ventricular anomaly, distended abdomen, spina bifida, hydrocephaly, and enlarged heart in one fetus. There are, however, no adequate and well-controlled studies in pregnant women. It is also not known whether nizatidine can cause fetal harm when administered to a pregnant woman or can affect reproduction capacity. Nizatidine should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus.

Nursing Mothers—Nizatidine is secreted and concentrated in the milk of lactating rats. Pups reared by treated lactating rats had depressed growth rates. Although no studies have been conducted in lactating women, nizatidine is assumed to be secreted in human milk, and caution should be exercised when nizatidine is administered to nursing mothers.

Pediatric Use—Safety and effectiveness in children have not been established.

Use in Elderly Patients—Ulcer healing rates in elderly patients are similar to those in younger age groups. The incidence rates of adverse events and laboratory test abnormalities are also similar to those seen in other age groups. Age alone may not be an important factor in the disposition of nizatidine. Elderly patients may have reduced renal function.

Adverse Reactions: Clinical trials of nizatidine included almost 5,000 patients given nizatidine in studies of varying durations. Domestic placebo-controlled trials included over 1,900 patients given nizatidine and over 1,300 given placebo. Among the more common adverse events in the domestic placebo-controlled trials, sweating (1% vs 0.2%), urticaria (0.5% vs <0.01%), and somnolence (2.4% vs 1.3%) were significantly more common in the nizatidine group. A variety of less common events was also reported, it was not possible to determine whether these were caused by nizatidine.

Hepatic—Hepatocellular injury, evidenced by elevated liver enzyme tests (SGOT [AST], SGPT [ALT], or alkaline phosphatase), occurred in some patients possibly or probably related to nizatidine. In some cases, there was marked elevation of SGOT, SGPT enzymes (greater than 500 IU/L), and in a single instance, SGPT was greater than 2,000 IU/L. The overall rate of occurrences of elevated liver enzymes and elevations to three times the upper limit of normal, however, did not significantly differ from the rate of liver enzyme abnormalities in placebo-treated patients. All abnormalities were reversible after discontinuation of Axid.

Cardiovascular—In clinical pharmacology studies, short episodes of asymptomatic ventricular tachycardia occurred in two individuals administered Axid and in three untreated subjects.

Endocrine—Clinical pharmacology studies and controlled clinical trials showed no evidence of antiandrogenic activity due to Axid. Impotence and decreased libido were reported with equal frequency by patients who received Axid and by those given placebo. Rare reports of gynecomastia occurred.

Hematologic—Fatal thrombocytopenia was reported in a patient who was treated with Axid and another H_2-receptor antagonist. On previous occasions, this patient had experienced thrombocytopenia while taking other drugs.

Integumental—Sweating and urticaria were reported significantly more frequently in nizatidine than in placebo patients. Rash and exfoliative dermatitis were also reported.

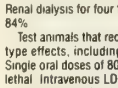
Other—Hyperuricemia unassociated with gout or nephrolithiasis was reported.

Overdosage: There is little clinical experience with overdosage of Axid in humans. If overdosage occurs, use of activated charcoal, emesis, or lavage should be considered along with clinical monitoring and supportive therapy. Renal dialysis for four to six hours increased plasma clearance by approximately 84%.

Test animals that received large doses of nizatidine have exhibited cholinergic-type effects, including lacrimation, salivation, emesis, miosis, and diarrhea. Single oral doses of 800 mg/kg in dogs and of 1,200 mg/kg in monkeys were not lethal. Intravenous LD_{50} values in the rat and mouse were 301 mg/kg and 232 mg/kg respectively.

PV 2091 AMP [041288]

Axid® (nizatidine, Lilly)



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capital commentary

Accessibility not quality of care is issue

Robert W. O'Donnell

This is an excerpt from Rep. Robert W. O'Donnell's address at the Society's 1988 Leadership Conference. Read on for his thoughts on the role of government in health care delivery and his advice for legislative success.

The subject of health care and government, specifically Pennsylvania's involvement with health care, needs some perspective. Let me share with you my context for looking at that problem.

First, there really is no issue as to the quality of medical care in this country. Americans are extremely well cared for and Pennsylvanians are no exception to that. However, there is obviously an issue about the cost and the availability of medical care. Not broadly speaking, but clearly there are distortions in the health care delivery system that result in either terribly high costs, unavailability of care, or a combination of the two.

These problems are always thought of in terms of crisis and disaster, and the problems are, of course, serious. Taken in context, however, our problems are not the crises or disasters you find when you examine the reports from the World Health Organization. The health problems that exist in other parts of this world and the lack of available resources to meet them are staggering. That is not the nature of the problem we have in Pennsylvania.

Basically, our problem is affected by what our expectations are as to the quality of care we can afford to receive. The compelling issue is one of cost for the folks who don't have money or for folks who are not able to buy insurance. They are essentially shut out of having access to the quality health care that is available.

Government intervention

We start in our country, appropriately, with the private sector as the mechanism for the delivery of services, and we try to withhold government intervention until there is a serious problem. In the past, the private sector has contributed enormous advances in technology that has led to great progress, and, in terms of health care delivery, the private sector is responding as well. Sometimes these responses are very, very narrow, although certainly heartfelt. I read recently about a corporation that produces heart medicine that has decided to contribute some of the medicine to people who can't afford it.

The basic mechanism in the private sector for regulating health care is the insurance mechanism. I think it is widely believed, and I certainly share the view, that the insurance mechanism at this point is out of kilter and is not providing the kind of regulation in the private sector that is most beneficial. Because health care is such a basic commodity, such a basic service, it becomes an appropriate subject for government intervention, or government attention.

Now, when government comes to a problem that has heretofore been handled by the private sector, there are three or four ways government generally intervenes. First, government can decide to provide the service at hand. The model there, of course, is something like the public school system where education is a basic commodity and government takes on the responsibility of providing it. Examples of this kind of intervention in medicine, however, are rare. During the 1960s, during the Great Society, there was experimentation with community health centers, some of which are still functioning today in Pennsylvania, with the government as the provider of care, but I believe that's a small part of what we're doing and going to do.

The second theory of intervention is regulation. The model here is public utilities. What the goverment seeks to do is to let the service be provided in the private sector, while imposing a regulatory scheme that essentially controls the price. One of the legislative bills I'm sure you're concerned about, the Medicare Overcharge Measure, acronymically known as MOM, is an attempt to further regulate fees that may be charged and under what circumstances what charges can be made. I don't think this kind of intervention will be successful in the long run.

The third mode and currently the most popular mode of intervention is inducing some kind of behavior in the private sector with either positive or negative sanctions. The models in this case are subsidies for housing and economic development. For example, the government offers tax breaks, low interest loans, and subsidies to encourage developers to build housing for low income residents and to encourage manufacturers to expand production and create more jobs. In fact, in Massachusetts the legislature is considering a bill that will require all employers with more than five employees to pay for health care insurance for their employees or to pay a payroll tax from which funds would be used to provide health insurance. This is, clearly, a government attempt both to induce positive behavior and sanction negative behavior while leaving control in the private sector.

The fourth and most pervasive government involvement is a kind of restructuring of the rules of the game. There is no positive program to promote; instead, a new set of rules is created for people to operate under. The model here is something like uniform commercial code laws, or business corporation laws that structure a commercial transaction and say who recovers what under what kind of a circumstance. Senate Bill 803 (which became

Rep. O'Donnell is majority whip of the House. He represents the 198th District of Philadelphia.

Act 66 of 1988) is a bill that would, for example, require providers of health care, including doctors, to disclose to a patient any financial interest that they have in any institution or person to whom they refer the patient. That's a kind of adjustment to the rules of the game. The most controversial issue in this category is tort reform.

Medical liability reform

Tort reform, including its application to medical malpractice, is an extremely complex issue for which there is no broad public debate or concern. This is just not the sort of issue that constituents walk into their legislators' offices to talk or complain about. There also are extremely powerful forces in conflict here and no one in the legislature has full confidence that any legislative proposal will provide the desired results. However, the issue remains on our agenda because it is an extremely serious matter, both to the people who are not sufficiently served, and to those who provide the service.

The legislature is working with methods that it usually uses to cope with problems and so far none have worked. The senate majority leader, trying what we call the "insider" process, called the key participants together and tried to resolve the problem through reasoning and discussion. And we are trying the "study" method, such as with the present indigent care study. Although I am not optimistic that there will be a positive result in this session, I do think that current discussions will focus the issues for next session.

The people in power

You ought to understand in approaching legislative process that it is utterly and completely controlled by maybe two or three people. The single most powerful person is the little guy. I've never met the little guy, but this mythical creature is always present. He stalks the floors of the House and I know how powerful he is, because in the middle of any debate, if somebody comes to the microphone and says, "What about the little guy," everyone reconsiders and says, "Oh, my God, I forgot about the little guy—what's the little guy going to think about this?" Then you see votes changing and you know immediately it is in response to the pressure of the unseen little guy.

The other two powerful people are Mom and Pop. My first acquaintance with Mom and Pop in the legislative debate was when I was told that the only grocery store somewhere in central Pennsylvania is a Mom and Pop grocery store. Later, when the big oil companies were trying to gouge the service station dealers, Mom and Pop had acquired a gas station. Just last year in the course of debate on insurance matters, I was told there was a Mom and Pop insurance company in Pennsylvania.

Advice for success

I suggest for success legislatively and in the political process that there are two efforts worthy of your attention. The first is to pay attention to the little guy, which means taking steps to frame an issue in the public mind. The first lawyer's trick taught in law school is that the answer to a question doesn't matter. It's how you frame the question that's important. For example, when we had a tort reform bill debated on the House floor, it was a product liability bill. On the same day Ralph Nader appeared in Philadelphia, Harrisburg, and Pittsburgh, and held press conferences. The next morning, the *Philadelphia Inquirer* carried a banner that framed the issue as a conflict between consumers and big business. Now, which side do you think the legislators wanted to be on? As long as the issue was framed in that fashion, the result was predisposed. So, I urge your attention to the little guy. Frame the issue in the public mind in a way that offers a level playing ground.

The second effort is political. Most people have a distorted view of politics; although they are western trained, they have an almost eastern ability to embrace contradictory views of what politics is about. On the one hand, the perception is that politics and government are occupied by demigods who can and should do nothing but act on the moral messages they get directly from above. There is bitter disappointment when the results are otherwise. But then the pendulum swings to the other extreme and politicians are perceived as corrupt and involved in the most sordid kind of business. I want to let you know that political activity, for the most part, is not at either extreme. I urge you to stay involved politically, because I believe a rational, reasonable, common sense view of the political process will enhance your efforts and raise your chances of success.

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special feature

Health hazards of trash disposal

George D. Lumb, MD, MRCP

Disposing of trash has rapidly become one of our nation's most serious problems. Our contaminated land, water, and air are becoming serious public health threats. Here, Dr. Lumb, examines our alternatives and explains why you need to know what's happening.

Human society tends to react only to crisis, and very rarely responds to the signs that warn that a crisis may occur. We see this in every walk of life. The first so called "great war" began when a little known Archduke was murdered in a central European country, while the warning signs that might have averted this disaster went unheeded for 30 years beforehand. Many other examples of this type can be cited. It is true also, that doctors practice their profession on the basis of what has been called crisis medicine. By this, it is meant that the doctor waits for the patient to feel ill, and then tries to treat the problem. Very little attention is paid to so-called preventive medicine except in China, where in some areas doctors are remunerated on the basis of the number of individuals in their area who stay well as opposed to the more conventional method of being paid for the number of patients treated who are sick.

We are at present on the threshold of a crisis in dealing with hazardous substances, most of which are regarded as "wastes." Some might argue that the crisis is upon us. This is particularly true of oceans. Although Rachel Carson warned us about the problems occurring there, as long ago as 1955,[1] in a book that was read by millions of people, authorities waited 30 years until visible trash was washed onto East Coast beaches before beginning to take action.

Environmental hazards can occur in a variety of ways.

1. Natural origins, examples of which are earthquakes, volcanoes, or the escape of radon gas from the earth's surface.

2. Materials intended to be useful, such as disinfectants, herbicides, or fertilizers. Such substances may be dangerous because of their chemical nature, or the presence of harmful contaminants.

3. Disposal of waste material

A. Products no longer necessary after industrial, hospital, or research use, or byproducts from these materials. Such substances may be intrinsically toxic, or, as in the case of phosphates, may interfere with the ecosystem when liberated in excess, particularly into rivers and estuaries.

We are at present on the threshold of a crisis in dealing with hazardous substances, most of which are regarded as "wastes." Some might argue that the crisis is upon us.

B. Solid and liquid waste resulting from normal domestic activities. This produces an indiscriminate mixture known as "trash," which includes human and animal sewage or more specifically excrement, and materials such as paper, plastic, bottles, and metallic objects, such as discarded batteries, lightbulbs, and all forms of appliances, including furniture and clothing.

It is the purpose of this paper, to examine some of the problems associated with garbage and trash handling, and to address incineration as a method for its disposal.

The public is becoming alarmed by the various things they are hearing, and people will tend to go to their doctors to ask questions relating to health hazards. Hopefully the information given here will help physicians answer some of their patients' questions.

The methods of handling waste materials can be summarized as follows:

1. Landfills. These are areas where trash is simply buried and, when inadequately contained, may lead to disasters of which "Love Canal" was the best publicized. Even when properly built and contained, suitable areas for landfills are becoming increasingly difficult to find.

2. Treatment. This has largely been a matter of pulverizing and filtrating trash and adding chemicals intended to render the material harmless. The resulting sludge is then piped into rivers, estuaries, or the ocean.

3. Dumping. Large quantities of untreated materials have been taken out into the ocean and dumped.

4. Incineration. In more recent years the concept has been developed of incinerating trash and converting the heat generated into energy. More than 100 such incinerators already have been built around the country, and approximately 200 more are planned for completion by 1990.

While appearing to be a commendable alternative, incineration carries

Dr. Lumb is vice chairman of the PMS Commission on Public Health and Toxic Substances. Health hazards of toxic wastes have been the focus of the Commission's work in 1988. The Commission has reviewed and supports Dr. Lumb's article.

with it problems and potential hazards that should be recognized by physicians.

The incinerator

The objective of the incinerator is to reduce a mixed collection of trash to gaseous effluent with 100 percent efficiency for organic material, resulting in so-called complete mineralization of organic materials to carbon dioxide (CO_2), water (H_2O), hydrogen fluoride (HF), sulfer dioxide (SO_2), various nitrogen oxides, and carbon monoxide (CO). However, most of these present problems, the most serious perhaps resulting from sulfer dioxide in relation to acid rain.

It is recognized, however, that complete mineralization currently does not occur, and a number of substances remain that are the result of incomplete combustion. These include: chlorobenzenes, chlorophenols, chlorinated dibenzo-p-dioxins and chlorinated dibenzofurans (CDD/CDF), polychlorinated biphenyls (PCB), polycyclic aromatic hydrocarbons (PAH), formaldehyde, and hydrogen chloride.

It is the objective of a good incinerator to reduce these organics to a minimum. Improvements in performance occur all the time and will continue in the future.

An additional problem with trash incineration, is the presence of metallic trace elements such as mercury, cadmium, and lead, among others, all of which are dangerous and remain after combustion as particulate material.

Maximum efficiency incineration is achieved by having a very high intensity incineration temperature—between 800°C and 900°C—that is followed by rapid cooling—certainly to a level below 200°C and preferably to the region of 140°C—so that particulate material can be eliminated. Particles are then removed by scrubbers and filters and deposited as ash, which has to be dealt with separately. The remaining gases pass out of the stack of the incinerator.

The Environmental Protection Agency (EPA) after careful study has produced convincing evidence that dry alkaline scrubbers should be used. We [illegible] not go into details, but suffice it to say that these scrubbers simply and literally scrub the particles out of the gas and deposit it in ash form. The gases then pass through filters, the best form of which is made of a series of small fabric bags known as a "baghouse." Once again, particles are removed and collected as ash.[2]

It is immediately apparent that as scrubbing and filtration become more efficient, fewer toxic substances will escape from the stack and more will find their way into the ash.

Most of the investigations to date have addressed questions related to gaseous emissions from stacks. It already has been stated that the method of present, "state-of-the-art" incineration is to use massburn with heat retrieval, followed by passage of effluent gases through alkaline scrubbers and felt filters to remove particles. The use of refuse as fuel and failure to reduce heat after incineration has been shown convincingly to be less efficient and will not be discussed further here.

While appearing to be a commendable alternative, incineration carries with it problems and potential hazards that should be recognized by physicians.

The EPA has examined effluents from a number of facilities nationwide, and has developed computer models to aid in determining risk assessment. These models work reasonably well in determining direct inhalation hazard, but not in determining the effects of hazards such as soil and water pollution. Such information is yielded only by accumulating data on an ongoing basis. Therefore, risk assessments have been made for direct inhalation while only estimates for indirect effects on individuals living near incinerators have been made.

Direct inhalation

To study the direct inhalation pathway, the EPA has used what it calls a "human exposure model" to assess cancer, non-cancer, and other welfare effects. The EPA estimated these effects by comparing emission and threshold effect levels of hazardous materials near the facilities they examined.

These levels were combined with a unit risk estimate. The unit risk estimate for an air pollutant is defined by the EPA as, "a rough but plausible probability of the upper 95 percent confidence limit of the lifetime cancer risk, that could occur in the population in which all individuals were exposed continuously, from birth throughout their lifetime (70 years), to a unit concentration (e.g., 1 microgram per cubic meter) of the carcinogen in the air they breathe."[2]

It is accepted that a risk computed in this way is likely to be much higher than the true risk, but we do obtain a computed upper level.

By combining the estimates of public exposure with this unit risk, two measures of excess cancer risks were calculated by the EPA: 1. nationwide annual cancer incidence; and 2. maximum individual lifetime cancer risk.

The annual cancer incidence was taken to be an estimate of cancer cases per year in the total population residing within 50 kilometers in all directions of a municipal waste facility. It is admitted that 50 kilometers is an arbitrary model.

The maximum individual lifetime cancer risk is estimated to be the probability of a person who resides in the vicinity of the municipal waste combustor and who is exposed continuously to the highest annual average ambient air concentration of any particular pollutant developing cancer over his/her 70-year lifetime.

Again, we get an extreme upper limit evaluation, but we do get an estimate of the total number of cases and the amount of individual risk in the 50 kilometer zones. These figures can then be compared with national averages.

In assessing the human carcinogenic risks, the EPA recognizes many uncertainties, including the fact that risk ranges vary from place to place. However, the EPA's analysis showed that the problems associated with dioxins and dibenzofurans were the most important in relation to potential for carcinoma risk. A problem arises in assessing risk, however, because measurements of effluent materials are made on a whole class of compounds (i.e., CDD/CDF, PCB, and PAH), whereas reference levels exist only for isolated members of a class. For this reason, the EPA decided to use a toxic equivalency factor (TEF) to convert emissions of mixtures to an equivalent quantity of the most toxic compound in the class (2,3,7,8—TCDD for CDD/CDF, benzo-a-pyrene for PAH and 1,2,5,4 aro-

clor for PCB). The method for this conversion using weighting factors is described in an interim EPA procedure.[3]

Formaldehyde, another carcinogen present in the escaping gases, has a very uncertain relationship to human toxicity, and is considered to be a relatively unimportant problem.[4]

In terms of non-carcinogenic risks, lead and mercury emissions are the most important, but their predicted concentrations from most municipal waste facilities have been shown to be less than ambient standards. Neither is therefore considered dangerous for direct inhalation.

Hydrochloric acid is another non-threatening risk. Most modern facilities do not have problems with hydrochloric acid. However, some of the older ones do have sufficient concentrations to cause metal corrosion in the immediate area.[5]

Summarizing the risk assessment of direct inhalation effects, the EPA has concluded that CDD/CDF, PCB, and PAH pose the greatest problems. The scientific difficulties relating to this assessment will be considered below.

Indirect exposure

The EPA has based possible accumulation in the natural environment on a hypothetical farm family who obtains most of its food supply from an area of maximum deposition of pollutants, and whose children ingest 0.5 grams of soil a day. The family is assumed to live one tenth of a mile from the combustion facilities. By using this scenario, the EPA was able to assume a "worst case."

The preliminary indirect exposure analyses indicated that long term exposure to deposited emissions may be comparable to direct inhalation exposure for some constituents. Dioxins, furans, PCB, and chlorobenzenes seem to be the most important.[6]

Exposure to mercury emissions through food ingestion, particularly by contaminated freshwater fish, was the greatest problem. A report from Sweden[7] indicates that the atmospheric deposition of mercury has caused mercury levels in lakes in southern and central Sweden to increase by a factor of five. Authorities attribute this increase to emissions from various combustion sources including municipal waste incinerators. As a result, the Swedish authorities have restricted the consumption of some freshwater fish. Moreover, in the EPA's hypothetical situation, children also could ingest sufficient soil to be affected by lead and mercury deposition.

On the other hand, the analysis indicated that exposure to nickel, chromium VI, beryllium, and formaldehyde depositions would not significantly add to the inhalation exposure under the time frame model.

Based on the assumptions and methods used, the EPA concluded that with existing incinerators, a "possible" likelihood of human health effects from indirect exposure could occur from TCDD (dioxins), mercury, and lead. Other effluents could only be classified as having "low" likelihood of effect.

Ash

The introduction of effective heat reduction after high level incineration followed by effective alkaline scrubbing and felt filtration has improved pollutant contact of emissions to the point where properly constructed incinerators should remove 90 percent to 95 percent of the toxic substances, according to the latest EPA estimates.[2]

It is now essential, therefore, that we control more carefully the various forms of ash generated in the system. The ash comes from three areas:

1. "Bottom ash" from the burning zone in the incinerator;

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2. Ash from the scrubbers. This ash is usually alkaline in nature because of the scrubbers used.
3. Ash from the filters.

Research is needed to decide whether this ash can be best collected by mixing it into a central source of collection, or by collecting it from the separate areas.

Certainly, the collection of all the ash must be performed and supervised carefully, so that no spillage or "fly off" occurs. The ash is very fine in particle size, and air currents could readily spread the particles as they are being collected.

Careful determinations of the content of the ash should be made, for it will contain relatively high concentrations of various trace elements in addition to dioxins and furans. Particularly, the ash formed in the area of scrubbing must be neutralized in terms of pH or even rendered slightly acidic, as it is known that some of the trace elements, in particular lead, leach more readily in alkaline states.

Having achieved careful collection and analysis of the ash, the next stage is disposing of it. Research is needed to decide whether further incineration or chemical control might be effective ways of diminishing toxicity. And it goes without saying that routine collection by garbage disposal companies, and deposition of ash in landfills cannot be considered adequate. However, this apparently is the present method of disposal of incinerator ash.

The EPA in its most recent report[2] frankly admits that the investigation into ash disposal has not been considered carefully, and that new regulations are in the process of being formulated. This seems to be a suitable time, therefore, for health care professionals including physicians to become involved.

Almost certainly, even if further purification of the ash can be achieved, some final waste material will still have to be dealt with. It must be buried in properly contained, sealed, and protected areas.

A proposal has been made for the Pennsylvania Medical Society's Commission on Public Health and Toxic Substances to discuss this controversial problem fully, with a view to making recommendations that might be used as guidelines for future regulations. Questions involving soil chemistry, including acidity and alkalinity, together with problems of hydrology, topography, and geology are clearly some of the questions we must address.

Such recommendations and regulations should be formulated rather quickly, so as to avoid the health hazards associated with indiscriminate deposition of toxic ash.

Summary

Several controversial issues surround the problems associated with trash incineration. Perhaps the most significant is the question of dioxins and nitrofurans. There is great confusion in what appears to be a relatively low level of toxic potential in humans compared with extreme toxicity in experimental rats.[8,9,10,11]

Continued research must be intensified in the following areas:

1. Improvement of incineration combustion.
2. Control of particulate material.
3. Continued research to improve accuracy of identifying, and determining levels of toxic substances.
4. Testing, handling, and disposal of ash.
5. Intensification of research into indirect exposure hazards, which obviously will be diminished automatically by careful attention to 1, 2, 3, and 4 above.
6. Regulation of health care for personnel working inside the incinerator facilities.
7. Consideration of other toxic trace substances such as arsenic.
8. Research to provide adequate containment of toxic materials in the event of facility breakdown.

It would appear that if these suggestions can be followed, a most effective method of trash disposal could be achieved. Recognizing that there is nothing in life that does not carry with it some risk, it appears that existing incinerators can be credited with a relatively low risk assessment, albeit, one that can be improved. A well documented report analyzing a facility designed in what has been described in this presentation as "state of the art" and following essentially similar criteria to those used by the EPA,[2] indicates a total risk estimate for lifetime malignancy potential as being "up to five in one million."[12]

Looking to the future, the way to achieve real advances lies in trash separation. This means:

1. Excrement purification for fertilizer production, thereby automatically diminishing chemical fertilizer problems.
2. Recycling of paper.
3. Elimination of nonbiodegradable containers and a return to reusable types.
4. Complete separation of metal objects, furniture, bedding, and so on, much of which should more correctly be designated garbage.

It is obvious that such a program enormously reduces the capacity requirements for incinerators and landfills and at the same time produces valuable byproducts.

A final question has to be answered honestly and frankly. Are we trying to produce an effective and safe method of trash disposal and at the same time produce energy or are we in the energy business using a cheap raw material? When answering that question, it must be recognized that proper control measures and adequate testing to provide maximum safety will not necessarily be cheap. In fact, they will almost certainly be rather expensive. The profitability therefore must be measured in terms of health care effectiveness rather than in financial benefit.

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9:00—9:30	ENDOTHELIAL DAMAGE, HYPERTENSION AND CORONARY VASOSPASM Robert H. Cox, Ph.D., Director, Bockus Research Institute, The Graduate Hospital; Professor, Dept. of Physiology, U. of Pennsylvania
9:30—10:00	MEMBRANE LIPIDS, SMOOTH MUSCLE FUNCTION AND ARTERIAL VASOSPASM Thomas N. Tulenko, Ph.D., Associate Professor, Department of Physiology & Biochemistry, Medical College of Pennsylvania
10:15—10:45	*Coffee Break*
10:45—11:15	RECENT RESEARCH IN LUNG INJURY Philip Kimbel, M.D., Chairman, Department of Medicine, The Graduate Hospital; Professor of Medicine, U. of Pennsylvania
11:15—11:45	CHRONIC OBSTRUCTIVE PULMONARY DISEASE: PATHOLOGY AND PATHOGENESIS Gordon Snyder, M.D., Chief of Medical Services, Department of Medicine, Boston University
12:00—1:30	*Buffet Luncheon*
1:30—2:00	EXCITATORY NEUROTRANSMISSION IN THE MAMMALIAN BRAIN Marc A. Dichter, M.D., Ph.D., Director, Comprehensive Epilepsy Center, The Graduate Hospital; Professor, Dept. of Neurology, U. of Pennsylvania
2:00—2:30	EXCITATORY AMINO ACID NEUROTOXICITY IN NEUROLOGICAL DISEASES Dennis Choi, M.D., Ph.D., Assistant Professor, Dept. of Neurology, Stanford University
2:45—3:15	*Coffee Break*
3:15—3:45	ROLE OF PROSTAGLANDINS IN GASTRIC MUCOSAL FUNCTION Max M. Cohen, M.D., Surgeon-in-Chief, The Graduate Hospital; Emilie and Roland T. deHellebranth Professor of Surgery, U. of Pennsylvania
3:45—4:15	CENTRAL NEUROPEPTIDE CONTROL OF GASTRIC MUCOSAL FUNCTION Gordon L. Kauffman, Jr., M.D., Professor of Surgery and Physiology, Chief, Division of General Surgery, Milton S. Hershey Medical Center, Pennsylvania State University
9:00—6:00	POSTER DISPLAY IN CENTRAL LOBBY
4:15—6:00	COCKTAIL BUFFET
6:00	YOUNG INVESTIGATOR AWARD PRESENTATION

physicians in the news

Four residents at the Pennsylvania State University College of Medicine won prizes in a laboratory research competition held by the Central Pennsylvania Chapter of the American College of Surgeons. **Paul Davis, MD,** won first place for "Comparison of Methods for Limiting Myocardial Infarct Expansion"; **Harlan Daubert, MD,** won second place for "Freeze Induction/ Embryonic Cartilage"; **Salvatore Parascandola, MD,** won second place for "Extracardiac Surgical Complications of Patients Receiving Cardiac Transplantation"; and **Timothy Oaks, MD,** won third place for "The Effects of Anesthetic Agents on Atrial Natriuretic Peptide Secretion."

R. Barrett Noone, MD, Bryn Mawr, was recently named a director of the American Board of Plastic Surgery. Dr. Noone, who will serve a six year term on the board, is clinical associate professor of surgery at the University of Pennsylvania and chief of plastic surgery at Bryn Mawr Hospital and Lankenau Hospital.

Emanuel Garcia, MD, a second year psychiatric resident at The Institute of Pennsylvania Hospital, has been elected member-in-training trustee-elect to the American Psychiatric Association. Dr. Garcia will become the second resident in APA history to assume a position on the Board of Trustees.

Robert Bahnson, MD, Pittsburgh, recently received a three-year appointment as cancer liaison physician for the cancer program at Presbyterian University Hospital, Pittsburgh. The American College of Surgeons sponsors the liaison program.

Bryn Mawr Rehabilitation Hospital's brain injury system was selected as the 1988 Outstanding Medical Rehabilitation Program by the National Association of Rehabilitation Facilities. **David F. Long, MD,** is clinical director of brain injury at the hospital.

Alvin J. Paul, MD, North Wales, received an award for 50 years in medical service at the Montgomery County Medical Society's annual dinner. Dr. Paul is a dermatologist in Lansdale.

James A. Kane, MD, Dunmore, has been appointed to the Pennsylvania State Board of Medicine. Dr. Kane is a retired general surgeon.

Charles C. Wolferth Jr., MD, professor in the Department of Surgery at Hahnemann University, was honored with a special trauma achievement award from the American College of Surgeons. Dr. Wolferth is a leader in establishing a system of care for trauma victims in Pennsylvania and nationally.

William E. Staas Jr, MD, president and medical director of Magee Rehabilitation Hospital, was given the 1988 Annual Award at the 1988 Reunion of the Alumni Association of the Philadelphia College of Pharmacy and Science.

Charles P. O'Brien, MD, PhD, vice chairman of the University of Pennsylvania's Department of Psychiatry and chief of the psychiatry service at the

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Milton A. Wohl, MD, left, chairman of the Orthopedics Department at Philadelphia Geriatric Center, received the medical staff's 1988 Annual Award. Asher Woldow, MD, president of the medical staff and chairman of the Department of Medicine at PGC, presented the award.

MR UPDATE

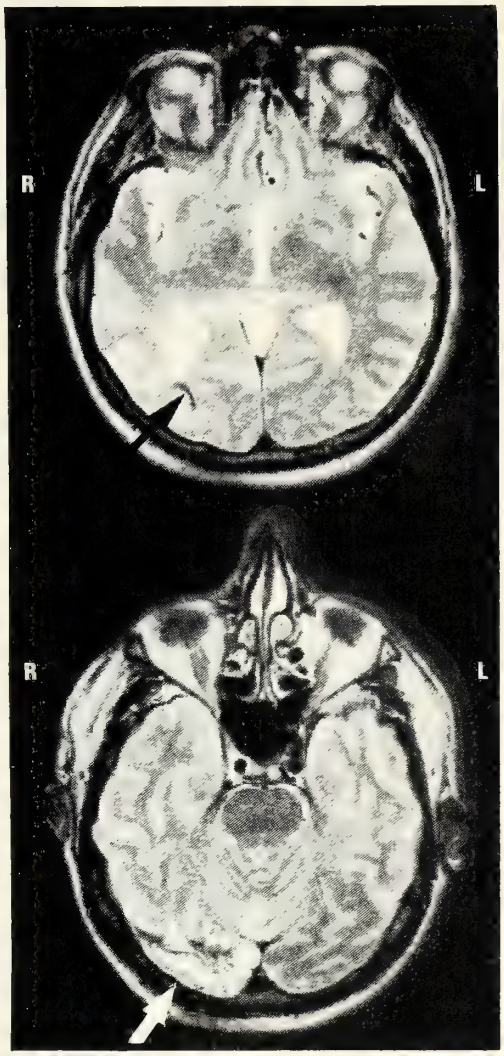
MRI Advances the Detection of AVM's

BRAIN EXAMINATION

HISTORY: A 52 year old man had two small right occipital hemorrhages, 18 months apart. After resolution, negative studies included two cerebral arteriograms and contrast CT scans.

SCAN: Several dark curvilinear structures, evidence of the flow void phenomenon, indicate abnormal vasculature in the right occipital lobe. Associated high signal intensity of adjacent white matter is compatible with edema, hemorrhage, or gliosis. Together these findings are consistent with occult arteriovenous malformation (AVM).

MRI HIGHLIGHTS: MRI is highly sensitive for AVM's which are otherwise occult by arteriography or CT scanning. These may be found in patients with spontaneous hemorrhage, seizure disorder, or other clinical presentations. In addition, the sensitivity of MRI for intracranial hemorrhage is being increased through the use of new partial flip imaging techniques. Refinements in signal processing, surface coils, and other techniques continue to expand the clinical indications of MRI. Because of its sensitivity, safety, and patient comfort, MRI is the screening technique of choice for most CNS abnormalities.



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Veterans Administration Medical Center, received the first Abraham Wikler Award from the Addiction Research Center of the National Institute on Drug Abuse.

Charles Shagass, MD, acting chairman of the Department of Psychiatry at Temple University School of Medicine, recently received the George N. Thompson Award for Distinguished Service from the Society of Biological Psychiatry. Dr. Shagass is known for his research on electrical activity of the brain in mental illness.

Oksana Korzeniowski, MD, Glenside, infectious disease expert and associate professor of medicine at the Medical College of Pennsylvania, is recipient of a 1988 Lindback Award for excellence in teaching.

William A. Atlee, MD, and **Paul H. Ripple, MD,** recently received distinguished service awards from the Lancaster City and County Medical Society for outstanding service. Dr. Atlee was one of the first doctors to perform pulmonary surgery in Lancaster and currently serves on the PMS Commission on Bioethics. Dr. Ripple, an ophthalmologist, was honored for cofounding the Edward Hand Medical Museum. His cartoons are featured regularly in *Lancaster Medicine.*

Richard T. Bell, MD, West Reading, recently received an alumni award from Lehigh University. Dr. Bell also has been elected to the executive committee of the American Lung Association of Pennsylvania and as vice president of the Berks County Chapter of the American Red Cross.

Margaret Gray Wood, MD, professor of dermatology at the University of Pennsylvania School of Medicine, was recently named professor emeritus in the Department of Dermatology.

Patricia Perosio, MD, a resident in pathology at the Hospital of the University of Pennsylvania, received the Upjohn Achievement Award for Excellence in Biomedical Research for her paper, "Expression of Nerve Growth Factor Receptor in Paraffin-embedded Soft Tissue Tumors."

Marc S. Lapayowker, MD, chairman of the department of radiology at Abington Memorial Hospital, was the honored radiologist at the 73rd Annual Meeting of the Pennsylvania Radiological Society.

Julius J. Deren, MD, chief of the gastroenterology division at Graduate Hospital, received the 1987-1988 Blockley-Osler Award for excellence in clinical teaching from the University of Pennsylvania School of Medicine.

Harvey Horowitz, MD, director of the Adolescent Substance Abuse Program at The Institute of Pennsylvania Hospital, has been elected vice president of the American Society for Adolescent Psychiatry.

L. Jay Katz, MD, Wynnewood, has been appointed to associate surgeon on the glaucoma service at Wills Eye Hospital. He joined the Wills staff in 1986.

Robert E. Campbell, MD, director of the Department of Radiology at Pennsylvania Hospital, was the 26th recipient of the Jacob Ehrenzeller Award, which is presented by the Ex-Resident's Association of Pennsylvania Hospital to a former resident who has made a significant contribution to medicine.

Raul De La Cadena, MD, and **Edward G. Wyshock, MD,** both post doctoral fellows at Temple University's Throm-

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INDICATIONS: THEO-DUR is indicated for relief and/or prevention of symptoms of asthma and for reversible bronchospasm associated with chronic bronchitis and emphysema

CONTRAINDICATIONS: THEO-DUR is contraindicated in individuals who have shown hypersensitivity to theophylline or any of the tablet components

WARNINGS: Status asthmaticus should be considered a medical emergency and is defined as that degree of bronchospasm which is not rapidly responsive to usual doses of conventional bronchodilators Optimal therapy for such patients frequently requires both *additional medication* parenterally administered, and *close monitoring*, preferably in an intensive care setting

Although increasing the dose of theophylline may bring about relief, such treatment may be associated with toxicity The likelihood of such toxicity developing increases significantly when the serum theophylline concentration exceeds 20 mcg/ml Therefore, determination of serum theophylline levels is recommended to assure maximal benefit without excessive risk

Serum levels above 20 mcg/ml are rarely found after appropriate administration of recommended doses However, in individuals in whom theophylline plasma clearance is reduced *for any reason*, even conventional doses may result in increased serum levels and potential toxicity Reduced theophylline clearance has been documented in the following readily identifiable groups 1) patients with impaired renal or liver function, 2) patients over 55 years of age, particularly males and those with chronic lung disease, 3) those with cardiac failure from any cause, 4) neonates, and 5) those patients taking certain drugs (macrolide antibiotics and cimetidine) Decreased clearance of theophylline may be associated with either influenza immunization or active infection with influenza

Reduction of dosage and laboratory monitoring is especially appropriate in the above individuals Less serious signs of theophylline toxicity (i e nausea and restlessness) may occur frequently when initiating therapy, but are usually transient when such signs are persistent during maintenance therapy, they are often associated with serum concentrations above 20 mcg/ml Unfortunately, however, serious side effects such as ventricular arrhythmias, convulsions or even death may appear as the first sign of toxicity without any previous warning Stated differently *serious toxicity is not reliably preceded by less severe side effects*

Many patients who require theophylline may exhibit tachycardia due to their underlying disease process so that the cause/effect relationship to elevated serum theophylline concentrations may not be appreciated

Theophylline products may cause dysrhythmia and/or worsen pre-existing arrhythmias and any significant change in rate and/or rhythm warrants monitoring and further investigation

The occurrence of arrhythmias and sudden death (with histological evidence of necrosis of the myocardium) has been recorded in laboratory animals (minipigs, rodents and dogs) when theophylline and beta agonists were administered concomitantly, although not when either was administered alone The significance of these findings when applied to human usage is currently unknown

PRECAUTIONS: THEO-DUR TABLETS SHOULD NOT BE CHEWED OR CRUSHED

General: Theophylline half-life is shorter in smokers than in non-smokers Therefore, smokers may require larger or more frequent doses Morphine and curare should be used with caution in patients with airway obstruction as they may suppress respiration and stimulate histamine release Alternative drugs should be used when possible Theophylline should not be administered concurrently with other xanthine medications Use with caution in patients with severe cardiac disease, severe hypoxemia, hypertension, hyperthyroidism, acute myocardial injury, cor pulmonale, congestive heart failure, liver disease, in the elderly (especially males) and in neonates In particular, great caution should be used in giving theophylline to patients with congestive heart failure Frequently, such patients have markedly prolonged theophylline serum levels with theophylline persisting in serum for long periods following discontinuation of the drug Individuals who are rapid metabolizers of theophylline, such as the young, smokers, and some non-smoking adults, may not be suitable candidates for once-daily dosing These individuals will generally need to be dosed at 12 hour or some times 8 hour intervals Such patients may exhibit symptoms of bronchospasm near the end of a dosing interval, or may have wider peak-to-trough differences than desired

Use theophylline cautiously in patients with history of peptic ulcer Theophylline may occasionally act as a local irritant to the G I tract although gastrointestinal symptoms are more commonly centrally mediated and associated with serum drug concentrations over 20 mcg/ml

Information for Patients: The physician should reinforce the importance of taking only the prescribed dose and time interval between doses THEO-DUR tablets should not be chewed or crushed When dosing THEO-DUR on a once daily (q24h) basis, tablets should be taken whole and not split As with any controlled-release theophylline product, the patient should alert the physician if symptoms occur repeatedly, especially near the end of the dosing interval

DRUG INTERACTIONS: **Drug-Drug**: Toxic synergism with ephedrine has been documented and may occur with some other sympathomimetic bronchodilators In addition, the following drug interactions have been demonstrated

Drug	Effect
Theophylline with lithium carbonate	Increased excretion of lithium carbonate
Theophylline with propranolol	Antagonism of propranolol effect
Theophylline with cimetidine	Increased theophylline blood levels
Theophylline with troleandomycin, erythromycin	Increased theophylline blood levels

Drug-Food: *THEO-DUR 100 mg Sustained Action Tablets* have not been adequately studied to determine whether their bioavailability is altered when given with food Available data suggest that drug administration at the time of food ingestion may influence the absorption characteristics of theophylline controlled-release products resulting in serum values different from those found after administration in the fasting state

A drug-food effect, if any, would likely have its greatest clinical significance when high theophylline serum levels are being maintained and/or when large single doses (greater than 13 mg/kg or 900 mg) of a controlled-release theophylline product are given

THEO-DUR (200, 300, and 450 mg) Sustained Action Tablets The rate and extent of absorption of theophylline from THEO-DUR 200 mg, 300 mg, and 450 mg tablets when administered fasting or immediately after a moderately high fat content breakfast is similar

Drug-Laboratory Test Interactions: When plasma levels of theophylline are measured by spectrophotometric methods, coffee, tea, cola beverages, chocolate, and acetaminophen contribute falsely high values

Carcinogenesis, Mutagenesis, and Impairment of Fertility: Long-term animal studies have not been performed to evaluate the carcinogenic potential, mutagenic potential, or the effect on fertility of xanthine compounds

Pregnancy: Category C—Animal reproduction studies have not been conducted with theophylline It is not known whether theophylline can cause fetal harm when administered to a pregnant woman or can affect reproduction capacity Xanthines should be given to a pregnant woman only if clearly needed

Nursing Mothers: It has been reported that theophylline distributes readily into breast milk and may cause adverse effects in the infant Caution must be used if prescribing xanthine to a mother who is nursing, taking into account the risk-benefit of this therapy

Pediatric Use: Safety and effectiveness of THEO-DUR administered

1 Every 24 hours in children under 12 years of age, have not been established
2 Every 12 hours in children under 6 years of age, have not been established

ADVERSE REACTIONS: The most consistent adverse reactions are usually due to overdose and are

1 *Gastrointestinal* nausea, vomiting, epigastric pain, hematemesis, diarrhea
2 *Central nervous system* headaches, irritability, restlessness, insomnia, reflex hyperexcitability, muscle twitching, clonic and tonic generalized convulsions
3 *Cardiovascular* palpitation, tachycardia, extrasystoles, flushing hypotension, circulatory failure, ventricular arrhythmias
4 *Respiratory* tachypnea
5 *Renal* albuminuria, increased excretion of renal tubular and red blood cells, potentiation of diuresis
6 *Other* rash, hyperglycemia and inappropriate ADH syndrome

OVERDOSAGE: **Management**: If potential oral overdose is established and seizure has not occurred

A Induce vomiting
B Administer a cathartic (this is particularly important if sustained-release preparations have been taken)
C Administer activated charcoal

If patient is having a seizure

A Establish an airway
B Administer oxygen
C Treat the seizure with intravenous diazepam, 0 1 to 0 3 mg/kg up to 10 mg
D Monitor vital signs, maintain blood pressure and provide adequate hydration

Post Seizure Coma

A Maintain airway and oxygenation
[illegible] a result of oral medication, follow above recommendations to prevent absorption of the drug, but intubation and [illegible]avage will have to be performed instead of inducing emesis, and the cathartic and charcoal will need to be [illegible]roduced via a large bore gastric lavage tube
[illegible]ntinue to provide full supportive care and adequate hydration while waiting for drug to be metabolized In gener[illegible] drug is metabolized sufficiently rapid so as not to warrant consideration of dialysis, however, if serum levels [illegible] 0 mcg/ml charcoal hemoperfusion may be indicated
[illegible] Fed[illegible] law prohibits dispensing without prescription For full prescribing information, see package insert

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physicians in the news

bosis Research Center, have received National Institutes of Health fellowships.

Thomas G. Frazier, MD, and **Carl M. Mansfield, MD,** were recently elected officers of the board of directors of the American Cancer Society, Philadelphia Division. Dr. Frazier, president, is attending surgeon and oncologist at Bryn Mawr Hospital and associate professor of surgery at Thomas Jefferson University. Dr. Mansfield, first vice president, is a professor of radiation therapy and nuclear medicine at Thomas Jefferson University and chief of the hospital's division of nuclear medicine.

The Philadelphia Psychiatric Society has presented four awards for outstanding accomplishment. **O. Spurgeon English, MD,** received the Life Time Achievement Award; **Emanuel E. Garcia, MD,** received the Resident Achievement Award; and **Frankin G. Maleson, MD,** and **John L. Frank, MD,** received the Psychiatric Education of Physicians Award.

The 1988-1989 officers of the Philadelphia Psychiatric Society are: president, **Michael Vergare, MD,** president elect, **William Dubin, MD;** vice president, **Bradley H. Sevin, MD;** treasurer, **Charles Giannasio, MD;** and secretary, **Bruce Lief, MD.**

Richard P. Albertson, MD, right, immediate past president of the Montgomery County Medical Society, presents Nicholas R. Rorick, MD, the 1988-89 president, with the gavel. Observing is Donald E. Harrop, MD, president of PMS.

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Drug Induced Headaches
Ninan T. Mathew, M.D.
Clinical Associate Professor of Neurology,
University of Texas;
Director, Houston Headache Center

Sexual and AIDS-Related Headaches
Jerome Goldstein, M.D.
Associate Clinical Professor of Neurology,
University of California at San Francisco

A Unifying Concept of Migraine Mechanisms
K.M.A. Welch, M.D.
Professor & Chairman, Department of Neurology,
Henry Ford Hospital, Detroit, Michigan

Depression in the Headache Population
Gregory J. Tramuta, M.D.
Associate Clinical Professor of Psychiatry,
Temple University Hospital;
Chief of Psychiatry,
The Germantown Hospital and Medical Center

Additional participants will include:

Elliott A. Schulman, M.D., Attending Neurologist, The Germantown Hospital and Medical Center; Assistant Professor of Neurology, Temple University; Fellow of the American Academy of Neurology.

Ronald S. Kaiser, Ph.D., Licensed Clinical Psychologist; Affiliate, Psychiatry Section, The Germantown Hospital and Medical Center; Clinical Assistant Professor of Psychology, Hahnemann University; Adjunct Associate Professor of Psychology, Temple University.

Joseph P. Primavera, III, M.A., Licensed Clinical Psychologist; Affiliate, Psychiatry Section, The Germantown Hospital and Medical Center; Co-Director, The Biofeedback Laboratory.

A roundtable discussion will include controversial topics in headache management and difficult cases.

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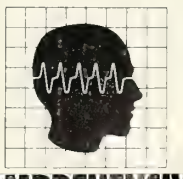

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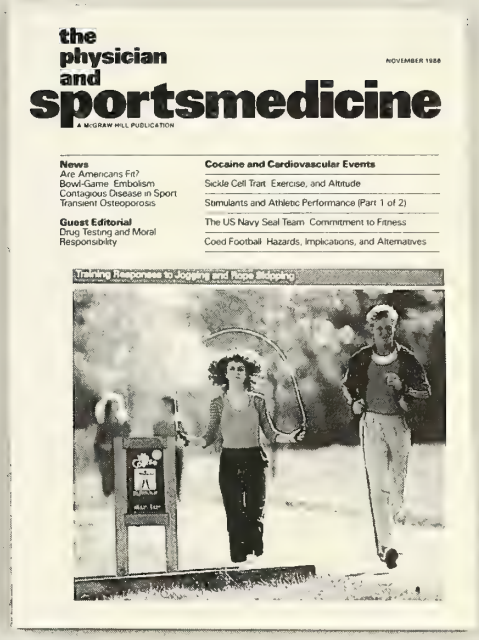
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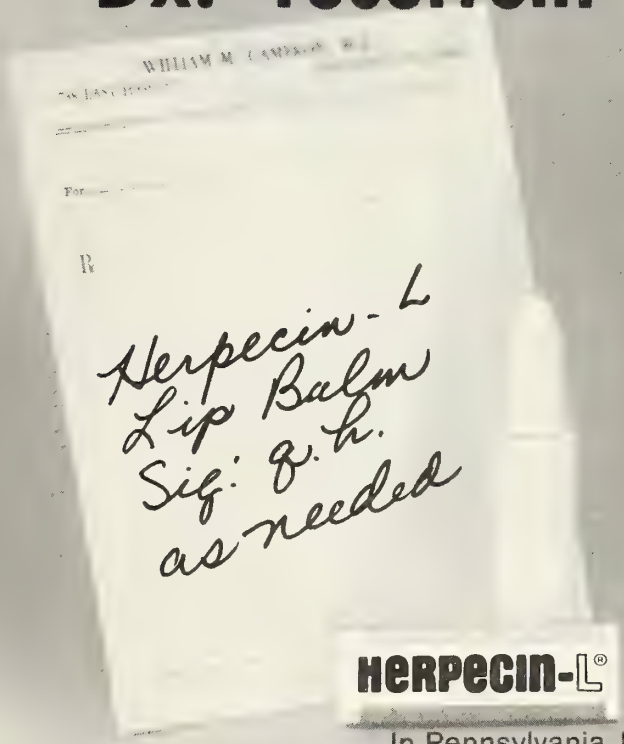

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Peter J. Isaac, DO, General Surg., 325 S. Belmont St., York 17405

Gregory S. Keagy, DO, Cardiovascular Surg., 45-A Wyntre Brooke Dr., York 17403

STUDENTS

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Warren J. Falo, 3560 New Queen St., Philadelphia 19129

Dean L. Fiergang, 2991 W. School House Ln., Philadelphia 19144

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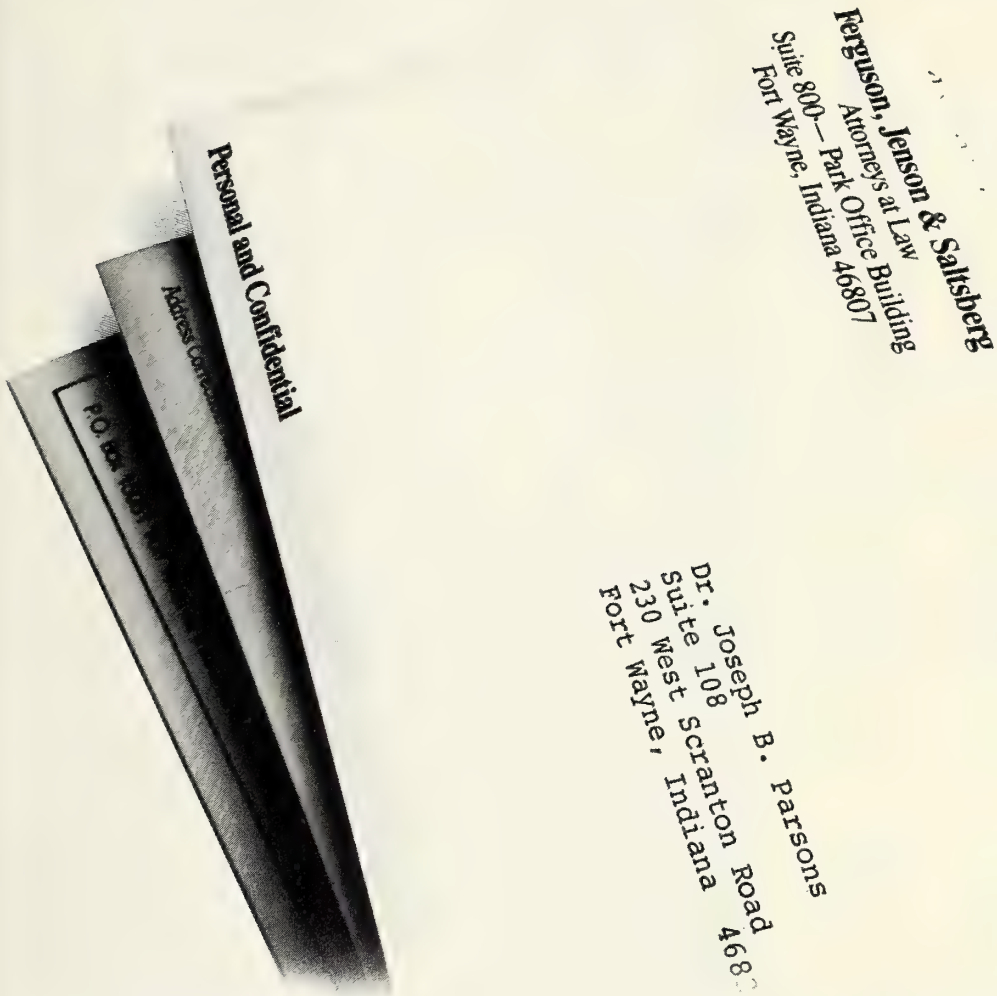

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in my opinion

The patients' advocate: physician activist

Basil A. Marryshow, MD

It occurred to me while listening to J. J. Siragusa, MD, president of the Massachusetts Medical Society, who spoke to the members of the Allegheny County Medical Society earlier this year, that the medical community as a whole seems to be adrift and reacting to every proposal and hair-brained scheme by the government and third party payors instead of acting and leading as we should. We act as though there is nothing we can do about our plight. Indeed there is.

I have lived through the PSRO when we were told that the statistics that were being gathered would remain confidential and would not be used against us. What a lie that was. Other programs required us to provide statistics with the pretext that they were a means to an end in providing better patient care. What we were doing in essence was supplying the ammunition to shoot ourselves in the heart. We are seeing the effects of this now. Take for example the DRGs. This program came directly out of those figures and it is now being used as a basis to force other programs on us. Of course, the DRGs and other programs were not entirely bad for they allowed us to look at ourselves and our profligate habits and to effect certain economies for the benefit of the patients. But some seek to control us.

As a result of government and private intervention, we have become the most regulated profession in the United States. One does not see similar regulation in business, nor in the legal profession, nor in the entertainment and sports industries. This is due to the fact, I believe, that we are not organized into a cohesive force. We remain fragmented by jealousy, by fear of having our income reduced and, most of all, by an apathy steeped in comfort and the desire to preserve the status quo.

I learned with dismay that a nonphysician, a PhD, a Dr. Hsiao, was developing a relative value scale for us to follow. What impertinence! We should not permit this. We should not be told by anyone outside of our profession what is right for us, and I believe that this is a failure of leadership from the very top. We have defaulted in other areas as well. We have allowed Blue Shield, which was intended as an organization

Dr. Marryshow is an orthopedic surgeon in Pittsburgh. This article is reprinted from the February 27, 1988 issue of the Allegheny County Medical Society Bulletin.

Residency programs produce qualified family physicians

Joseph H. Stewart III, DO

Dr. Smith's editorial, "The educational continuum," *Pennsylvania Medicine*, June 1988, accurately defines the curriculum taught in the American Medical Association's 20th approved medical specialty, family practice.

In Pennsylvania, there are 33 AMA approved three-year residency programs. Many of these programs are affiliated with major medical schools in Pennsylvania. You are absolutely correct in stating that primary care residencies ought not to be viewed as preliminary to subspecialty training. Graduates of family practice residencies think that caring for the patient as a person rather than as a chart is what practicing medicine is all about. So much of medicine is family dynamics. Knowing that mom and dad both work, knowing that grandma isn't as good as she used to be, and that Johnny can't stay with her on weekends. You help people in ways that do not require writing a prescription. There is increased efficiency and quality in medicine by providing a continuity of care, by seeing people over time.

Yes, the education design Dr. Smith asks for in his editorial *already does exist*, and is actively producing qualified, well-educated young physicians to meet the demands of today's society. Thank you for emphasizing the continued need for primary care physicians, and feel free to contact the American Academy of Family Physicians in Kansas City, Missouri, for further information on our fine residency programs.

Dr. Stewart is a past member of the board of directors of the Pennsylvania Academy of Family Physicians. He practices in Waynesboro.

Suggestion for residency application forms

Kevin M. Hepler, MD

I read with great interest John R. Leyendecker's piece of satire, "A few straightforward forms," which appeared in the July 1988 issue of *Pennsylvania Medicine*.

It's not long ago since I had to go through the residency application process myself. Besides practicing and teaching family medicine, I am also involved with medical information systems analysis. Both of these aspects made me reverberate with Mr. Leyendecker's writing.

An obvious solution would be a central registry service that would provide a standard application form for all the programs to which a medical student applies. Although this is such an obvious way to make life easier, I suspect that what happens is everyone complains about it until they are in a residency, at which point it is no longer an issue. Therefore, no one ever changes the system.

Dr. Hepler is a family practitioner in Berwyn.

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for and by physicians, to change policy without even the courtesy of informing its participating physicians and allowing them due process.

This should not be. We are the second most important entity in the health care system—the patients being the first. We are the most important part of the health care delivery system. The art of medicine would come to a screeching halt without our participation. That being the case, we must think and act as though we believe it. Believing it means that we must recognize and accept the responsibility of delivering quality care to all, particularly the less fortunate, and insure that the public is getting its money's worth for our services. Believing it means that we must lead, we must direct, we must demand, we must cajole, we must even threaten in the interest of asserting ourselves, and we must rise up in favor of quality and accessible medical care for our patients. Believing it undoubtedly will mean certain sacrifices initially, but will go a long way toward restoring respect and integrity to our profession.

What I am about to propose will definitely be politically unpopular but that should not deter us from doing what is right. It will meet with opposition from some politicians, from third party payors that administer large programs on commission, and it may not sit well with some of our colleagues who can only see the futility in resistance.

1. The Medicare budget is currently $77.7 billion. The Medicaid budget for 1987 is a little under $50 billion, bringing the annual budget for these two programs to just under $130 billion. It seems to me that a whole lot of money is being wasted. I propose that we petition Congress to dismantle the Medicare program in its present form.

This program is a shadow of its former self and is barely recognizable from what was originally intended. Instead of providing security for poor, elderly sick people, it has evolved into a monster sapping the blood of the Social Security Administration and putting us all in jeopardy. For whatever misguided reasons the rich were allowed to tap into the system in the belief that it was their right. A classic example occurred a couple of years ago in my office when a very well-dressed woman in a fur coat driving a late model Cadillac requested I sign a prescription so that she could get Medicare to reimburse her for a cane she bought for her mother. This is part of the problem.

I would replace it with a combined program of Medicare and Medicaid administered by a new agency of the federal government and excluding those who can afford insurance or can pay directly for medical care. A national health insurance agency may be workable in a situation such as this with the premiums for the elderly, poor, and disabled paid for through savings from the Medicare program.

I estimate that in so doing we can save about $50 billion a year. I would tie participation in this program to need, with emphasis on prenatal care, nutritional support for indigent pregnant women, and housing for the homeless.

2. We have to get our message across that the liability problem is the most pressing issue of our time. It is eroding the quality of medicine. It is causing undue anxiety among physicians to the point where some of our colleagues have chosen to leave the profession that they love dearly and have struggled so long and hard to achieve. With ever increasing cuts in Medicare payments, with tightening of payments by third parties, with escalating costs of equipment rent, and salaries, we cannot long stand further increases in liability premiums. We need substantial rollback in these premiums.

I propose that we petition the state and the federal governments for immediate relief—50 percent reduction of premiums—and ask the legislature to outlaw the contingency fee, which is the root of our problems. The argument that this will deny due process or access to legal representation is untenable. If the legal profession feels strongly about this, then it should practice what it preaches and devise a program similar to the Medicaid program—a legal aid service ordering lawyers to represent patients for peanuts.

Because medicine has advanced so much technically, asking juries to adjudicate cases of malpractice is unfair to jury members and to doctors. In general jurors are ill-equipped to comprehend complex questions of a technical nature so a decision may be an emotional response. I propose a system with a panel of experts in each field who would have some appreciation for difficulties inherent in some procedures and who can quickly sift out the hysteria that can occur.

3. Since the 1970s we have noticed the subordination of patient care to cost containment. We were asked to take a chance and provide less care or sometimes inferior care to save a dollar. But we were asked to take the risks alone, with the disclaimer that if we were caught we were on our own. And so the whole country looked on with detachment while schools of legal piranhas pounced on us, gnawing at the very sinews of what we euphemistically call modern medicine. To me modern medicine is a misnomer. It should be called modern medical technology. It has become, sadly, the application of skills without a corresponding proportion of caring and love and compassion. It is disheartening that we practice now with one eye on the clock and all the attendant pressures to get the patient out, and one eye on the attorney standing at the back of us. The poor patient who deserves our undivided attention is caught in the middle.

4. Medical school enrollment is declining, largely due to costs, and a number of needy students who dream of a career in medicine lack the means to reach this goal. I propose a medical student assistance program contingent upon the promise that these new doctors will spend a minimum of three years in designated areas—a medical corps if you will. The terms could be such that it would be unprofitable to renege on this agreement.

The hospitals must get involved. The considerable expertise on the boards of trustees of major hospitals should be harnessed to set up a system of regional clinics to provide access to good medical care for all people. So far, the hospitals have been content to sit on the sidelines and observe what is going on. They go along with regulations and in certain instances even pressure the doctors on their staffs to comply. They have to be made aware that their fortunes are directly linked with ours, and they should be asked to lend their considerable weight to this common cause. I propose we start direct talks with the CEOs of all hospitals with a view to setting up a joint committee to explore our mutual interests.

Dr. Siragusa chided physicians for not being patients' advocates, but he offered no prescription for this. I submit that by fighting the erosion of medicine and fighting to restore medicine to a place of responsibility, we are indeed being patients' advocates. Let us retain control of medicine and resist every takeover effort. □

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The worst job—firing an employee

The Health Care Group

No one likes to fire another person, and there is no way it can be accomplished without some level of stress and embarrassment. What's more, with all the recent changes in employment laws, it's tough to know just what you, as an employer, can and can't do. But, with common sense and some awareness of the legal pitfalls, you can handle employee terminations relatively smoothly.

Here, then, are our guidlelines for physicians on how and why to fire (or not fire) an employee.

Who should be fired?

Of course, you should fire immediately any employee who is embezzling from you, has committed an act of fraud or other illegal act, is abusive to your patients, or the like. In addition, an employee who cannot do her job, who disrupts your office or does not "fit in" with your practice is a likely candidate for firing. In these cases, the first rule of firing is to identify the problem: what the employee is doing wrong or failing to do. That means you must *investigate, identify, and document* the problem. Then, you must talk to the employee and give her an opportunity to explain why she is having the problem. Maybe the source of the difficulty is not the employee herself. For example, maybe more training will help your billing clerk do her job better; maybe a set telephone protocol will help your front desk receptionist serve your patients properly.

First, give a warning

If the problem is the employee herself, you should give her a warning and an opportunity to improve. Set a date by which she must improve (perhaps 30 days after your discussion) and reevaluate her performance at that time. If she does improve, you will have done the employee a good turn by setting her straight and you will have helped yourself and your practice as well. However, if the employee has not remedied her problem, then you should be prepared to fire her.

Watch out!

Before you fire anyone, consider whether there is any legal reason why you should not do so. While Pennsylvania still upholds the employment at-will doctrine, meaning you can fire any non-contract employee at any time and for any reason, there are some legal limits to this freedom. For example, you cannot fire someone because of her race, creed, religion, national origin, sex, or because she becomes sick or disabled in

The authors are Susan Gorn, JD, and Sandra E. D. Smith, JD, MBA, attorneys and consultants for The Health Care Group in Plymouth Meeting.

Answers to Your Questions About Employee Terminations

We receive many questions about the dos and don'ts of employee relations, particularly the touchy issue of termination. Here are some of the inquiries we see:

My secretary is rude to my patients, and I've spoken to her about it, but she refuses to change. Can I fire her for being rude?

Yes, if you have spoken to your secretary about her behavior, and documented your records with the substance of that conversation. If she has refused to change, you are justified in firing her.

My billing clerk says that I must pay her time and a half for any time she stays after 5 p.m. during a normal 9 to 5 work week, and she is threatening to call the Department of Labor if I don't. Her talk is disrupting my staff. She knew when she first started that she would have to work some late nights. Can I fire her?

No, your billing clerk is correct about the Wage and Hour Law. If she works more than 40 hours in any workweek, then you must pay her overtime of her normal hourly rate plus one half for each hour over 40 that she works. These overtime rules apply even if your employee is salaried, unless she is an "exempt" employee (meaning she provides professional, administrative, or executive services). Most medical staff employees will not be exempt. It is unlawful to fire someone because she has filed a complaint about your nonpayment of overtime. You should pay all affected employees (including this employee) the overtime they work (plus back overtime pay), to rectify the error. If the employee then continues to be disruptive, follow our guide.

My employee always wants to take days off that I do not generally provide, and she is unwilling to take these days as vacation days. She says that they are religious holidays for her. Would I be violating the law by firing her?

Probably no. If you employ four or more people, it is illegal for you to fire an employee based upon her religion. While you are not obligated to give any specific days off, you should make a reasonable effort to accommodate the employee's religious beliefs. However, if your employee has special holidays, she should take them as personal or vacation days. If she insists on taking non-scheduled days off and no arrangements can be made to cover her position, then you may fire her. Generally, however, most doctors do allow an employee to take these days as personal or vacation days.

One of my employees is pregnant and she will be out of my practice for three months on maternity leave. If she does not come back after four months, could I fire her?

Probably. Pregnancy and childbirth (or medically related conditions) must be treated just like any other disability. You don't have to give a pregnant employee more rights than other "disabled" individuals, but you must afford them the same disability/sick leave, and you must endeavor to leave her job (or some comparable position) open for her for a "reasonable time."

Our best advice here is to discuss this with her and find out what she wants to do, by

a way that does not substantially interfere with her job performance. In essence, this means you cannot fire someone of a certain race, religion, national origin, etc., if you would not or have not fired other employees who have done the same things. This applies if your practice has four or more employees (including you, if you practice in a professional corporation).

In Pennsylvania, pregnancy is treated as a form of disability, so you cannot fire someone just because she becomes pregnant or needs to take a leave of absence for childbirth or related conditions. You also cannot fire a staff member called for jury duty or one who refuses to work overtime (more than 40 hours per week) without overtime pay.

We advise that whenever you are in doubt about if you can lawfully fire someone, consult your attorney *before* taking any action.

Once you make the decision to fire an employee, you can make it as easy as possible by following our four-step process.

1. Pre-firing

First, you must take certain steps to protect the practice from any retaliation by the employee. You should change your locks and keys, revoke any access that that employee has to your computer (change your passwords), change your burglar alarm code, and revoke any check writing authority on the day you fire the person. Likewise, if the employee has any power to order supplies, etc., over the phone, then you should contact those suppliers and indicate that the employee is no longer with you and has no authority to place any orders. If the employee has any credit cards, they too should be revoked.

Even when the parting is as friendly as it can be under the circumstances, it is absolutely essential that you take these steps. You just cannot predict what a fired employee might do in the future.

Next, you should prepare the employee's last paycheck and a termination packet (if she has vested in any retirement plans you might have), and have these ready for your meeting.

2. The firing

Fire the employee as humanely as possible. Timing is crucial. Call her into your office to discuss her employment termination after normal work hours have ended and the other employees are gone. Preferably, the meeting should be private, but you may want another staff member to be present if you think there will be any difficulties or if you think a third party witness may be necessary.

You should be direct and cite the reasons that you are firing the employee. (Go over the stated reasons beforehand.

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what time she will notify you of her intent to come back to your office, and when you can expect her back.

One of my employees has a faulty memory due to her age. Can I fire her?

Yes, if your employee's faulty memory prevents her from performing the job she was hired to do, and you have documented her forgetfulness, then you are not firing her because of her age even if she is over 40.

I fired my nurse about a month ago because she was embezzling from me. She is now seeking employment from a friend of mine, and he has called me to verify her references. What should I tell him?

Stick to the facts that relate to the employment only. Tell the prospective employer the dates the employee worked for you and her work duties.

You may have a "conditional privilege" to communicate such employment related information (only if you do so under the proper circumstances, with the proper motive, and based upon your reasonable statements), but don't put your privilege to the test without compelling reason.

We recommend that you discuss only the facts of the employment relationship and that you make no personal accusations or value judgments against that employee. Never speak off the record about the "real reason" the employee was fired.

Furthermore, if you feel compelled to make unfavorable comments (perhaps because you know the prospective employer), ask the prospective employer to have the employee send you a release, discharging you from liability for discussing her qualifications. Even then, however, stick to the facts you can prove and don't ever use this reference procedure as a means for revenge.

My office manager doesn't do her job well, and she is having problems relating with my staff. I want to fire her, but the other day I heard my partner telling her that "she shouldn't worry about her future with us, because she would always have a job here." What can I do?

Nothing, immediately. Promises of permanent employment, whether orally or in writing cause definite problems, particularly if your office manager relies on those statements and does not seek other employment. This is a very "fact-sensitive" area of the law, so if you think that you or anyone else of authority might ever have made any oral or written promise of permanent employment, then you should contact your attorney before taking any further action.

My billing manager returned from a recent billing seminar. Now she's convinced that we are not billing correctly and has refused to bill the way I want. I know we may not always be 100 percent correct, but I think she is blowing this all out of proportion. Can I fire her for refusing to bill the way we want?

Not immediately. In Pennsylvania, you cannot discharge an employee for refusing to commit or participate in a scheme that violates a state or federal law. Thus, if your employee believes that you are billing incorrectly, you cannot force her to bill incorrectly. In this scenario, we recommend that you investigate your billing arrangements more carefully. After all, wasn't this the reason you sent her to the seminar?

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If they are implausible or evasive, you should rethink your decision with your attorney.) Do not, however, discuss or reopen the issues. If the employee has not improved, based upon your warnings, or she has acted egregiously, there should be no second chances to improve.

All the miscellaneous details should be wrapped up at this time. Tell the person what she can expect as a reference from you in the future. Give the employee her last paycheck, and have a form ready for the employee to elect her benefits. (Generally, this includes medical insurance coverage if you have more than 20 employees.) Find out where her final W-2 should be sent. If she has a vested interest in your retirement plan(s), you should also provide her with the termination statement.

Most importantly, *document everything.* Write down the substance of the conversation, how she responded to being fired, and the basics of what transpired between you. Do not leave anything to your memory or anyone else's later interpretation of what happened.

Then, collect all keys and other office property from the employee and have her remove all her personal belongings from the office, so she does not have to come back later. While you may find it distasteful, it is in your best interest to make sure you or someone else supervises the employee's packing up.

3. Telling the staff

The next morning the staff will notice that the employee is gone. Tell them that the employee is no longer in the practice, but do not discuss any reasons for the firing with any of your other employees—in particular, do not discuss any reasons that involve the former employee's integrity, honesty, etc. If the fired employee had a problem, the others will probably know it. You gain nothing and only expose yourself to the risk of a defamation lawsuit down the line by discussing the former employee with your staff.

4. Post-firing

Since you fired the employee, if she does not get a new job immediately, she may file for unemployment compensation. This is her right. Should she do so, you can expect to receive a form letter from your local Unemployment Compensation office. That form will ask a number of questions about the employee, including the reason for her termination. If the employee was fired for willful misconduct (such as embezzlement), then she will not be eligible for unemployment benefits.

You should complete the form fully and send it back. If there is a dispute about her eligibility for benefits, you may have to appear at a hearing to review the reasons for termination. Keep in mind that your state unemployment tax rate increases as benefits are paid out to your former employees, so it is in your best interest to challenge unjustified claims for benefits.

Finally, as your former employee starts looking for a new job, prospective employers may call you for a reference. Now, you are in a touchy position. You do not want to be one of an increasing number of employers being sued by former employees over unfavorable references on the grounds of libel, slander, tortuous interference with a business relationship, or the like.

To protect yourself, you should establish an office procedure for handling reference requests. Decide who will be authorized to give references for former employees, how those references will be given (by letter or return phone call), and what will be said. Many employers adopt a "name, rank, and serial number" policy, and refuse to discuss the former employee's work performance, personality, or reason for termination at all. Of course, this policy is frustrating when you are on the receiving end, but it seems to be the best way to protect yourself in the current legal climate. If you are tempted to embellish on this basic reference, we advise that you stick to the facts and do *not* say anything you cannot prove.

Conclusion

Firing an employee is never easy, even when you know you must do so for the good of the practice. So when the need arises, use our guidelines to help you work it through.

Even after you've fired an employee, it's important to maintain good relations with her, as many of the Medicare violations, Wage and Hour Regulations, OSHA violations, etc., are first raised (even if not necessarily true) by disgruntled or fired employees who "blow the whistle." Furthermore, from a marketing viewpoint, do you really want a former employee disparaging your practice? □

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New drugs of 1987

Daniel A. Hussar, PhD

Seventeen new therapeutic agents reached the market in 1987. This article is the first in a series of articles that reviews the important properties of each new drug.

In 1987, the Food and Drug Administration (FDA) approved 21 new molecular entities (NMEs), one more than were approved in 1986. Of the 21 new agents, 18 are indicated for therapeutic use and 3 for diagnostic use. Most of these agents were approved very late in the year, and only five of these 18 new therapeutic agents reached the market in 1987. In addition to these NMEs, several new biologicals were approved, one of which, alteplase, was marketed in late 1987.

Those NMEs and biologicals intended for therapeutic use that were approved and marketed in the United States in 1987 are listed in Table 1, along with 11 other agents that the FDA approved prior to 1987 (most in December 1986) but were not actually marketed until 1987. Thus, the total number of therapeutic agents reaching the market for the first time in 1987 is 17.

Daniel A. Hussar, PhD, is the Remington Professor of Pharmacy at the Philadelphia College of Pharmacy and Science, Philadelphia.

This review considers the most important properties of the new therapeutic agents that were first marketed in 1987 and, when possible, compares them with other available agents whose properties most closely resemble those of the new drugs. The therapeutic agents approved in late 1987, but not marketed before the end of the year, are listed in Table 2. Many of these agents will become available in 1988.

This discussion of the new drugs is

Table 1
New Therapeutic Agents Marketed in 1987

Generic Name	Trade Name	Manufacturer	Therapeutic Classification	Dosage Form	FDA Classification[a]
Alfentanil hydrochloride[b]	Alfenta	Janssen	Analgesic/anesthetic	Parenteral	1-C
Alteplase, recombinant[c]	Activase	Genentech	Fibrinolytic agent	Parenteral	
Ampicillin sodium/ sulbactam sodium[b]	Unasyn	Roerig	Antibiotic	Parenteral	1, 4-C
Aztreonam[b]	Azactam	Squibb	Antibiotic	Parenteral	1-B
Ciprofloxacin hydrochloride	Cipro	Miles	Antibacterial agent	Tablet	1-B
Clofazimine[b]	Lamprene	Geigy	Antileprosy agent	Capsule	1-A
Encainide hydrochloride[b]	Enkaid	Bristol	Antiarrhythmic agent	Capsule	1-B
Esmolol hydrochloride[b]	Brevibloc	DuPont Critical Care	Antiarrhythmic agent	Parenteral	1-B
Flurbiprofen sodium[b]	Ocufen	Allergan	Agent for inhibition of intraoperative miosis	Ophthalmic solution	1-B
Guanfacine hydrochloride[b]	Tenex	Robins	Antihypertensive agent	Tablet	1-C
Ipratropium bromide[b]	Atrovent	Boehringer Ingelheim	Bronchodilator	Inhaler	1-B
Lovastatin	Mevacor	Merck Sharp and Dohme	Cholesterol-lowering agent	Tablet	1-A
Mometasone furoate	Elocon	Schering	Topical corticosteroid	Cream Ointment	1-C
Nabilone[b]	Cesamet	Lilly	Antiemetic agent	Capsule	1-C
Terazosin hydrochloride	Hytrin	Abbott/ Burroughs Wellcome	Antihypertensive agent	Tablet	1-C
Tranexamic acid[b]	Cyklokapron	KabiVitrum	Antifibrinolytic agent	Tablet Parenteral	1-C
Zidovudine	Retrovir	Burroughs Wellcome	Antiviral agent	Capsule	1-AA

[a]Food and Drug Administration classification of new drugs: 1 signifies a new molecular entity; 4 signifies a combination formulation; A represents an important therapeutic gain; B represents a modest therapeutic gain; C represents little or no therapeutic gain; AA represents a drug used in the treatment of AIDS which received high-priority consideration.

[b]Approved by FDA prior to 1987, but not marketed until 1987.

[c]A biological approved through a FDA procedure that does not assign a specific classification.

not intended to be all-inclusive and, when additional information is needed, more comprehensive references and/or the product literature should be consulted.

Antibiotics

Aztreonam

Aztreonam (Azactam—Squibb), formerly known as azthreonam, is the first member of a new class of beta-lactam antibiotics designated as monobactams. Aztreonam is chemically related to other beta-lactam antibiotics such as the penicillins and cephalosporins; however, the new agent has a monocyclic rather than a bicyclic nucleus. Although aztreonam is prepared synthetically, it is isolated from bacteria whereas the penicillins are derived from fungi.

Aztreonam is administered parenterally and acts similarly to other beta-lactam antibiotics in inhibiting bacterial cell wall synthesis; however, its spectrum of action is unique among the beta-lactams. It has a "narrow" or "directed" spectrum of action against aerobic gram-negative bacteria including *Pseudomonas aeruginosa, Haemophilus influenzae,* and most Enterobacteriaceae (e.g., *E. coli, Klebsiella, Proteus, Serratia*). It is not active against gram-positive cocci or anaerobic bacteria (e.g., *Bacteroides fragilis*).

The labeled indications for aztreonam are noted in Table 3 and reflect a spectrum of activity that is most similar to that of the aminoglycosides [e.g., gentamicin (Garamycin)]. In most studies aztreonam and the aminoglycosides have been equally effective in the treatment of gram-negative infections. However, aztreonam is not likely to cause serious adverse reactions such as ototoxicity and nephrotoxicity, which are associated with the use of the aminoglycosides. This lesser toxicity represents an advantage for the new agent and it has been recommended as a safer alternative to the aminoglyco-

Table 2
Other Therapeutic Agents Approved by FDA

The following therapeutic agents were approved by the FDA in late 1987 and did not appear on the market before the end of the year; therefore, they are not included in this review.

Generic Name	Trade Name	Manufacturer	Therapeutic Classification	FDA Classification[a]
Alpha-1 antitrypsin[b]	Prolastin	Cutter	Agent for patients with alpha-1-antitrypsin deficiency	
Aplonidine hydrochloride	Iopidine	Alcon	Agent for post-surgical elevations of intraocular pressure	1-C
Carprofen	Rimadyl	Roche	Nonsteroidal anti-inflammatory drug	1-C
Cefmenoxime hydrochloride	Cefmax	TAP	Antibiotic	1-C
Fluoxetine hydrochloride	Prozac	Lilly	Antidepressant	1-B
Lisinopril	Prinivil	Merck Sharp and Dohme	Antihypertensive agent	1-C
	Zestril	Stuart		
Mesalamine	Rowasa	Reid-Rowell	Agent for ulcerative colitis and proctitis	1-B
Milrinone lactate	Corotrope	Winthrop-Breon	Inotropic agent	1-C
Mitoxantrone hydrochloride	Novantrone	Lederle	Antineoplastic agent	1-C
Mupirocin	Bactroban	Beecham	Topical antibiotic	1-C
Penbutolol sulfate	Levatol	Lilly	Antihypertensive agent	1-C
Sodium benzoate and sodium phenylacetate	Ucephan	Kendall-McGaw	Agent for hyperammonemia	1,4-B
Terconazole	Terazol 7	Ortho	Vaginal antifungal agent	1-C
Ursodiol	Deursil	Gipharmex	Agent for dissolving gallstones	1-B

[a]Food and Drug Administration classification of new drugs: 1 signifies a new molecular entity; 4 signifies a combination formulation; A represents an important therapeutic gain; B represents a modest therapeutic gain; C represents little or no therapeutic gain.

[b]A biological approved through a FDA procedure that does not assign a specific classification.

sides, particularly in patients who are at the greatest risk of such complications (e.g., patients with pre-existing otic or renal dysfunction, patients who would otherwise require aminoglycoside therapy for prolonged periods).

The success in using the third generation cephalosporins [e.g., cefotaxime Claforan), ceftriaxone (Rocephin), ceftazidime (Fortaz, Tazicef, Tazidime)] in the management of gram-negative infections has resulted in these agents being viewed as the antibiotics of choice in many of these infections for which the aminoglycosides were previously considered the preferred therapy. However, with the exception of ceftazidime and cefoperazone (Cefobid), the cephalosporins are not very active against *Pseudomonas aeruginosa* and aztreonam provides an additional alternative for the treatment of these infections. Aztreonam and the third generation cephalosporins are similar in activity against most other gram-negative bacteria. However, in most infections caused by these bacteria there would be little basis for choosing aztreonam over a third generation cephalosporin, with which there has been successful and more extensive experience. The labeled indications for aztreonam do not include meningitis whereas, with the exception of cefoperazone, the third generation cephalosporins are indicated for this infection.

Another group of agents to which aztreonam has similar activity against *Pseudomonas aeruginosa* is the antipseudomonal penicillins [e.g., mezlocillin (Mezlin), piperacillin (Pipracil)]. Like the antipseudomonal penicillins, aztreonam appears to exhibit a synergistic effect with the aminoglycosides against *Pseudomonas aeruginosa.* The new agent may also be better tolerated by some patients and its longer duration of action permits less frequent dosing.

Aztreonam may be used most advantageously in situations in which it is used alone and is safer than other antibiotics. However, it will often be necessary to use the new drug in combination with other antibiotics (e.g. in empiric regimens, to achieve a synergistic response), and in these situations, concurrent use of another antibiotic may compromise certain benefits associated with aztreonam. For example, aztreonam, unlike some other beta-lactam antibiotics, has not induced chromosomally-mediated beta-lactamase production in gram-negative bacteria. Because antibiotics that induce high levels of beta-lactamase production may antagonize other beta-lactam antibiotics, concurrent use with aztreonam is best avoided.

Aztreonam is very well tolerated and is not likely to cause the serious adverse reactions (e.g., ototoxicity, nephrotoxicity, bleeding reactions) associated with the use of certain other antibiotics. Studies conducted to date suggest that the new agent has only a weak potential to cause hypersensitivity reactions or to demonstrate cross-reactivity with the penicillins and cephalosporins. Therefore, it is likely that aztreonam can be used safely in patients with a history of allergy to a penicillin or cephalosporin; however, patients who have had immediate hypersensitivity reactions (e.g., anaphylactic or urticarial) to a penicillin or a cephalosporin should be monitored very closely and similar precautions should be observed in patients for whom no definitive information exists regarding the characteristics of the previous allergic reaction.

Table 3

Labeled Indications for Aztreonam

Urinary tract infections (complicated and uncomplicated), including pyelonephritis and cystitis (initial and recurrent) caused by *Escherichia coli, Klebsiella pneumoniae, Proteus mirabilis, Pseudomonas aeruginosa, Enterobacter cloacae, Klebsiella oxytoca, Citrobacter* species, and *Serratia marcescens.*

Lower respiratory tract infections, including pneumonia and bronchitis caused by *Escherichia coli, Klebsiella pneumoniae, Pseudomonas aeruginosa, Haemophilus influenzae, Proteus mirabilis, Enterobacter* species, and *Serratia marcescens.*

Septicemia caused by *Escherichia coli, Klebsiella pneumoniae, Pseudomonas aeruginosa, Proteus mirabilis, Serratia marcescens,* and *Enterobacter* species.

Skin and skin structure infections, including those associated with post-operative wounds, ulcers, and burns caused by *Escherichia coli, Proteus mirabilis, Serratia marcescens, Enterobacter* species, *Pseudomonas aeruginosa, Klebsiella pneumoniae,* and *Citrobacter* species.

Intra-abdominal infections, including peritonitis caused by *Escherichia coli, Klebsiella* species including *K. pneumoniae, Enterobacter* species including *E. cloacae, Pseudomonas aeruginosa, Citrobacter* species including *C. freundii,* and *Serratia* species including *S. marcescens.*

Gynecologic infections including endometritis and pelvic cellulitis caused by *Escherichia coli, Klebsiella pneumoniae, Enterobacter* species including *E. cloacae,* and *Proteus mirabilis.*

As adjunctive therapy to surgery in the management of infections caused by susceptible organisms.

Adverse effects reported with the use of aztreonam include diarrhea, nausea and/or vomiting, and rash in 1 to 1.3 percent of patients. Phlebitis or thrombophlebitis following intravenous administration and discomfort at the injection site following intramuscular administration have occurred at rates of 1.9 percent and 2.4 percent, respectively. Hypersensitivity reactions, hematologic effects (e.g., neutropenia, anemia), and more severe gastrointestinal reactions (e.g., rare cases of *Clostridium difficile*-associated diarrhea) have been reported in less than 1 percent of patients.

Because of its narrow spectrum of action, aztreonam appears unlikely to significantly alter the normal gastrointestinal flora. By eliminating sensitive Enterobacteriaceae from the colon without significantly affecting the strictly anaerobic flora, resistance to gastrointestinal colonization is maintained, which may be of particular importance in the severely immunosuppressed patients. Superinfections with gram-positive bacteria, especially enterococci, have been reported with aztreonam.

The concurrent use of probenecid (Benemid) or furosemide (Lasix) causes increased serum levels of aztreonam; however, clinically significant changes in the activity of the antibiotic are not likely to result. Intravenous infusion solutions in which aztreonam is admixed with gentamicin or tobramcyin (Nebcin) are stable for up to 48 hours at room temperature or seven days under refrigeration. In contrast, the penicillins and cephalosporins should not be physically mixed with an aminoglycoside because of the physicochemical incompatibility that reduces antibiotic activity.

The bioavailability of aztreonam following oral administration is less than 1 percent, and the drug is only administered by the intramuscular and intravenous routes. It is primarily excreted via the kidneys and the dosage should be reduced in patients with impaired renal function.

The usual adult dosage of aztreonam is 500 mg or 1 gram every 8 or 12 hours for the treatment of urinary tract infections, 1 or 2 grams every 8 or 12 hours for moderately severe systemic infections, and 2 grams every 6 to 8 hours for severe systemic or life-threatening infections, and at least for the initial

treatment of infections caused by *Pseudomonas aeruginosa.* The maximum recommended dosage is 8 grams per day. The intravenous route is recommended in the management of the more severe infections.

The product labeling should be consulted for information regarding the appropriate diluents, compatibility data, and guidelines for administration. Upon the addition of the diluent to the container, the contents should be shaken immediately and vigorously.

Aztreonam is supplied in quantities of 500 mg, 1 gram, and 2 grams in single dose 15 ml capacity vials and single dose 100 ml capacity intravenous infusion bottles.

Ampicillin sodium/ sulbactam sodium

Ampicillin sodium/sulbactam sodium (Unasyn—Roerig) represents a combination of an "old" antibiotic, ampicillin, and a new beta-lactamase inhibitor, sulbactam. Sulbactam sodium, also known as sodium penicillinate sulfone, is a derivative of penicillin but has little antibiotic activity of its own. However, by irreversibly binding to beta-lactamase enzymes, sulbactam protects ampicillin against inactivation by these enzymes, thereby significantly extending the spectrum of ampicillin to include many bacteria that are usually resistant to it. This action of sulbactam is analogous to that of clavulanic acid, which was the first beta-lactamase inhibitor marketed in this country and which is used in combination with amoxicillin (Augmentin) and ticarcillin (Timentin).

Ampicillin, itself, has a broad spectrum of antibacterial activity, but its usefulness has declined because an increasing number of strains of bacteria that were once usually susceptible to ampicillin now produce beta-lactamase enzymes that inactivate the antibiotic. The addition of sulbactam extends the activity of ampicillin to include many beta-lactamase producing strains of bacteria including *Staphylococcus aureus, Escherichia coli,* and *Bacteroides fragilis.* The combination is not active against *Pseudomonas aeruginosa, Serratia,* and some other Enterobacteriaceae.

The ampicillin/sulbactam combination is indicated in the treatment of intra-abdominal, gynecological, and skin/skin structure infections caused by the susceptible beta-lactamase producing strains of bacteria listed in Table 4. Although these are the labeled indications for its use, infections caused by ampicillin-susceptible organisms will also respond to treatment with the combination that includes sulbactam.

Gynecological, abdominal, and skin infections are often caused by a mixture of aerobic and anaerobic bacteria, most of which are susceptible to ampicillin/ sulbactam. The conventional regimens used in the management of many mixed infections include combination regimens [e.g., clindamycin (Cleocin)/ gentamicin, metronidazole (Flagyl)/ gentamicin] or a single agent with a broad spectrum of activity [e.g., cefoxitin (Mefoxin)]. In comparative clinical trials, ampicillin/sulbactam was at least as effective as these regimens, and may be safer and more cost effective than the combination regimens. The ampicillin component of ampicillin/sulbactamis active against enterococci, whereas cefoxitin and related agents are not.

Sulbactam appears to have a lower potential than cefoxitin and clavulanic acid to cause beta-lactamase induction in gram-negative bacteria. Although data are insufficient to assess the clinical importance of this comparison, agents that are high inducers may be more likely to produce resistance during therapy or antagonism with other beta-lactam antibiotics.

The use of ampicillin/sulbactam is contraindicated in patients with a history of hypersensitivity reactions to any of the penicillins. Because a high percentage of patients with mononucleosis who receive ampicillin develop a skin rash, the new product should not be utilized in patients with mononucleosis.

The adverse reactions reported most frequently are pain at the intramuscular (16%) and intravenous (3%) injection sites, and thrombophlebitis (3%). The coadministration of lidocaine has been reported to significantly decrease the incidence of local pain following intramuscular injection. Other adverse reactions include diarrhea (3%) and rash (2%). Because ampicillin is one of the more common causes of antibiotic-associated colitis, there should be an awareness of the potential for this complication. A possibility of superinfection (usually caused by *Pseudomonas* or *Candida*) also exists, and if it does occur, ampicillin/sulbactam should be discontinued and appropriate therapy instituted.

Ampicillin and sulbactam have similar pharmacokinetic properties. More than 75 percent of both agents is excreted unchanged in the urine. The concurrent administration of probenecid results in higher and more prolonged serum levels of both agents.

Ampicillin/sulbactam may be administered intramuscularly or intravenously. The vials for intramuscular injection may be reconstituted with Sterile Water for Injection or 0.5 percent or 2 percent Lidocaine hydrochloride injection. The vials and piggyback bottles contain 1.5 grams (1 gram of ampicillin sodium plus 0.5 grams sulbactam sodium) and 3 grams (2 grams ampicillin sodium plus 1 gram sulbactam sodium).

The recommended adult dosage is 1.5 to 3 grams every six hours. The total dose of sulbactam should not exceed 4 grams per day. Doses should be administered less frequently in patients with impaired renal function.

Table 4
Labeled Indications for Ampicillin/Sulbactam

Skin and skin structure infections caused by beta-lactamase producing strains of *Staphylococcus aureus, Escherichia coli, Klebsiella* species including *K. pneumoniae, Proteus mirabilis, Bacteroides fragilis, Enterobacter* species, and *Acinetobacter calcoaceticus.*

Intra-abdominal infections caused by beta-lactamase producing strains of *Escherichia coli, Klebsiella* species including *K. pneumoniae, Bacteroides* species including *B. fragilis,* and *Enterobacter* species.

Gynecological infections caused by beta-lactamase producing strains of *Escherichia coli,* and *Bacteroides* species including *B. fragilis.*

Antibacterial agent

Ciprofloxacin hydrochloride

Ciprofloxacin hydrochloride (Cipro—Miles) is the second fluoroquinolone derivative to be marketed in the United States, following norfloxacin (Noroxin), which was first marketed in late 1986. Both agents are also related to the quinolone derivatives, nalidixic acid (NegGram) and cinoxacin (Cinobac), the use of which is limited to the treatment of urinary tract infections caused by gram-negative bacteria.

Ciprofloxacin interferes with the enzyme, DNA gyrase, that is needed for the synthesis of bacterial DNA, and exhibits a bactericidal action. It is highly active against many gram-positive and gram-negative bacteria including *Pseudomonas aeruginosa* and *Campylobacter jejuni,* the latter organism being an increasingly frequent cause of gastrointestinal infections that are not sus-

ceptible to most antibiotics. Of particular note is the activity ciprofloxacin exhibits against methicillin-resistant *Staphylococcus aureus,* and *in vitro* data also show a high level of activity against organisms such as *Legionella.* Some strains of streptococci including *Streptococcus faecalis* are only moderately susceptible to ciprofloxacin, and anaerobic bacteria including *Bacteroides fragilis* and *Clostridium difficile* are usually resistant.

The marketing of ciprofloxacin represents a major advance in the oral treatment of many infections. Its broad spectrum of activity, low minimal inhibitory concentrations (MICs), and high blood and tissue levels permit oral treatment of many infections that otherwise would require management with a parenterally-administered antibiotic. Whereas the labeled indications for norfloxacin only include urinary tract infections at the present time, ciprofloxacin is also indicated in the treatment of lower respiratory infections, skin and skin structure infections, bone and joint infections, and infectious diarrhea. The labeled indications for its use are noted in Table 5, and investigations are continuing to evaluate its effectiveness in a number of other infections (e.g., gonorrhea).

Because ciprofloxacin is effective in the treatment of certain infections that do not respond to other orally-administered anti-infective agents, its use may permit an earlier discharge from the hospital of patients with infections or provide a means through which certain difficult infections can be managed in the outpatient setting without requiring hospitalization. Although therapy with the new drug is expensive when compared to many other orally-administered agents, considerable cost savings can be achieved when it can be used as an alternative to parenterally-administered agents and/or when the length of hospitalization can be reduced.

Ciprofloxacin is contraindicated in patients having a history of hypersensitivity to any of the quinolone analogs. It also should not be used in children or pregnant woman because ciprofloxacin and related drugs have been shown to cause arthropathy and damage to the weight-bearing joints in immature animals.

The adverse reactions reported most commonly with ciprofloxacin in the clinical studies include nausea (5%), diarrhea (2%), vomiting (2%), abdominal discomfort (2%), headache (1%), restlessness (1%), and rash (1%). Like the other quinolone derivatives, ciprofloxacin may cause central nervous system stimulation, which may result in dizziness, lightheadedness, restlessness, tremor, confusion, and rarely, hallucinations and seizures. The drug should be used with caution in patients with known or suspected central nervous system disorders (e.g., epilepsy). All patients should be advised to assess how they react to the drug before they operate a motor vehicle or machinery, or engage in other activities requiring mental alertness or coordination.

There have been rare reports of crystalluria with the use of ciprofloxacin, but this problem is unlikely to occur because the drug is more soluble in the usually acidic urine. However, patients should be advised to drink fluids liberally and alkalinization of the urine should be avoided.

Other adverse reactions that have been associated with the use of the quinolones and reported infrequently (incidence of less than 1%) with ciprofloxacin include dermatologic effects (e.g., pruritus, photosensitivity), musculoskeletal effects (e.g., joint or back pain and stiffness), renal effects (e.g., interstitial nephritis), and visual disturbances (e.g., blurred vision, change in color perception, overbrightness of lights).

Several drug interactions involving ciprofloxacin have been reported. Concurrent use of the new agent with theophylline has resulted in elevated plasma concentrations of theophylline and a corresponding increase in the risk of adverse effects with this agent. Tubular secretion plays a significant role in the elimination of ciprofloxacin and, by inhibiting its tubular secretion, probenecid has been reported to reduce the renal clearance of ciprofloxacin by 50 percent and increase its concentration in the serum to the same extent. Antacids containing magnesium hydroxide or aluminum hydroxide may reduce the absorption of ciprofloxacin, and should not be taken concomitantly or within two hours after doses of the anti-infective agent.

Following oral administration ciprofloxacin is rapidly and well absorbed, and the absolute bioavailability is approximately 70 percent. About 40 to 50 percent of a dose is excreted in the urine as unchanged drug, and some of the drug is metabolized to a number of metabolites, some of which exhibit antimicrobial activity that is weaker than that of the parent compound.

Food may delay the absorption of ciprofloxacin but does not substantially affect the overall absorption. Although the drug may be given with meals, the preferred time of dosing is two hours after a meal.

Ciprofloxacin has a sufficiently long duration of action to be administered at 12-hour intervals. The adult dosage recommended for most infections is 500 mg every 12 hours; lower doses (250 mg) are usually sufficient for urinary tract infections of mild to moderate severity, and higher doses (750 mg) are indicated for severe/complicated respiratory tract, bone and joint, and skin and skin structure infections. The usual duration of treatment is seven to 14 days but more prolonged therapy may be needed for severe infections. Bone and joint infections usually require treatment for four to six weeks or longer.

Tablets are available containing 250, 500, and 750 mg of ciprofloxacin.

Several other fluoroquinolone derivatives are nearing approval by the Food and Drug Administration. It can be anticipated that this class of anti-infective agents will expand rapidly.

Table 5

Labeled Indications for Ciprofloxacin

Lower respiratory infections caused by *Escherichia coli, Klebsiella pneumoniae, Enterobacter cloacae, Proteus mirabilis, Pseudomonas aeruginosa, Haemophilus influenzae, Haemophilus parainfluenzae,* and *Streptococcus pneumoniae.*

Skin and skin structure infections caused by *Escherichia coli, Klebsiella pneumoniae, Enterobacter cloacae, Proteus mirabilis, Proteus vulgaris, Providencia stuartii, Morganella morganii, Citrobacter freundii, Pseudomonas aeruginosa, Staphylococcus aureus* (penicillinase and nonpenicillinase-producing strains), *Staphylococcus epidermidis,* and *Streptococcus pyogenes.*

Bone and joint infections caused by *Enterobacter cloacae, Serratia marcescens,* and *Pseudomonas aeruginosa.*

Urinary tract infections caused by *Escherichia coli, Klebsiella pneumoniae, Enterobacter cloacae, Serratia marcescens, Proteus mirabilis, Providencia rettgeri, Morganella morganii, Citrobacter diversus, Citrobacter freundii, Pseudomonas aeruginosa, Staphylococcus epidermidis,* and *Streptococcus faecalis.*

Infectious diarrhea caused by *Escherichia coli* (enterotoxigenic strains), *Campylobacter jejuni, Shigella flexneri,* and *Shigella sonnei,* when antibacterial therapy is indicated.

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Yohimbine exerts a stimulating action on the mood and may increase anxiety. Such actions have not been adequately studied or related to dosage although they appear to require high doses of the drug. Yohimbine has a mild anti-diuretic action, probably via stimulation of hypothalmic centers and release of posterior pituitary hormone.

Reportedly, Yohimbine exerts no significant influence on cardiac stimulation and other effects mediated by B-adrenergic receptors, its effect on blood pressure, if any, would be to lower it; however no adequate studies are at hand to quantitate this effect in terms of Yohimbine dosage.

Indications: Yocon® is indicated as a sympathicolytic and mydriatric. It may have activity as an aphrodisiac.

Contraindications: Renal diseases, and patient's sensitive to the drug. In view of the limited and inadequate information at hand, no precise tabulation can be offered of additional contraindications.

Warning: Generally, this drug is not proposed for use in females and certainly must not be used during pregnancy. Neither is this drug proposed for use in pediatric, geriatric or cardio-renal patients with gastric or duodenal ulcer history. Nor should it be used in conjunction with mood-modifying drugs such as antidepressants, or in psychiatric patients in general.

Adverse Reactions: Yohimbine readily penetrates the (CNS) and produces a complex pattern of responses in lower doses than required to produce peripheral a-adrenergic blockade. These include, anti-diuresis, a general picture of central excitation including elevation of blood pressure and heart rate, increased motor activity, irritability and tremor. Sweating, nausea and vomiting are common after parenteral administration of the drug.[1,2] Also dizziness, headache, skin flushing reported when used orally.[1,3]

Dosage and Administration: Experimental dosage reported in treatment of erectile impotence.[1,3,4] 1 tablet (5.4 mg) 3 times a day, to adult males taken orally. Occasional side effects reported with this dosage are nausea, dizziness or nervousness. In the event of side effects dosage to be reduced to ½ tablet 3 times a day, followed by gradual increases to 1 tablet 3 times a day. Reported therapy not more than 10 weeks.[3]

How Supplied: Oral tablets of Yocon® 1/12 gr. 5.4 mg in bottles of 100's NDC 53159-001-01 and 1000's NDC 53159-001-10.

References:

1. A. Morales et al., New England Journal of Medicine: 1221. November 12, 1981.
2. Goodman, Gilman — The Pharmacological basis of Therapeutics 6th ed., p. 176-188. McMillan December Rev. 1/85.
3. Weekly Urological Clinical letter, 27:2, July 4, 1983.
4. A. Morales et al., The Journal of Urology 128: 45-47, 1982.

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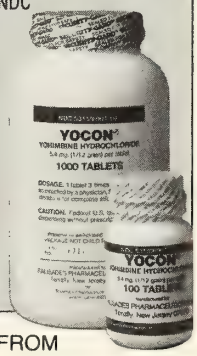

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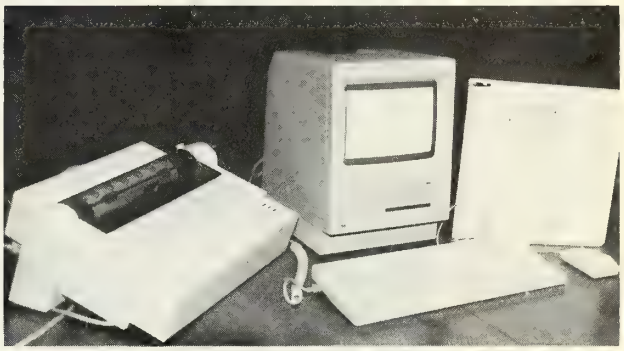

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Fournier's gangrene of the genitalia

Mohammad Munir Zaitoon, MD, FACS

The patient, a 52-year-old white male, who was known to be diabetic and allergic to insulin, presented with a one week history of perineal and perirectal induration, followed by painful scrotal and penile swelling, high fever, generalized weakness, anorexia, nausea, and vomiting. The patient had left, below-the-knee amputation two years earlier. He was also known to have diabetic nephropathy and retinopathy.

Examination revealed an obese, confused, toxic patient with a temperature of 102°F. The patient showed with massive scrotal and perineal swelling with gangrenous changes. The skin was erythematous cripitant to palpation, and markedly tender.

Laboratory data showed elevation of white blood count to 19,300 (mm 3), with 98 percent polys. Blood glucose was 400 mg, blood urea nitrogen, 86, creatinine, 3.0. The urinalysis was normal.

After blood and urine cultures were obtained, intravenous gentamicin and penicillin were given. Then the patient underwent radical debridement of scrotal, perineal, and ischeal fossa (Figure 1). Foul-smelling, wet discharge was present in the subcutaneous tissue. Subsequently the patient had suprapubic cystostomy and diverting colostomy. The culture of scrotal drainage yielded heavy growth of stapholococcus epidermis and enterobacteriaceae. Wet dressing with providine iodine was applied twice daily, and repeated debridement was done each of several days to remove necrotic tissue until healthy, clean granulation was present.

Gangrene developed in the right foot, necessitating an above-the-knee amputation.

Secondary closure and reconstruction of scrotal and perineal area was done eight weeks after the initial debridement. Healing was uneventful (Fig 2).

Discussion

Fournier considered the disease to be idiopathic, of sudden onset, and affecting mainly young healthy males. These features have been changed since the introduction of antibiotics.[4] The disease now affects mainly older patients. The onset is insidious. Predisposing factors and port of entry are more recognized.[4,6] Bacteriological studies indicate that hemolytic streptococcus, group A, are usually responsible for the process. Other organisms that have been isolated include: Staphylococcus Aureus, E-coli, Pseudomonas, and Proteus.[2] Cultures should be taken and incubated both aerobically and anaerobically.[5]

Our case illustrates the need for aggressive, repeated radical debridement, and the need for diverting colostomy to avoid the rectal source of contamination.[1,3,6] Daily care of the wound is helpful in promoting granulation. Secondary reconstruction of the genitalia is helpful in shortening the hospital stay.[3] Orchiectomy is rarely needed because the testicles are not usually involved in the gangrenous process, because of the separate blood supply. The role of suprapubic cystostomy is still controversial.[4,6] We feel this procedure is necessary when prolonged urethral catheterization is expected and urethral injury is present.

Mortality rate, which was about 22 percent before 1945, has declined to 13 percent, with death usually being related to sepsis and renal failure.[4] Higher mortality rates have been reported when gangrene develops as a complication of anorectal pathology.[7] Aggressive therapy, as we outlined, should reduce the mortality and shorten recovery. □

Dr. Zaitoon is on the staff of the urology service at Monsour Medical Center in Jeannette.

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Figure 1. Fournier's Gangrene of external genitalia, several days following initial debridement. Area of necrosis is still present.

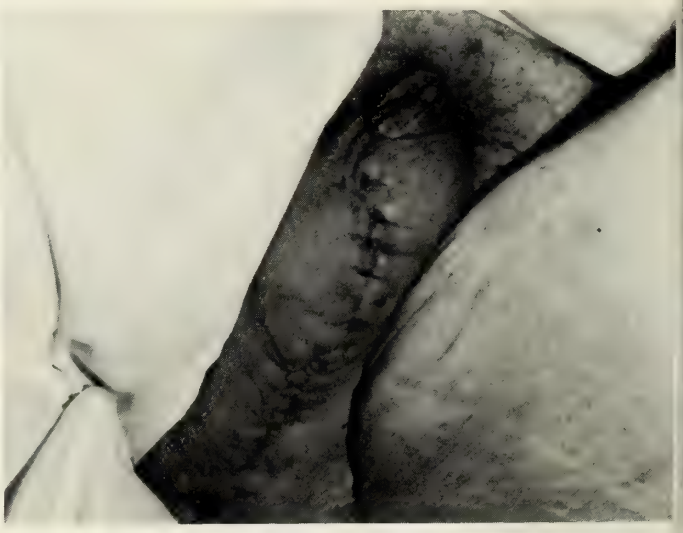

Figure 2. Fournier's Gangrene, post-operative reconstruction of scrotum and perineal wound.

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Table adapted from Facts and Comparisons (Nov.) 1984 and Catalano RB. The medical approach to management of pain caused by cancer. "Semin Oncol" 1975; 2; 379-92 and Reuler JB, et. al. The chronic pain syndrome: misconceptions and management. "Ann Intern Med" 1980; 93; 588-96.

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2. Beaver, WT *Arch Intern Med*, 141:293-300, 1981.

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Gastrointestinal System: Nausea and vomiting may occur; they are more frequent in ambulatory than in recumbent patients. The antiemetic phenothiazines are useful in suppressing these effects; however, some phenothiazine derivatives seem to be antianalgesic and to increase the amount of narcotic required to produce pain relief, while other phenothiazines reduce the amount of narcotic required to produce a given level of analgesia. Prolonged administration of VICODIN may produce constipation.
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Edwin Bahnmiller, Wilkes-Barre; University of Pennsylvania School of Medicine, 1920; age 93, died May 5, 1988. Dr. Bahnmiller was a family practitioner. •

Alton J. Bush, Leechburg; University of Pittsburgh School of Medicine, 1973; age 39, died May 18, 1988. Dr. Bush was a family practitioner. •

Harry E. Canter, Pittsburgh; University of Pittsburgh School of Medicine, 1917; age 93, died July 16, 1988. Dr. Canter was a cardiologist. •

Nicholas L. Chasler, Brownsville; Jefferson Medical College, 1937; age 75, died June 22, 1988. Dr. Chasler was a pediatrician. •

John K. Clark, Gladwyne; University of Pennsylvania School of Medicine, 1940; age 73, died June 23, 1988. Dr. Clark specialized in internal medicine. •

Harry H. Clements, McKees Rocks; Jefferson Medical College, 1940; age 74, died July 5, 1988. Dr. Clements was a general practitioner. •

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Vincent W. Heaton, Roaring Spring; Jefferson Medical College, 1942; age 71, died June 18, 1988. Dr. Heaton was a general practitioner. •

Milton Ivker, Cherry Hill, NJ; Jefferson Medical College, 1955; age 59, died May 24, 1988. Dr. Ivker was a urologist. •

Elizabeth Keely, Philadelphia; Hahnemann University School of Medicine, 1947; age 66, died June 2, 1988. Dr. Keely was a gynecologist. •

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Paul J. Lenahan, White Haven; Jefferson Medical College, 1944; age 69, died June 19, 1988. Dr. Lenahan was an obstetrician. •

John B. McAneny, North Palm Beach, FL; University of Pennsylvania School of Medicine, 1930; age 83, died May 22, 1988. Dr. McAneny was a radiologist. •

Edward T. McKee, Upper Darby; Jefferson Medical College, 1943; age 71, died May 30, 1988. Dr. McKee was a general practitioner. •

M. Joseph Melody, Upper Darby; Hahnemann University School of Medicine, 1929; age 88, died June 7, 1988. Dr. Melody was a family practitioner. •

Karl T. Naegele, Sayre; Jefferson Medical College, 1983; age 30, died May 13, 1988. Dr. Naegel specialized in internal medicine. •

Margaret J. Nash, York; University of Pennsylvania School of Medicine, 1925; age 87, died June 23, 1988. Dr. Nash was a pediatrician. •

William L. Noe Jr., Kirkland, WA; University of Pennsylvania School of Medicine, 1928; age 86, died May 18, 1988. Dr. Noe was a general practitioner. •

Ermin D. Pompizzi, Lafayette Hill; St. Joseph College, 1934; age 73, died June 5, 1988. Dr. Pompizzi was a general practitioner and urologist. •

Martin C. Warfel, Erie; University of Pennsylvania School of Medicine, 1942; age 71, died June 15, 1988. Dr. Warfel was a neurologist. •

Francis J. Warner, Wyncote; Loyola University of Chicago Stritch School of Medicine, 1919; age 90, died June 7, 1988. Dr. Warner was a neuropathologist. •

Nabil S. Al-Misky, Erie; University of Damascus Medical School, 1960; age 51, died June 5, 1988. Dr. Al-Misky was a family practitioner.

George J. Andros, Philadelphia; University of Michigan Medical School, 1941; age 71, died November 25, 1987. Dr. Andros was an obstetrician and gynecologist.

Rohlo A. Ardizone, Levittown; Columbia University College of Physicians and Surgeons, 1957; age 57, died June 10, 1988. Dr. Ardizone was a plastic and hand surgeon.

Paul Crowther, Media; Hahnemann University School of Medicine, 1922; age 89, died June 26, 1988. Dr. Crowther was a general practitioner.

Ezer H. Davis, Whitehall; University of Pittsburgh School of Medicine, 1946; age 67, died May 26, 1988. Dr. Davis was a neuropsychiatrist.

Andrew J. Klembara, Schuylkill Haven; Hahnemann University School of Medicine, 1932; age 83, died May 26, 1988. Dr. Klembara was an obstetrician and gynecologist.

Francis X. Kranick, Dunmore; University of Pennsylvania School of Medicine, 1953; age 63, died May 30, 1988. Dr. Kranick was a general practitioner.

Albert C. Myers, Shippenville; Kirksville College of Osteopathic Medicine; age 76, died June 14, 1988. Dr. Myers was a surgeon.

Thomas R. C. Sisson, Bryn Mawr; Temple University School of Medicine, 1944; age 68, died April 26, 1988. Dr. Sisson was a pediatrician.

Francis Stokes, Gwynedd; Temple University School of Medicine, 1926; age 87, died June 18, 1988. Dr. Stokes was a surgeon.

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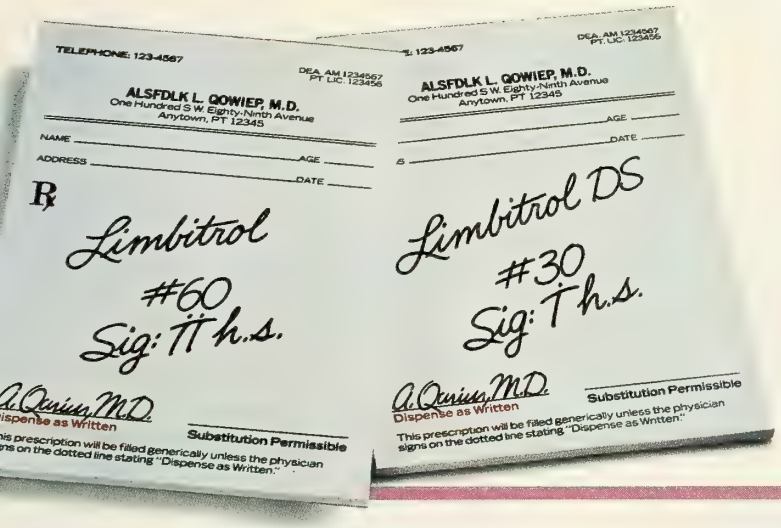

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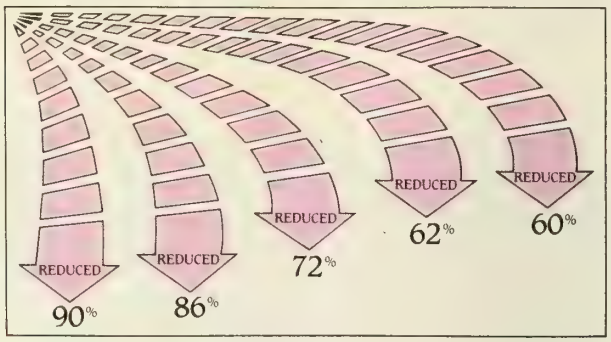

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Warnings: Caution patients about possible combined effects with alcohol and other CNS depressants. An additive effect may occur if alcohol is consumed the day following use for nighttime sedation. This potential may exist for several days following discontinuation. Caution against hazardous occupations requiring complete mental alertness (*e.g.*, operating machinery, driving). Potential impairment of performance of such activities may occur the day following ingestion. Not recommended for use in persons under 15 years of age. Withdrawal symptoms of the barbiturate type have occurred after discontinuation of benzodiazepines (see Drug Abuse and Dependence).

Precaution: In elderly and debilitated patients, it is recommended that the dosage be limited to 15 mg to reduce risk of oversedation, dizziness, confusion and/or ataxia. Consider potential additive effects with other hypnotics or CNS depressants. Employ usual precautions in severely depressed patients, or in those with latent depression or suicidal tendencies, or in those with impaired renal or hepatic function. Inform patients to consult physician before increasing dose or abruptly discontinuing flurazepam HCl.

Adverse Reactions: Dizziness, drowsiness, lightheadedness, staggering, ataxia and falling have occurred, particularly in elderly or debilitated patients. Severe sedation, lethargy, disorientation and coma, probably indicative of drug intolerance or overdosage, have been reported. Also reported: headache, heartburn, upset stomach, nausea, vomiting, diarrhea, constipation, GI pain, nervousness, talkativeness, apprehension, irritability, weakness, palpitations, chest pains, body and joint pains and GU complaints. There have also been rare occurrences of leukopenia, granulocytopenia, sweating, flushes, difficulty in focusing, blurred vision, burning eyes, faintness, hypotension, shortness of breath, pruritus, skin rash, dry mouth, bitter taste, excessive salivation, anorexia, euphoria, depression, slurred speech, confusion, restlessness, hallucinations, and elevated SGOT, SGPT, total and direct bilirubins, and alkaline phosphatase; paradoxical reactions, *e.g.*, excitement, stimulation and hyperactivity.

Drug Abuse and Dependence: Withdrawal symptoms similar to those noted with barbiturates and alcohol have occurred following abrupt discontinuance of benzodiazepines; more severe seen after excessive doses over extended periods; milder after taking continuously at therapeutic levels for several months. After extended therapy, avoid abrupt discontinuation and taper dosage. Carefully supervise addiction-prone individuals because of predisposition to habituation and dependence.

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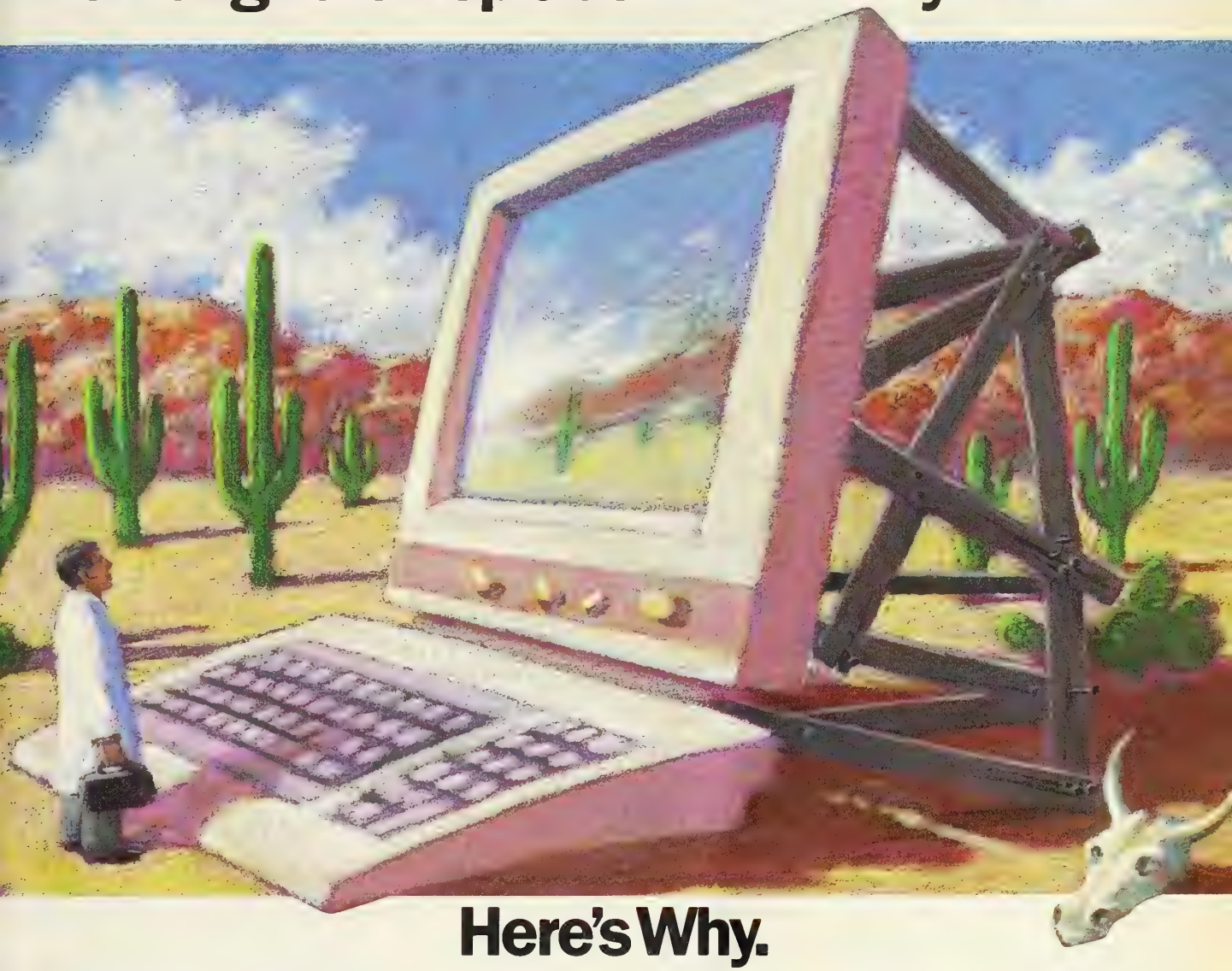

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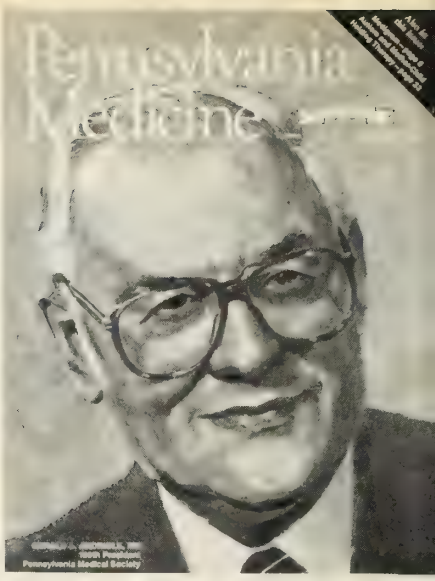

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SOCIETY BOARD APPROVES BUDGET, DUES INCREASE

The PMS Board approved the 1989 budget as proposed by the Finance Committee at its meeting September 13-14. The budget calls for a $75 dues increase for full, active dues paying members in 1989. Projected expenses total more than $7.3 million. The dues increase and the use of $450,000 remaining in the public relations campaign fund are proposed to balance the budget. The Board approved medical student dues at $5, a proration for non-full dues paying members, and a $10 dues allocation to the Educational and Scientific Trust. The proposed budget will go before the House of Delegates in October.

AMA UNIFICATION VOTE TO GO BEFORE HOUSE

On recommendation of the Council on Membership and on PMS Board approval, a proposal for unified membership with the AMA will go before the House of Delegates in October. The proposal calls for PMS members to belong to the AMA, PMS, and county medical societies. The PMS House voted against unification in 1980 and 1978. Under the AMA's plan, PMS will be subsidized for any loss of dues revenue. If approved by majority vote by the 1988 House, the proposal will go before the delegates in 1989 as an amendment to the Bylaws, requiring a two-thirds vote for passage.

PMS BOARD APPROVES AIDS POLICY REVISION

The PMS Board approved two revisions to the PMS AIDS policy adopted at the 1987 Annual Meeting. One revision reads: "Physicians should routinely recommend voluntary testing for HIV infection FOR ALL PERSONS WHO ARE MEMBERS OF THE HIGH RISK GROUPS . . ." The second reads: "PMS encourages all physicians IN HIGH RISK GROUPS to submit to HIV testing." The Task Force on AIDS determined that routine testing of those not in high risk groups is a waste of resources.

BOARD RECOGNIZES RHEUMATOLOGY SOCIETY

At its September meeting, the PMS Board voted that the Pennsylvania Rheumatology Society be represented on the Interspecialty Committee and in the Specialty Delegation of the PMS House of Delegates. The Society will be represented at the 1988 Annual Meeting.

NEW HEALTH DEPT. UNIT TO BATTLE HIV AND AIDS

Secretary of Health N. Mark Richards, MD, has established an AIDS unit within the Department of Health to lead the fight against AIDS and HIV infection. The unit will focus on HIV counseling, testing and partner notification, AIDS education, and active surveillance of pediatric and adult AIDS cases. The unit will be staffed by Grace Varano, RN, of Tamaqua, Rodger Beatty, of the Office of Drug and Alcohol Programs, and George Schelzel, MD, program director.

NEW TASK FORCE ON AGING SCHEDULES FIRST MEETING

The State Society's Task Force on Aging will hold its first meeting October 12. The task force is charged to work with the Department of Aging on overmedication of the elderly. Appointees include: Bernard B. Zamostien, MD, Philadelphia (chairman); Manuel Olives, MD, Harrisburg; Mohan Peter, MD, York; Judith E. Black, MD, Pittsburgh; Ann C. Miller, MD, Lansdale; Brenda K. Baumann, MD, Wilkes-Barre; Robert J. Carroll, MD, Pittsburgh; William D. Hakkarinen, MD, Kingston; and John C. Reilly, MD, Erie.

POSITION ON INDIGENT CARE ADOPTED BY PMS, POMA, HAP

The Pennsylvania Medical Society, Pennsylvania Osteopathic Medical Association, and the Hospital Association of Pennsylvania have adopted a joint position on indigent care in Pennsylvania. The organizations call for legislation that addresses: payment schedules for services; funding for Medical Assistance and indigent care; a redefinition of medically indigent; and flexible insurance programs that include mental and preventive pediatric child health care. In approving the position paper September 14, the PMS Board said the position must include the provision that care of the indigent not be tied to licensure.

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Worse before it gets better?

Donald F. Leon, MD

It is common knowledge that expenses related to health care continue to escalate at a rate substantially greater than real growth and inflation combined. This problem is compounded by the fact that inflation is driven by deficit spending.

Recession, unemployment and some curtailments in government spending have slowed inflation but federal deficits continue at record levels. Some predict that if the deficit is not substantially reduced by 1991, the economy will be on the rocks. It is no surprise that federal health care expenses have been targeted for deep cuts. It is further clear that these deep cuts will be made "in the national interest."

Every day about 5,500 individuals in the U.S. reach their 65th birthday. Twenty-six million elderly live independently and there will be a 20 percent increase in this population over the next decade, almost ten percent by 1991. There are now 2.7 million people over the age of 85, mostly women, and this number will soon double and then increase sixfold by 2030.

Currently 12 percent of the U.S. population is over 65. They use 33 percent of all health care expenditures. Considering the increase in this population group over the next few years, it is certain that the elderly will use significantly more than 50 percent of health care dollars in the future.

With these facts in mind, it seems unlikely that the federal government can achieve its goal of cutting expenses, but with deep cuts it may be possible to reduce the rate of increase of such expenses.

It now appears that an impasse is developing between the national economic interest and the needs of the elderly.

Already there is an increasing problem among the poor and elderly as regards their access to care. Some who need care simply are not able to get it. De facto rationing has already begun. Rationing care to the poor and elderly is ethically and socially unacceptable in our society, but it exists and for the most part is being hidden from view.

Government can be faulted for not appreciating the long range economic implications of Medicare when the program was initiated, and certainly now can be faulted for not planning adequately for the health care dollar deadlock that is nearly upon us.

Medical professionals also can be faulted if we lack vision as we conceptualize mechanisms for dealing with these issues over the next few decades. The independent practice model has served patients well and organized medicine should be encouraged and supported to continue it as part of the resolution of these issues. However, the stalemate between national economic interests and increasing health expenses of the elderly may come upon us very rapidly, perhaps in less than a decade. One possible solution could be for government to implement a health care system based on the British model or something similar. If we continue our present planning strategies, organized medicine will have contributed little to planning that system and medicine will be left in a reactive mode, after the fact, rather than having formed the system in the best interest of patients.

It is time for organized medicine to develop several models for future health care delivery rather than simply continue to fine tune the independent practice model. We should have several schemes fully developed, rationalized, and ready to be presented at the appropriate time so we can take a constructive proactive stance when the impasse tempts Congress to implement national health care on an urgent basis.

It is clear that over the next few years the situation is going to be worse, and after that will get better only if those of us whose profession is dedicated to caring for people develop programs to make it better. These programs might be based on modifications of the British, Irish, or Canadian systems, or an innovative concept of our own.

The point is that we may very well have all inclusive national health care sooner than we now estimate. We must be involved in planning it in the national interest and in the interest of patients. If we don't, it won't get better.

Dr. Leon is professor of medicine at the University of Pittsburgh School of Medicine. *This guest editorial appeared in the Allegheny County Medical Society* Bulletin, *November 28, 1987.*

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Dr. Andriole ready for the challenge

Patricia Hogg

A challenge. That's what attracts Gerald L. Andriole, MD. He entered medical school after just one year and three months of undergraduate training. He specialized in urology because it required knowledge of anatomy, physiology, and surgery—three difficult medical concepts. He has succeeded in organized medicine because he thrives on the challenge of understanding the happenings of medicine and the needs of physicians. And he's eager to tackle the challenge of leading the Pennsylvania Medical Society during a time when the medical profession seems under siege.

Dr. Andriole will be installed as the 139th president of the Pennsylvania Medical Society October 22 during the Society's annual meeting of the House of Delegates. He succeeds Donald E. Harrop, MD, of Phoenixville.

Setting an AIDS policy

In 1987, Dr. Andriole took on a pressing challenge. He initiated the establishment of and chaired the State Society's AIDS Task Force. "There was not one single resolution on AIDS at the 1986 meeting of the House of Delegates, and because the Pennsylvania Medical Society speaks out for the public health of the citizens of Pennsylvania, it was our job to take the lead in setting an AIDS policy. What we wanted to do was to get information to the public that was worthwhile and coordinated with other organizations in the Commonwealth of Pennsylvania, such as the Pennsylvania Bar Association, the Department of Health, and the PMS Auxiliary. It was a huge success."

The challenge PMS faces now is to keep abreast of the information and issues surrounding AIDS and to inform the appropriate authorities of public health issues facing Pennsylvanians, according to Dr. Andriole. "We must be a believeable, authoritative, and visible spokesman," he said.

An MD-DO conference

Most recently, Dr. Andriole initiated a conference where members of PMS met with members of the Pennsylvania Osteopathic Medical Association to discuss the groups' similarities and differences and to form consensus on ways the two groups could cooperate. Discussions at the conference focused on licensure, joint insurance plans, medical education, and residency training. "I think we have a basis for continuation; we can do nothing but go forward. In the future, we will have to discuss these issues in more depth and perhaps then we'll get more concrete results," Dr. Andriole said.

Challenge for PMS

The most important challenge facing PMS, Dr. Andriole said, is getting and keeping physicians—in particular,

young physicians—involved in the organization. "There is a tremendous amount of talent in the medical profession. It's just a matter of harnessing it and channelling it to the right place," Dr. Andriole said.

To do this, Dr. Andriole wants an open administration that can communicate to physicians the benefits of joining organized medicine. "We will try to understand what is bothering physicians and we will try to be their advocate or counsellor. We're going to teach them how to have access to the State Society as well as to the political process in the society in which they live. We must speak for each physician in the state and represent the best of the medical profession. The challenge is to communicate this back to the physicians and their patients."

"My philosophy concerning the medical society is that we are a family of doctors and in every decent family there is pride, honor, caring, and accountability. We are no different in our aims toward making 'our family' something for which we can all be proud. As a society, our doctors must learn that honor and pleasure and compassion will make them happy. We shall teach that the secret of the care of the patient is in caring for the patient. There is meaning and purpose to our goals; we won't let the foibles of the world change our values. Then, everyone will recognize us for what we stand. Just as every family has set backs so shall we. But the family of doctors shall stand firm, knowing full well that we have chosen the right road and the right behavior."

Protecting patient relations

The cornerstone of a medical practice is the relationships the physician has with his patients, Dr. Andriole said. Nowadays with the ever present threat of a liability suit and the invasion of third party payers, strong physician-patient relations are essential.

One goal Dr. Andriole has set for his administration is to protect, fortify, and defend this relationship. He wants to unify the State Society under a strong ethical and moral leadership so that the public and political leaders will realize that physicians are a profession that deserves and demands respect. "The public must see physicians as trustworthy, dependable, and able to exhibit ethical and moral leadership when needed," he said.

"I've seen the encroachment of parties not friendly to medicine try to modify the practice of medicine as taught in my day. Mostly this has come about because of the high cost of the delivery of medicine; cost is used as an entre for trying to modify what's occurring in medical practice. Interestingly, these parties have never taken away the responsibility of having the patient speak to his doctor and having the doctor

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make at least the preliminary diagnosis. However, once that is done, they have tried to influence our decisions and conduct mostly from the standpoint of cost containment and fee adjustment. The basic tenets of the doctor as patient advocate must be maintained."

Difficult as it may be for physicians to maintain good patient relations, Dr. Andriole predicts that medical practitioners will adjust to the aggressive environment. "Over future years third party intervention and advances in technology will result in an evolution of medical practice to a point where the patient and doctor feel comfortable with each other and are not worrying about who is looking over their shoulders."

Medical education

As in other areas of his life, Dr. Andriole accepted a challenge during his education. After attending the University of Scranton for just one year and three months, he was accepted to medical school in an early admission program spurred on by World War II. In 1948, before he was 22 years old, he had graduated from Loyola Medical School in Chicago and was headed back to Scranton for his internship. Over the next six years, he spent one year in a residency program in pathology, served in the Army, and trained in urology. In 1955, he entered private practice in Hazleton.

Work in organized medicine

The same year Dr. Andriole started his urology practice he joined the Luzerne County Medical Society. However, because of a busy professional and family life, he chose not to participate actively until the 1970s when he became a delegate to the Pennsylvania Medical Society. On the state level, Dr. Andriole has served on the Councils on Education and Science and Professional Relations and Services, the Benjamin Rush Awards Committee, and as a Board member since 1977. On the local level, he has served as president and secretary of the Hazleton Branch of the Luzerne County Medical Society, and on the Greivance Committee of the county society. He also has served as a delegate to the American Medical Association for the past five years.

A board certified urologist, Dr. Andriole also participates in the American College of Surgeons, the Mid Atlantic American Urology Association, and the American Urological Association.

Family time

"My family is very important. They consumed all of my time. I was very aware of my responsibility towards my family in concert with my wife," Dr. Andriole said. "Just as in any good organization, you have to enunciate what is important, how to achieve what is important, and how to raise your children (members) so they can best accommodate to the world."

Dr. Andriole and his wife, Irene, have five children, four boys and one girl. Three of their sons, Joseph, Gerald, and James, and their daughter, Mary Ann, are physicians. Their son Peter is a lawyer. "In raising a family there has to be a warm understanding, although not necessarily agreement 100 percent of the time," Dr. Andriole said. "There has to be a forum of discussion so that all family members become comfortable and know where they are going. I feel very strongly about this."

In his spare time, Dr. Andriole enjoys reading and golfing.

Advice for young physicians

With four of his five children physicians, Dr. Andriole certainly encourages young people to enter the profession. "Young people should not be dissuaded from entering medicine by those people who are trying to modify the profession. There will always be a need for physicians. It's a very satisfying, knowledgeable, and more importantly, a very giving profession.

"Granted, the environment has changed, but not intrinsically, only externally. The profession will always need bright, dedicated individuals who are ready and willing to give service to people. After all, people are the main ingredient of civilization and they will always need good medical service."

Hahnemann, United Hospitals merge

Hahnemann University and United Hospitals, Inc. have approved a letter of intent to merge. The merger, to be completed by September 30, will result in the Delaware Valley's largest health care system, with revenues in excess of $500 million, a licensed bed capacity of 1,329, and a workforce of more than 6,800 with a combined medical staff of 2,400 physicians.

The resulting health care system is believed to be the only one of its kind in the country, combining tertiary and community-based hospitals, a free-standing pediatric hospital, a school of medicine, and a graduate school and an undergraduate school of health sciences.

United and Hahnemann have little or no overlap in terms of programs, services, or market areas, according to Joseph A. Gallagher, soon to be chairman of the executive committee of the board. Under the terms of the letter, each hospital will maintain its own integrity, identity, governing body, administration, and medical staff.

Hahnemann University is an academic medical center that includes the hospital, a 616-bed tertiary care facility, a school of medicine, and graduate and undergraduate schools of health sciences and humanities.

United Hospitals, Inc. consists of St. Christopher's Hospital for Children, Philadelphia; Lawndale Community Hospital, Northeast Philadelphia; Warminster General Hospital, Lower Bucks County; and Rolling Hill Hospital, Elkins Park.

Dr. Asbury acting dean at Penn

Arthur K. Asbury, MD, Van Meter Professor of Neurology at the University of Pennsylvania School of Medicine, has been named acting dean.

Effective July 1, Asbury is responsible for managing the medical school, which has more than 800 full-time faculty and approximately 660 students.

Dr. Asbury succeeds Edward J. Stemmler, MD, and will serve as dean until a new dean is found.

Dr. Stemmler will serve as executive vice president of the Penn Medical Center, a new administrative entity that oversees the medical school, the Hospital of the University of Pennsylvania, and the university's 18 clinical practice groups. He had been dean since 1975.

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Warning: Generally, this drug is not proposed for use in females and certainly must not be used during pregnancy. Neither is this drug proposed for use in pediatric, geriatric or cardio-renal patients with gastric or duodenal ulcer history. Nor should it be used in conjunction with mood-modifying drugs such as antidepressants, or in psychiatric patients in general.

Adverse Reactions: Yohimbine readily penetrates the (CNS) and produces a complex pattern of responses in lower doses than required to produce peripheral a-adrenergic blockade. These include, anti-diuresis, a general picture of central excitation including elevation of blood pressure and heart rate, increased motor activity, irritability and tremor. Sweating, nausea and vomiting are common after parenteral administration of the drug.[1,2] Also dizziness, headache, skin flushing reported when used orally.[1,3]

Dosage and Administration: Experimental dosage reported in treatment of erectile impotence.[1,3,4] 1 tablet (5.4 mg) 3 times a day, to adult males taken orally. Occasional side effects reported with this dosage are nausea, dizziness or nervousness. In the event of side effects dosage to be reduced to ½ tablet 3 times a day, followed by gradual increases to 1 tablet 3 times a day. Reported therapy not more than 10 weeks.[3]

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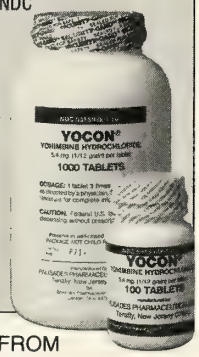

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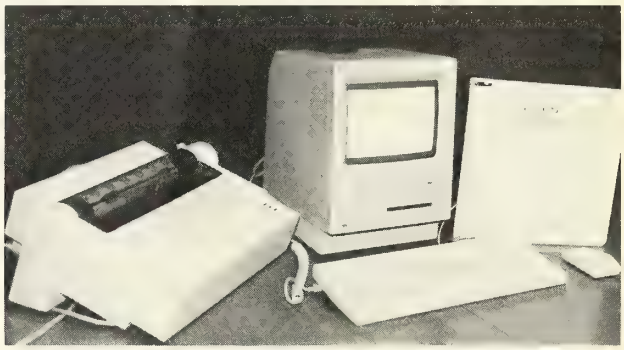

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Indigent care plan may cost more than expected

The average health care package proposed in the Pennsylvania Health Care Cost Containment Council's indigent care plan is likely to cost more than first expected, according to a recent estimate.

An actuarial analysis, conducted by Milliman and Robertson, estimates the cost of the plan to be more than what Lewin and Associates, the consulting firm who helped the council devise the indigent care plan, previously estimated.

Milliman and Robertson estimated the cost of the proposed employer-based program at $2,100 to $2,400 per year per person, and the proposed individual insurance program at $908 to $947 per year per person. As previously reported, the individual insurance program would require between $60 million and $68 million in subsidies.

This information as well as information from six additional studies authorized by the council will be sent to the governor and the legislature in October. The six additional studies will focus on: the coordination of benefit savings, the demographics of the employed uninsured, hospital discounts, individual underwriting, the impact of cost containment and utilization management on overall costs, and the preparation of a model to estimate the impact of the proposed plan.

The plan, which will assure access to medical care for Pennsylvania's two million indigent citizens, went to the state legislature July 1 in accordance with Act 89 of 1986. Approval or modification by the legislature and enactment must take place by November 1, 1988.

The lawmakers will be responsible for financing the plan. The council made no funding recommendations with its proposal.

Council suggestions for improved indigent care include: expanding Medicaid, requiring employers to provide better insurance coverage, and encouraging greater community involvement in primary preventive care.

In other business, the cost containment council held elections for new officers. The chairman is Robert Brand, of the National Union of Hospital and Health Care Employees; vice chairman is Richard Wardrop, of Alcoa; and secretary-treasurer is Robert Patterson, of Pennsylvania Blue Shield, who was re-elected.

Physicians may continue drug sample use

The right of physicians to distribute drug samples to patients is in no way affected by the new Prescription Drug Marketing Act.

Signed into law in April, the Act's main thrust is to establish new requirements affecting the distribution and marketing of prescription drugs. Of specific interest to physicians are the provisions that ban the sale, trade, or purchase of drug samples, and require manufacturers that distribute pharmaceutical samples to follow certain storage, handling, and accounting procedures.

Criminal penalties were put into effect on July 22, 1988, for anyone who sells, trades, or purchases drug samples. The penalties can be as much as 10 years in prison and up to $250,000.

Physicians should keep in mind these points about this new law:

1. *The law does not prevent physicians from receiving or dispensing drug samples.*

2. *To receive samples, physicians must sign a written request form verifying the identity of the drug and the quantity requested.* This part of the law becomes effective October 20, 1988. The written request form is required by some states and already is commonly used by manufacturers.

3. *Although the law does not require physicians to maintain records, manufacturers may ask physicians for their help in assuring that they did receive the samples requested.* While the new law does not mandate physicians to cooperate with this verification procedure, the law does encourage manufacturers to implement such a system.

Health department warns of in-home AIDS testing kit

An in-home AIDS testing kit marketed by a Las Vegas distributor is not only unlawful, but "blatantly plays upon the fears of those with little or no knowledge of how the disease is transmitted," a state health department official said.

Jack Ogun, director of the Division of Drugs, Devices, and Cosmetics, said the department learned of the kit after being contacted by an area television station questioning the kit's validity.

Advertising for the kit suggests that AIDS can be acquired by playing contact sports, being injured, getting a haircut, or having your nails manicured, Ogun said.

The kit is being offered at a retail price of $49.95 and is distributed by Medico of North Las Vegas. A cover letter accompanying the advertisements for the kit falsely states that the test kit is approved by the Food and Drug Administration.

"I have a May 11 message from the FDA which specifically states that in-home AIDS testing kits are illegal and will not be approved," Ogun said. "What Medico is offering breaks the law."

Ogun said the health department cannot pursue legal action because the kits are not marketed in Pennsylvania, but he has informed FDA officials of the advertisement.

"We have no idea how widespread this advertising is, but we have to warn the public to ignore this type of junk mail notice," Ogun said. "If people are interested in an AIDS test, we have approximately 25 sites around the state that offer the test free-of-charge and guarantee confidentiality."

For information on testing sites, call toll-free, 1-800-692-7254.

Ogun credited WGAL-TV, Lancaster, for informing the health department of the advertisement.

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The guide lists physicians in 62 specialties, as well as resources available to you throughout the Geisinger system, including Geisinger Medical Center in Danville, Geisinger Wyoming Valley Medical Center in Wilkes-Barre, and Marworth's two alcoholism and chemical dependency treatment centers in northeastern Pennsylvania.

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Dr. Harrop testifies at MOM hearings

Doctors want what Medicare patients and legislators want—"the best medical care possible for the elderly of Pennsylvania at the most reasonable cost."

This was the thrust of the testimony Donald E. Harrop, MD, president of the Pennsylvania Medical Society, gave at four public hearings on the Medicare Overcharge Measure, MOM, bill.

The hearings, chaired by Representative Allen G. Kukovich (Westmoreland), the initiator of the bill, gave legislators a chance to hear support and opposition for the bill. As many as 15 senior citizens and leaders of senior citizen groups testified for the bill. Along with Dr. Harrop, representatives from the Pennsylvania Society of Internal Medicine and the Pennsylvania Osteopathic Medical Association, and several independent physicians gave testimony against the bill.

The committee heard testimony August 18 in Philadelphia; August 19 in Allentown; August 26 in Pittsburgh; and September 22 in Harrisburg.

Dr. Harrop testified that passage of the MOM legislation may not make elderly patients any better off. He pointed out that physicians—in particular, physicians who do not participate in Medicare—are already restricted by the Medicare program. In 1984, Congress froze some physicians' fees for two and a half years. In 1987, Congress imposed Maximum Allowable Actual Charges, MAACs, which limit the amount nonparticipating physicians can raise their fees.

On the contrary, Dr. Harrop said that participating physicians are free to up their charges. When that happens, Medicare allocates more money to cover the increases, but the patient is still left with his now higher 20 percent copayment. In the long run, the patient must pay more out of his own pocket. With MAAC restrictions on the nonparticipating physicians, fees rise only a fraction of a percent each year and patients' out-of-pocket expenses rise more slowly.

Dr. Harrop cited the experience in Massachusetts, the only state to mandate physicians' participation in Medicare, as an example. Ninety percent of Massachusetts hospitals are having trouble filling their medical staffs, and 64 percent of resident physicians training in Massachusetts plan to leave the state when they are ready to begin practice.

As alternatives to MOM, the Pennsylvania Medical Society has suggested Medicare reform by the federal government and a revision of qualifications for Medicaid by both the state and federal governments. More elderly poor must be able to qualify for Medicaid for at least supplemental coverage, Dr. Harrop said.

On its own, PMS has launched the PMS Voluntary Medicare Discount Program, which encourages physicians to accept Medicare assignment voluntarily for individuals with incomes of $12,000 or less, and couples with incomes of $15,000 or less.

Competition cornerstone of Medicare reform bill

A bill that would encourage competition among health care insurers for Medicare beneficiaries was introduced to the House of Representatives last May. The bill, HR 4455, is the AMA's bill to reform the Medicare program.

Sponsored by Representative Charles Rose (North Carolina), the bill evolved from an AMA study on ways to improve Medicare and would assure the future financial viability of the Medicare program.

If passed, the bill would enable Medicare beneficiaries to use vouchers to purchase their choice of health insurance coverage from competing companies.

Seniors promote Medicare as secondary payer

"Use Insurance First . . . And Make Medicare Last" was the message of hundreds of senior citizens visiting news media in 30 U.S. cities this summer. The "Senior Ambassadors" promoted employer group health insurance as primary over Medicare.

The senior volunteers, residents of the various cities, distributed public service announcements and news material to members of the media on behalf of the federal government's Health Care Financing Administration (HCFA), which administers the Medicare program. The activity was part of a national communications effort designed to create a better understanding of Medicare coverage. Generally, the campaign promoted the message that Medicare coverage should be secondary to employer group and other coverage when possible.

Federal legislation requires that most working and non-working beneficiaries aged 65 and over and covered under their or their spouse's employer group health plan should submit their bills to the employer plan first. Bills for services not covered may then be submitted to Medicare for secondary payment. By following these regulations, the campaign stressed, beneficiaries can help reduce Medicare spending while ensuring adequate coverage for all Medicare eligible citizens, now and in the future.

As part of a special Medicare program contract, representatives from Pennsylvania Blue Shield provided senior citizens with an orientation about the program and about dealing with local media. Teams then visited local newspapers and radio and television stations with packets of information to be published or broadcast.

Prior to implementing the national effort, Pennsylvania Blue Shield conducted pilot Senior Ambassador programs in four Pennsylvania communities—Erie, Wilkes Barre, Altoona, and Harrisburg.

By October, Medicare beneficiaries will have contacted personally more than 600 media representing more than half of the nation's population. Information about using private insurance as primary coverage also will be sent to more than 300,000 health care professionals around the country whose patients include Medicare beneficiaries.

Advances through Knowledge

Toward 2000 IV SYMPOSIUM.

Oct. 20th and 21st.

Computer display of DNA bound to the antitumor agent cisplatin, using x-ray crystallography in a lab at UCLA. The computer program was written at Fox Chase Cancer Center.

The fourth annual Toward 2000 Symposium is an opportunity to assess progress against the goal of reducing cancer mortality in the United States. On October 20th and 21st "Toward 2000 IV" will be held at Fox Chase Cancer Center. The keynote speaker will be Alfred G. Knudson, Jr., M.D., Ph.D., this year's Mott Prize recipient. In addition, national experts will conduct seminars and workshops focusing on breast, lung, gastrointestinal and ovarian cancer.

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PMSLIC adjusts rates; no overall increase

The Pennsylvania Medical Society Liability Insurance Company (PMSLIC) has filed for specialty and territory rate adjustments for 1989 with the Pennsylvania Insurance Department. No overall rate increase is planned.

The rate adjustments, which are revenue neutral to the company, will mean rate increases for some subscribers, rate decreases for others, and no rate change for others, David S. Masland, MD, chairman of the PMSLIC board, said. The idea behind the rate adjustment is to assure rating equity, in which policyholders are charged premiums commensurate with their actual loss experience, with specialty and territory subsidization kept to a minimum. Rating equity was a concern of the PMS House of Delegates when it formed PMSLIC.

The proposed specialty adjustments to be effective January 1, 1989, are listed below.

Class 010 (No surgery)

Family/General Practice, Internal Medicine, Pediatrics	+10.0%
All Class 020 (Minor Surgery) Physicians	+5.0%
Emergency Medicine	+7.5%
Urology	-20.9%
Anesthesiology	-20.9%
Otolaryngology Including Plastic Surgery	-27.6%
Plastic Surgery, Otolaryngology Including Cosmetic Surgery	-9.5%

The proposed territory adjustments are as follows:

Territory I (Philadelphia, Delaware, Montgomery Counties	No Change
Territory 2 (Remainder of State)	No Change
Territory 3 (Allegheny County)	-6.0%
Territory 4 (Bucks, Schuylkill Counties)	+7.5%
Territory 5 (Chester, Monroe, Mercer, Lackawanna, Westmoreland Counties	+7.5%

PMSLIC also has requested that Blair County be placed in Territory 2 (from Territory 5), which would result in a 15 percent decrease in rates for all physicians in that county.

If approved, the adjustments will be the first major overhaul of PMSLIC rates since October 1984.

Pitt starts construction

University of Pittsburgh has announced a $280 million construction project for its School of Medicine. The expansion project, which is expected to be completed in 1992, will add five buildings to the campus.

The highlight of the project is a biomedical science tower, which will house cancer, immunology, molecular biology, pharmacology, neurology, and genetics research laboratories.

University officials estimate that funds from federal, state, and private research grants will grow $35 million to $120 million by 1992. This fiscal year, $85 million has been committed to Pitt.

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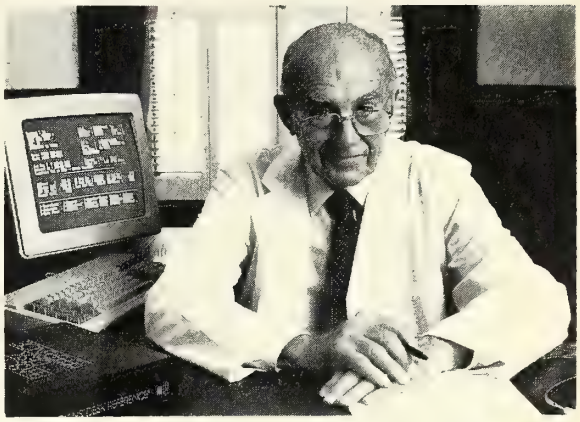

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PMS reports on alternative delivery systems

Last October the PMS House of Delegates mandated a survey of the membership to assess the impact of managed health care on the membership and to determine whether members would be interested in participating in a PMS-sponsored physicians service network capable of bidding on contracts from large, national companies and perhaps CHAMPUS or Medicare contracts.

The survey was designed and conducted by Al Fisher Jr., PhD, of Al Fisher Associates, a professional survey consultant, under the direction of the PMS Subcommittee on Alternative Delivery Systems of the Council on Medical Economics, chaired by William H. Mahood, MD, of Abington. In January, a three-page, pre-coded questionnaire was mailed to a random sample of approximately 2,000 PMS members, excluding physicians who were retired, in training, or living out of state. Of those receiving questionnaires, 870 responded for a response rate of 41 percent.

Survey results indicated some interest among PMS members in the concept of a PMS sponsored, statewide health care delivery system. Interest in the concept, however, seemed to weaken considerably when financial support became an issue.

The following data are excerpted from the survey responses.

1. Response rate: 841/2002 = 42.0%
2. Prior HMO/PPO experience of respondents:
   - Percent who now participate in one or more plans: 497/796 = 62%
   - Percent of those plans that are physician-owned or controlled: 198/489 = 41%
   - Percent who have treated patients from HMOs/PPOs for more than one year: 417/495 = 84%
3. Why respondents first joined an HMO/PPO:
   - maintain patient base (178)
   - hospital encouragement (95)
   - new source of income (64)
   - physician controlled (54)
4. Interest in the proposed PMS-sponsored plan:
   - Percent who would definitely or probably join: 466/801 = 58%; Most members said they would probably join.
   - Percent who would definitely or probably not join: 97/801 = 12%
   - Percent who don't know: 238/801 = 30%
5. Plan financing and investment:
   - Percent who would participate in the PMS plan at no cost: 490/810 = 60%
   - Percent who would invest and participate: 257/810 = 32%
   - Percent who would pay a one-time participation fee of $500: 159/810 = 20%
   - Percent who would support plan development with a special assessment: 147/810 = 18%
   - Percent who would support it with a dues increase: 115/810 = 14%
   - Percent who would invest in the plan regardless of their participation: 35/810 = 4%
6. Positive features of a managed health care plan:
   - Fee-for-service payment (275)
   - reimbursement rate (201)
   - physician-owned or controlled (116)
7. Opinions about a PMS-sponsored plan; the percent who agree:
   - PMS should develop a statewide managed health care system on behalf of its membership: 361/795 = 45%
   - It would compete with my current practice preferences and patterns: 193/785 = 25%
   - It would allow physicians to assure medical care without obstructions imposed by primary business considerations: 338/783 = 43%

Positive implications of the survey

This survey found widespread interest among PMS members in the concept of a new PMS-sponsored, statewide health care delivery system. The majority of respondents to this sample survey of 2,000 members indicated a willingness to join or participate in such a plan (58%). The favorable response must be recognized as the result of offering members a potential service that they view as valuable. This interpretation derives from two findings: (1) response rate of over 40 percent, which is comparable to that observed for other, successful market research surveys conducted by mail for medical associations; and (2) an intention to join the plan, expressed by 58 percent of respondents. These findings were consistent with the results of a pretest conducted in 1987.

From a strictly quantitative standpoint, the current survey found 466 of 801 respondents to be interested in joining a PMS plan (58.2%), which, with a sample size of 800 respondents, has an error rate of plus-or-minus 3.5 percent. Thus, we project under a "best case scenario" that between 54.7 percent and 61.7 percent of the entire PMS membership might join such a plan. Given a membership population of 17,683, this means that from 9,600 to 10,900 members might join a PMS plan. The "best case scenario" assumes that the survey results are unbiased and fully projectable. However, the projected numbers are of interest, even under a "worst case scenario." Thus, assume that all nonrespondents oppose the plan. In this case, the potential participants reduce to about 23.2 percent, based on only 58 percent interest expressed by 40 percent of respondents. Even with this outcome, some 4,100 of the total PMS membership might join the plan, i.e., 23 percent of 17,683.

The demonstration of such widespread interest in a proposed service certainly amply justifies its serious consideration by the leadership of the Society.

However, it is also essential that PMS recognize the limitations of this study, in terms of the eventual success of a PMS-sponsored plan. Certain cautions and considerations are noteworthy.

Cautions and considerations

The favorable findings of this survey must be interpreted with suitable caution. The following considerations apply:

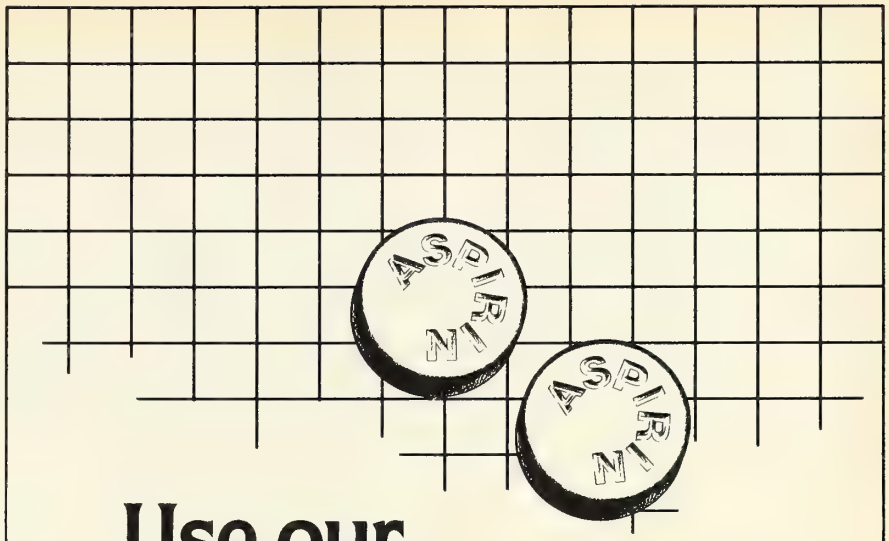
1. This survey was a "concept test," rather than an evaluation of member interest in a definitive plan. While many members endorsed the idea or concept of a PMS plan, it was also evident that their support was contingent upon certain plan characteristics, i.e., a favorable reimbursement rate, fee-for-service payment,

the delivery of an adequate volume of patients, etc., as well as physician-ownership and control;

2. Because respondents were provided with only a general concept to evaluate, there was considerable indecision evident in their attitudes toward a PMS plan, as well as their decisions to join or participate. It is realistic to expect these "Don't know" responses to shift toward either positive or negative attitudes once the details of the final plan have been developed, depending on whether or not the plan satisfies their objectives; and
3. Although the majority expressed an interest in the plan concept, this support weakened considerably when members were asked to support the plan financially. *While 60 percent would participate if the plan were free, the levels of support declined to 14 percent when a dues increase was mentioned, and to 20 percent when they were asked to contribute a $500 one-time participation fee.* The participation decision is obviously quite *price-sensitive,* so the final level of participation would depend on the plan costs (and perceived benefits) to each physician.

Finally, we concur with the recommendations of Wagner and Hackenberg (1986) that the same degree of serious attention be paid to estimating the demand side of alternative delivery systems, as it has been given to estimating interest in the physician-providers (supply side). In developing the plan, PMS should conduct market research on those organizations who are the potential market for this statewide service, e.g., state and federal government, major private sector employers such as Sears, etc. This research should study competing HMOs, and identify uniquely valuable plan characteristics that a PMS plan might offer. Such parallel attention is essential to ensure that the final plan appeals both to the physician-provider (PMS member) and to the ultimate consumers of this promising service, i.e., those organizations and/or individuals who would contract for this PMS-sponsored service and make it viable.

The PMS Board of Trustees heard a presentation on the result of the survey by Subcommittee Chairman William H. Mahood, MD. In view of the membership's lack of financial commitment to a PMS statewide managed care system, the Board determined to take no further action.



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Mental illness awareness week, October 2–8

Encouraging people to talk and learn about mental illness is the thrust of the American Psychiatric Association's (APA) national awareness campaign October 2–8. A joint Congressional resolution designated the week Mental Illness Awareness Week (MIAW).

With the theme, "Let's talk about mental illness," and the message, "Spread the words. . .Build understanding," the purpose of the campaign is to stimulate people to learn about and understand mental illness by talking openly about the illnesses.

The APA estimates that one in five adults are affected by mental illness. However, four out of five of these individuals never seek treatment, most likely because of the stigma associated with mental disorders.

Mental illnesses are the most misunderstood and feared group of illnesses, according to Denis J. Milke, MD, president of the Psychiatric Physicians of Pennsylvania. "To overcome stigma, people have to talk about mental illnesses, acknowledge that they exist, and learn what they are, how they are treated, and the chances for recovery," Dr. Milke said.

Psychiatrists incorporate, elect officers

Now known as the Psychiatric Physicians of Pennsylvania (PPP), the Pennsylvania Psychiatric Society (PPS) has incorporated and elected new officers.

Incorporated as a 501(c)6 organization, the Psychiatric Physicians of Pennsylvania was formed after the PPS Council authorized the incorporation at its April meeting.

New officers for the PPP are as follows: president—Denis J. Milke, MD, of Wormleysburg; president elect—L. Alan Wright, MD, of Pittsburgh; vice president—Karl D. Ludwig, MD, of Pittsburgh; past president—Edward C. Leonard Jr., MD, of Philadelphia; secretary—Lawrence L. Altaker, MD, of Harrisburg; and treasurer—Stephen L. Schwartz, of Philadelphia.

Pennsylvania Psychiatrist wins APA citation

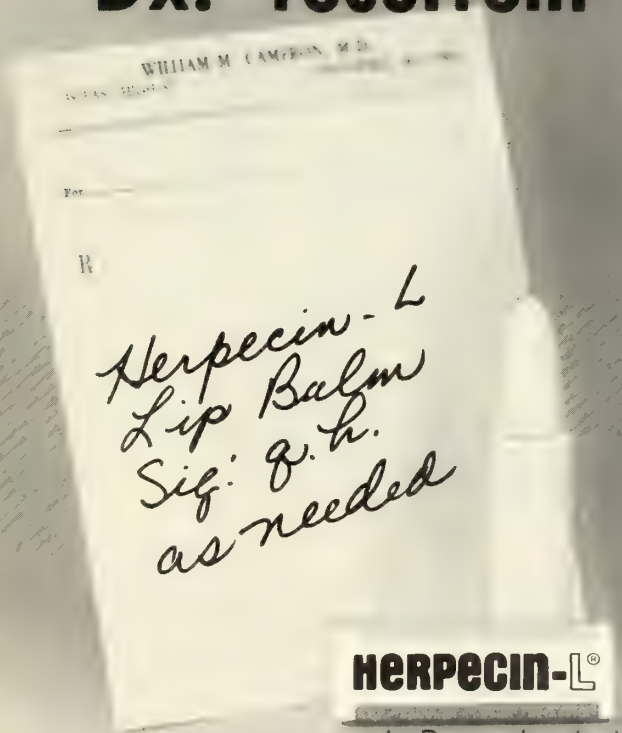
The American Psychiatric Association has recognized the Pennsylvania Psychiatric Society for its publication, *Pennsylvania Psychiatrist.*

The citation recognizes and awards the Society for five years of continued excellence in the production of its newsletter.

Editor of *Pennsylvania Psychiatrist* is Denis J. Milke, MD, of Wormleysburg. Associate editor is Lee C. Miller, MD, of Harrisburg.

Pennsylvania Psychiatrist is published quarterly.

Dx: recurrent herpes labialis



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3:00 to 5:30 PM

Controversy:
Should Cardiac Catheterization Be Performed Routinely After Myocardial Infarction?

Moderator
Bernard L. Segal, M.D.

3:00–3:30 Yes . . . . . Jai B. Agarwal, M.D.
3:30–4:00 No . . . . . Adrian S. Weyn, M.D.
4:00–5:00 Case Presentations . . . . . Walter R. Hepp, M.D.
Panel Discussion . . . . . Norman Feinsmith, M.D.
Leonard N. Horowitz, M.D., Terry Langer, M.D.
Jan R. Weber, M.D., Adrian S. Weyn, M.D.

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Family physicians stress preventive care

Preventive health care is the focus of family physicians across the state and nation this month. Governor Robert P. Casey, the Pennsylvania Academy of Family Physicians (PAFP), and the American Academy of Family Physicians (AAFP) have designated October as Family Health Month.

During Family Health Month, family physicians will encourage patient-families to conduct a health inventory and review their eating habits, physical fitness, mental health, tobacco and alcohol use, and possible hazards in the home.

"We are urging people to establish a 'partnership for health' with a family doctor, because we can provide a program for total health care on an ongoing basis," PAFP President Leo M. Hartz, MD, said.

Of particular importance during the month are programs to encourage early detection of breast cancer, programs to help patients quit smoking, and programs to educate patients about teenage pregnancy, AIDS, and other sexually transmitted diseases.

One week of the month, October 17–23, has been named National Breast Cancer Awareness Week by the AAFP. The educational campaign against breast cancer will stress early detection and encourage male spouses and partners, along with other male family members, to support the women in their lives in early detection techniques.

Women will be urged to take three simple steps to protect themselves, Dr. Hartz said. "Practice monthly self-examination, see your doctor regularly, and follow your doctor's advice to schedule regular mammograms."

To address the problem of smoking and increased risk of cancer, especially lung cancer, the AAFP has developed a "Stop Smoking Kit" and smoking cessation program for physicians to help their patients kick the habit.

Recent smoking statistics are encouraging. The adult population now contains less than 30 percent smokers for the first time since 1944, and the percentage of teenagers who smoke daily has decreased from 28.8 percent in 1976 to 18.7 percent in 1986.

However, an estimated 58,000 new cases of cancer will be reported in Pennsylvania in 1988. Of that, 8,400 will be lung cancer. An estimated 7,700 people will die from lung cancer in 1988.

The PAFP actively supports Senate Bill 26, the Clean Indoor Air Act, which would restrict smoking in public to designated places.

In the area of teen pregnancy and sexually transmitted diseases, including AIDS, Dr. Hartz said the only defense we have is education. The PAFP advocates teaching comprehensive human sexuality at grade levels as low as elementary school.

To fight teen pregnancy, the PAFP has formed an association with the Unintended Teenage Pregnancy Program sponsored by the AAFP and the American College of Obstetrics and Gynecology (ACOG). The Unintended Teenage Pregnancy Program uses hard-hitting television and radio announcements to encourage teens to call 1-800-INTENDS to receive a free booklet about pregnancy and contraception.

Philadelphia surgeon heads pediatric association

James A. O'Neill Jr., MD, surgeon-in-chief at The Children's Hospital of Philadelphia, has been elected president of the American Pediatric Surgical Association, and has been named as the first incumbent of the C. Everett Koop Chair of Pediatric Surgery.

The C. Everett Koop Chair, established in March, is a tribute to Dr. Koop, who resigned in 1981 as surgeon-in-chief of Children's Hospital after a 33-year tenure. The $1.5 million academic chair is designed to honor a physician whose expertise and kindness has contributed to the lives of thousands of children, and guarantees funds for education or innovative research in the Department of Pediatric Surgery.

Among his numerous professional and scientific affiliations, Dr. O'Neill has served as secretary for the American Pediatric Surgical Association, as a member of Advisory Council for Pediatric Surgery of the American College of Surgeons, as chairman of the surgical section of the American Academy of Pediatrics, and as director of the American Board of Surgery.

AIDS confidentiality bills introduced in House

Legislation designed to provide greater confidentiality of the results of tests for Acquired Immune Deficiency Syndrome (AIDS) and human immunodeficiency virus (HIV) was introduced to the state House of Representatives July 19.

The two bill package was drafted by the Department of Health at the request of Governor Robert P. Casey and introduced by Representative Frank J. Pistella (Allegheny). Governor Casey had pledged to submit such legislation when he addressed the Philadelphia Commission on AIDS last June.

"The goal of our proposals is to reassure high-risk individuals of confidentiality so that they will come forward voluntarily and be tested," Rep. Pistella said.

H. B. 2647 strengthens the confidentiality of all health department disease control records. Current law does not specifically address situations where department records are sought by application to a court. The bill would permit records to be disclosed only upon a finding of compelling need and only after the department had been given reasonable notice and an opportunity to respond.

H. B. 2648 provides that no person may disclose the identity of a person who has been treated, tested, or diagnosed as having AIDS or an AIDS related condition. Exceptions would include disclosure at the individual's request, limited disclosure to health professionals for standard disease control and quality assurance procedures, or disclosure under court order.

Violation of the confidentiality provisions carries a $2,500 fine and up to one year in prison.

The legislation also requires that any person tested for the virus be informed of the results and provided with or referred for counseling.

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Governor gives money, manpower to drug war

Governor Robert P. Casey unveiled a plan to counter drug and alcohol addiction and abuse in Philadelphia last month. Announcement of the plan came during a two-day visit to the city.

Under the plan, Governor Casey has appropriated state funds to create new and expand existing drug addiction programs. Nearly $14 million will fund programs to treat drug addicts and alcoholics, including $3.5 million to expand a treatment center to care for mothers addicted to "crack" and other drugs. More than $6 million annually will be used for short term hospital inpatient drug and alcohol detoxification programs.

Governor Casey also has ordered the Pennsylvania State Police into Philadelphia to work with city and federal law enforcement authorities in the battle against illegal drugs. This action marks the reversal of long-standing state police policy that keeps the agency out of municipalities with their own police force.

The governor also has called upon the state Senate to pass legislation to provide long term, non-hospital treatment for poor drug addicts and alcoholics. The measure, sponsored by Representative Peter C. Wambach (Dauphin), was overwhelmingly approved by the House. When fully implemented, the program will cost approximately $18 million annually.

In his two-day visit in Philadelphia Governor Casey toured drug trafficking areas of the city, met with community leaders and anti-drug professionals, and talked with relatives of innocent victims of drug-related violence.

"My message here is loud and clear: We will not concede another human soul or another square block to the drug traffickers," Governor Casey said at the Southeast Anti-Drug Symposium, which was sponsored by the city's legislative delegation and business, government, and community leaders.

"It may be a cliche, but it's true. We are in a war against drugs. I don't doubt for a minute that eventually we'll win, but at the same time, I don't expect any quick end to the fighting. There are no shortcuts to victory, no secret weapons."

The governor's four-point plan to combat illegal drugs includes:

- Using local, state, and federal resources to attack drug dealers and cut the supply of illegal drugs.
- Making state funds available for short term and long term treatment and rehabilitation of poor drug addicts and alcoholics.
- Providing an effective and comprehensive drug and alcohol education campaign in the state's public schools.
- Providing counseling and job programs to help recovering addicts and alcoholics establish themselves as productive members of society.

The governor noted that several anti-drug laws have been passed recently in the state. One mandates prison terms for drug dealers who sell to children or near schools and for those who use children in the trafficking of drugs. Another permits seizure by the state of drug dealers' property and assets.

Governor Casey also noted that Philadelphia has received $2.25 million in federal anti-drug funds administered by the state.

Student financial aid subject of workshop

Financial aid officers from Pennsylvania's medical schools met in May to discuss and learn more about student support. The 15th annual workshop was arranged by the Pennsylvania Medical Society's Educational and Scientific Trust.

Representatives from the U.S. Department of Health and Human Services and from the Pennsylvania Higher Education Assistance Agency spoke to the group.

Checks from the American Medical Association Education and Research Foundation, totaling more than $90,000, were presented to the schools by Mrs. Michael J. Prendergast, president of the PMS Auxiliary.

Pennsylvania Academy of O & O elects officers

Members of the Pennsylvania Academy of Ophthalmology and Otolaryngology elected new officers at the academy's 44th annual convention and business meeting.

Dorothy C. Scott, MD, a Pittsburgh ophthalmologist, was installed as president. She succeeds Webb S. Hersperger, MD, an otolaryngologist from Carlisle.

Helen Fox Krause, MD, a Pittsburgh otolaryngologist, was elected president elect. She will continue as president of the academy's otolaryngology section until she assumes the role of academy president in 1989.

Thomas B. Souders, MD, an ophthalmologist from Reading, was elected president of the academy's ophthalmology section, replacing Dr. Scott. Dr. Souders also was re-elected editor-in-chief of *Transactions*, the academy's journal.

HAP president new trustee of AHA

John A. Russell, president of the Hospital Association of Pennsylvania (HAP), has been elected to the board of trustees of the American Hospital Association (AHA).

Russell will begin serving his three-year term January 1, 1989.

A Hershey resident, Russell has been president of HAP since 1983. He will be the first executive of a state hospital association to serve on the AHA board. A recent change in AHA bylaws permits such membership for the first time.

New book urges mother-child holding

Martha G. Welch, MD, whose article starts on page 33 of this issue, has a new book now in circulation.

The book, "Holding Time: How to Eliminate Conflict, Temper Tantrums, and Sibling Rivalry and Raise Happy, Loving, Successful Children," was released to bookstores October 4. The book is published by Simon & Schuster.

For more information on the Welch Method Mother Child Holding Therapy, see the article on page 33.

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Are you limiting your own reimbursement?

Health Care Group

Most physicians are acutely aware of the efforts by health insurers to contain the cost of reimbursement to physicians for professional services. While many physicians strive to protect their reimbursement levels, they often overlook one critical aspect: complete and correct coding to obtain the fullest correct payment for services rendered.

Coding accuracy can affect a practice's income in several ways. Incorrect coding for Medicare or Medicaid patients, if determined to be fraudulent, can result in fines up to $2,000 per procedure and/or exclusion from any payments through these programs. If private insurers determine that a practice has been coding a procedure incorrectly and receiving a higher reimbursement, they can ask for immediate return of all overpayments. Either of these situations can have an enormous negative impact on a practice.

We recently encountered a specialty practice that was in the throes of a Blue Shield audit initiated because of overutilization of a few office visit codes in a situation where a range of codes would be correct. (Well over 50 percent of the practices we encounter incorrectly code the levels of service for office visits, hospital visits, and consultations.) During the audit process, several other types of coding and documentation errors were exposed, resulting in a demand for an immediate return of over $100,000 in "overpayments" on claims submitted over the past few years. Incomplete documentation was this practice's greatest weakness during the audit, and is the area where most practices make themselves vulnerable should there be an audit. This practice is fighting the ruling, but they most likely will have a substantial unplanned-for expense as a result of their poor routines. Careful attention to accurate coding and documentation could have prevented this difficult and costly situation.

More commonly, however, inaccurate and incomplete coding results in reduced reimbursements to a practice. For many services, the provider has a choice of several codes that are acceptable but can have very different reimbursement levels. Without a careful review process, there is no way to ensure that procedures are being coded correctly for highest reimbursement.

In one recent practice survey conducted by the Health Care Group, we uncovered well over 50 incorrect codes affecting hundreds of procedures performed in that one year. Such a large volume of errors can result in enormous loss of income; yet even a small number of errors can result in substantial losses, particularly if they occur on large dollar or high volume procedures.

Not only do practices code incorrectly but they often fail to bill for legitimate billable services. Surgical procedures often have routine follow-up visits included in the "surgical package" that are not separately billable. Each procedure, however, has a different number of post-operative days included in the surgical package and any additional follow-up visits should be billed. Many procedures have zero post-op days, and therefore *any* follow-up visits are billable. It is important to note that only routine post-op follow-up visits are included in the surgical package; if there are complications, services and visits may be billable.

Other "additional" charges for which there are reimbursable "special service" codes include: emergency services provided in an office setting, office visits provided between 10 p.m. and 8 a.m., and supplies such as surgical trays and some drugs. These and other special service codes can be billed in addition to the appropriate visit or procedure codes. Although these codes are only moderately reimbursed and often are uncovered services that may be written off, they should be billed so that third party payors and patients are aware of all services and supplies provided.

Incomplete reporting is another leakage point of potential revenues. Many times we see hospital visits recorded on scraps of paper, napkins, or the back of used sheets of paper! With such haphazard records of hospital services provided, it is inevitable that charges are never billed for rendered services. It's bad enough to miss billing for hospital visits, but often procedures done during a hospital stay also are missed!

The use of preprinted, pocket sized hospital service cards helps to capture all hospital charges. These cards are easy to use if they have a blank 31 day calendar and a list of hospital visit and procedure codes; the physician simply indicates hospital services by writing the appropriate code on the date the service was performed. When a patient is discharged, the card is deposited in a box kept in the physician's office for this exclusive use. This simple system has raised charges for hospital visits by as much as 25 percent for some practices with which we consult.

Regular involvement reaps rewards

Many physicians feel that they provide the best medical services available and that is where their responsibilities end. They feel coding and billing are responsibilities of the office staff. Without cooperation between the physicians and the billing staff, potential income is sure to be overlooked. Only the physician providing services knows exactly what has been done for each patient and he or she must convey this information completely and accurately so that the billing staff can complete its work. Procedural coding is the language that was developed to help physicians accurately convey a large amount of medical information as *simply* and *uniformly* as possible. Code training for physicians and staff is critical to enable physicians and staff to communicate among themselves and with third parties. Many billers do not have the facility with medical terminology that would allow them to

The contributing author, Kenneth R. Boudreau, is a principal consultant to the Health Care Group, Plymouth Meeting.

MR UPDATE

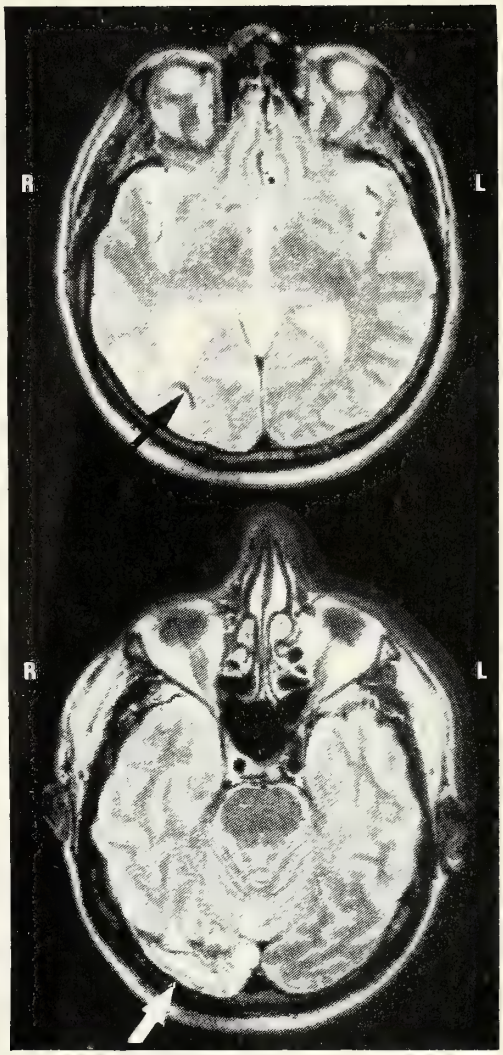
MRI Advances the Detection of AVM's

BRAIN EXAMINATION

HISTORY: A 52 year old man had two small right occipital hemorrhages, 18 months apart. After resolution, negative studies included two cerebral arteriograms and contrast CT scans.

SCAN: Several dark curvilinear structures, evidence of the flow void phenomenon, indicate abnormal vasculature in the right occipital lobe. Associated high signal intensity of adjacent white matter is compatible with edema, hemorrhage, or gliosis. Together these findings are consistent with occult arteriovenous malformation (AVM).

MRI HIGHLIGHTS: MRI is highly sensitive for AVM's which are otherwise occult by arteriography or CT scanning. These may be found in patients with spontaneous hemorrhage, seizure disorder, or other clinical presentations. In addition, the sensitivity of MRI for intracranial hemorrhage is being increased through the use of new partial flip imaging techniques. Refinements in signal processing, surface coils, and other techniques continue to expand the clinical indications of MRI. Because of its sensitivity, safety, and patient comfort, MRI is the screening technique of choice for most CNS abnormalities.



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5:00 pm

Theatre I, Preston Building
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Reception to follow

Approved for Category I CME credits by the American Medical Association

differentiate between procedures that sound similar but are quite different and have different reimbursement levels. A favorite example of a staff coding error is from a report for diverticulum of the esophagus. The staff person billed for a colonoscopy, appropriate for a diverticulum of the colon. Talk about doing things the hard way!

Annual review

Every practice should perform an annual coding and fee schedule review. Each year several hundred coding revisions may be incorporated into the procedure coding language. An annual coding review will ensure current, accurate coding for all payors. The review is best performed immediately after the annual publication of Pennsylvania Blue Shield's *Procedure Terminology Manual* or of the *Current Procedure Terminology Manual* (CPT-4) of the American Medical Association. Particular attention should be paid to codes that have been added, deleted, or changed from the previous year's codes. Any changes in code descriptions should be incorporated into your own charge and code descriptions so that no "down coding" occurs.

Down coding can occur, for example, when a charge is submitted for "excision of skin lesion" with the appropriate code. An insurance claims reviewer, seeing several codes for an excision of skin lesion depending upon the size of the lesion and seeing no size specified on the claim, would "down code" from the code as billed to the code that paid the least, usually for the smallest lesion size.

It would be wise to incorporate an international classification of diseases (ICD-9) reference list into the annual review. Some third parties, Pennsylvania Medicaid for example, now require that some submitted claims must have an ICD-9 diagnosis code in addition to the procedure code. Many third parties are considering this system for future use. Now is the time to gain the experience with this quite different coding system so that when it becomes a widespread requirement, practice revenues are not reduced because of coding errors.

A fee schedule review will allow a practice to optimize the level of its fees. Fees should be set high enough to maximize reimbursements, yet not so high as to be too much greater than the fees of competitive practices. Naturally, fees should reflect the relative values of the services being performed; services requiring more time, and greater skill or judgment should carry higher fees. Keep in mind that if you are not participating with Medicare, each procedure must be charged at or below your current maximum allowable actual charge (MAAC). We recently encountered a top quality practice that had fees well below the Medicare area-wide prevailing fees for over 100 procedure codes. These codes affected hundreds of procedures and reduced income by thousands of dollars! If fees are low for Medicare they are often too low in general, since other carriers typically reimburse at a higher rate than Medicare.

In addition to an annual review, paid insurance claim forms should be checked periodically throughout the year for accuracy of submission and payment. If allowed to go unchecked, coding and payment errors can amount to thousands of lost dollars each year for many practices. In today's competitive environment, no one can afford to let these earned revenues slip away. □

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Administer cautiously to allergic patients
Pseudomembranous colitis has been reported with virtually all broad-spectrum antibiotics It must be considered in differential diagnosis of antibiotic-associated diarrhea Colon flora is altered by broad-spectrum antibiotic treatment, possibly resulting in antibiotic-associated colitis
Precautions:
- Discontinue Ceclor in the event of allergic reactions to it
- Prolonged use may result in overgrowth of nonsusceptible organisms
- Positive direct Coombs' tests have been reported during treatment with cephalosporins
- Ceclor should be administered with caution in the presence of markedly impaired renal function Although dosage adjustments in moderate to severe renal impairment are usually not required, careful clinical observation and laboratory studies should be made
- Broad-spectrum antibiotics should be prescribed with caution in individuals with a history of gastrointestinal disease, particularly colitis
- Safety and effectiveness have not been determined in pregnancy, lactation, and infants less than one month old Ceclor penetrates mother's milk Exercise caution in prescribing for these patients

Adverse Reactions: (percentage of patients)
Therapy-related adverse reactions are uncommon Those reported include
- Gastrointestinal (mostly diarrhea) 2 5%
- Symptoms of pseudomembranous colitis may appear either during or after antibiotic treatment
- Hypersensitivity reactions (including morbilliform eruptions, pruritus, urticaria, and serum-sickness-like reactions that have included erythema multiforme [rarely, Stevens-Johnson syndrome] and toxic epidermal necrolysis or the above skin manifestations accompanied by arthritis/arthralgia, and frequently, fever) 1 5%, usually subside within a few days after cessation of therapy Serum-sickness-like reactions have been reported more frequently in children than in adults and have usually occurred during or following a second course of therapy with Ceclor No serious sequelae have been reported Antihistamines and corticosteroids appear to enhance resolution of the syndrome
- Cases of anaphylaxis have been reported, half of which have occurred in patients with a history of penicillin allergy
- As with some penicillins and some other cephalosporins, transient hepatitis and cholestatic jaundice have been reported rarely
- Rarely, reversible hyperactivity, nervousness, insomnia, confusion, hypertonia, dizziness, and somnolence have been reported
- Other eosinophilia, 2%, genital pruritus or vaginitis, less than 1%, and, rarely, thrombocytopenia

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medical feature

Mother-child holding therapy and autism

Martha G. Welch, MD Patti Chaput, MA

Ten autistic children were treated for an average of eleven months by Welch Method mother-child holding therapy to investigate the replicability of results by an independent therapist. The results showed improvement in all cases, as well as a correlation between the degree of improvement and the extent to which the therapy was carried out.

Starting with the hypothesis that the result of early childhood autism is disturbed attachment to the mother with withdrawal as the overriding mechanism of defending against the ruptured bond, it was theorized by M. Welch that intense physical and emotional contact would break through the child's withdrawal and make possible the formation of the missing strong mother-child tie, from which normal development proceeds.

The fact that some autistic children treated with mother-child holding therapy have fully recovered and have achieved normal development suggests that autism, regardless of the factors contributing to its etiology, no longer carries a hopeless prognosis, and lends hope to the possibility of using the Welch Method to overcome other developmental disturbances and offer optimum development in normal children through establishment of a strong mother-child bond. As a confirmation of the possibility of marked improvement in autistic children through nonchemical intervention, there are other reports of recovery if the intervention is begun early.[1,3]

The treatment of unresponsiveness and disturbed attachment has its roots in the research on gentling animals[4] and the voluminous literature on attachment.[5]

Part of the failure in treating autistic children reflects omission of the most important consideration. Because autistic children are withdrawn from social relations, they are unable to use the help of others. The greater the failure of the mother-child relationship, the less able a child is to derive benefit from another's help or therapy.[6] Holding between mother and child is vastly different from holding between therapist and child. At the same time that a strong bond is being forged, the mother-child holding immediately brings to light the ways the two people have already established of approaching, avoiding, and dealing with each other. If you accept the mother-child relationship as the training ground for learning how to relate or not relate with everyone else thereafter, then it is mother-child holding that offers the ideal workshop for exploring or changing patterns of behavior.

In addition, parenting an autistic child is a devastating ordeal that incapacitates even an experienced mother. However, in the experience of M. Welch, holding therapy offers help to the parents and families of autistic children as much as to the child. As soon as it is introduced, holding therapy gives parents an effective way of communicating with these otherwise uncommunicative children as well as a tool for managing otherwise unmanageable and socially unacceptable behavior.

After establishment of a strong tie with mother-child holding therapy, these children are able to use their mother's as well as other's help. Therefore, they become amenable to normal learning and play situations.[2]

Forcible holding by their mothers is the most effective way to establish a nurturing bond between child and mother.[7-10] The theoretical basis for this position is amply supported in a major integration of the literature by Victor.[11]

Welch Method holding therapy is based on the thesis that:

1. Disturbed attachment is the common denominator in all autism regardless of etiology.
2. The mother's as well as the children's needs are seriously frustrated by the disturbed attachment.
3. Helping mothers to foster better attachment is the key to freeing an autistic child from the barrier of withdrawal and isolation, allowing normal development to proceed.

There remains a great deal of controversy over the etiology, or more appropriately, etiologies, of autism. Offering mother-child holding therapy as a treatment in no way implies blame for the condition on the mother or parents. Even if, as evidence suggests, biochemical or anatomical or genetic disorders are associated with autism,[12-17] the fact that mother-child holding therapy has led to improvement, normal function, exceptional function, and even com-

M. Welch graduated from Columbia University College of Physicians and Surgeons and trained in psychiatry at Albert Einstein College of Medicine, New York. Board certified in psychiatry and neurology, she is currently clinical director of the Mothering Center, 235 Cognewaugh Road, Cos Cob, Connecticut 06807. P. Chaput received her MA in speech pathology from Eastern Michigan University. She is currently director of the Michigan Center for Developmental Disorders, 3823 Rochester Road, Royal Oak, Michigan, 48073.

pletely normal development suggests that the effects of the associated structural or neurochemical abnormalities can be overcome or that they are not sufficient cause to prevent improvement or recovery. Speculation on the association between mother-child holding and the resultant balancing of the biochemical mechanisms involving adrenalin and endorphin metabolism, a balance that is known to lead to an optimal level of arousal,[18] and a state usually found to be abnormal in autistic children, has been presented elsewhere.[10]

In the practice of mother-child holding therapy with autistic children, a high rate of return to normal development has occurred in those children with intact families who were able to fully engage in the treatment program. Major improvements occurred in almost all other cases, even those with disrupted families. No case failed to show some improvement and not one child has required institutionalization.

Figure 1
All Patients—Therapist's Evaluation
Mother-Child Holding Therapy—Avg. 5 Days Per Week—Avg. 11 Months

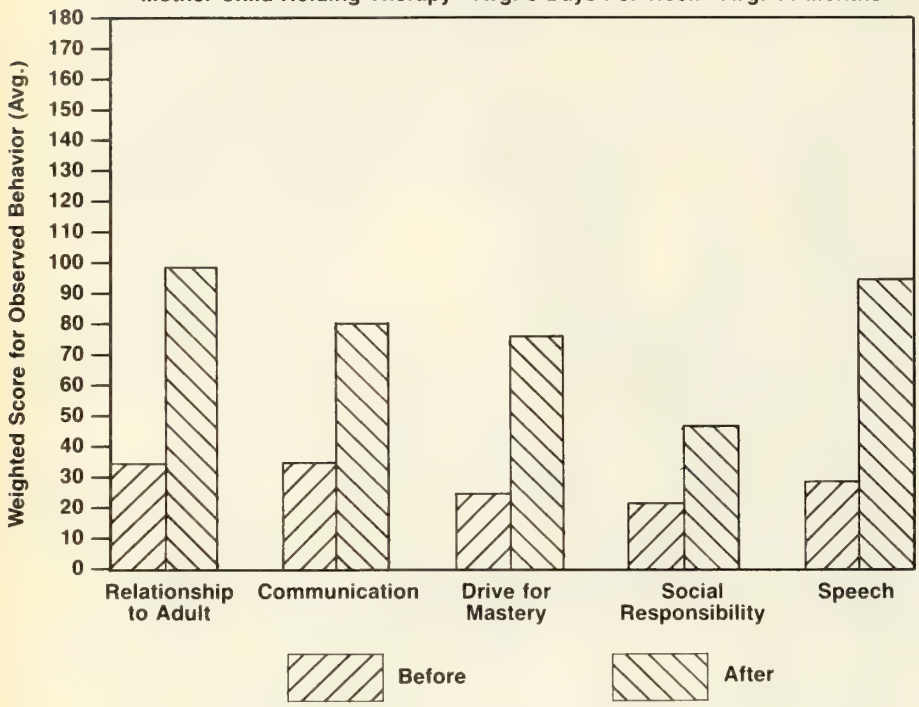
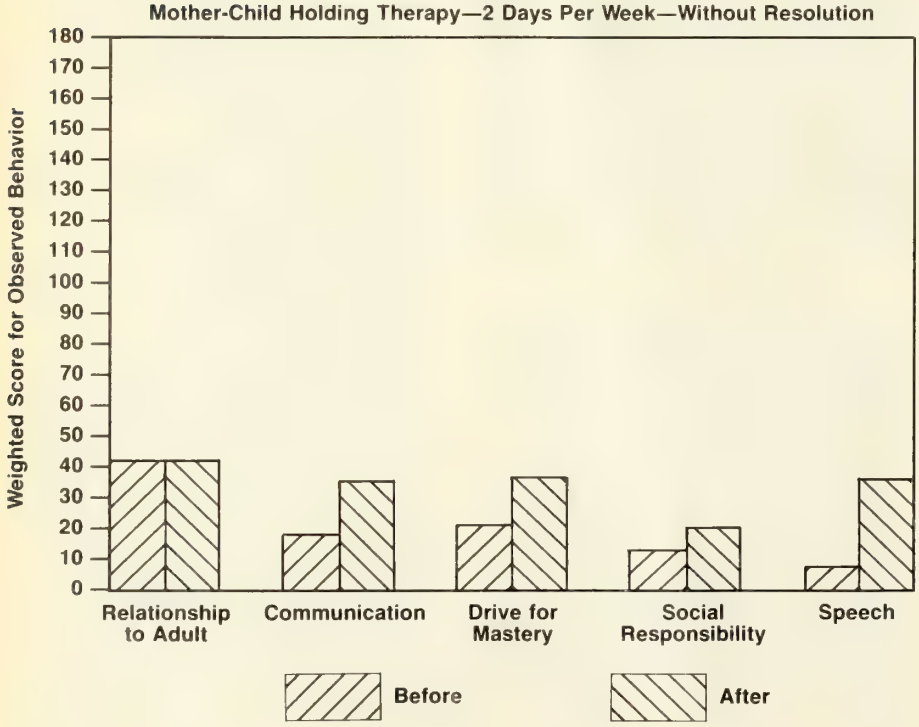


Figure 2
Patient #1—Therapist's Evaluation
Mother-Child Holding Therapy—2 Days Per Week—Without Resolution



This method is being used in nine European countries and Japan. In these other countries, Welch Method mother-child holding therapy has led to an impressive rate of return to normal development in autistic children despite the severity and hopelessness that this condition traditionally warranted before effective treatment had come to light.[19-23]

However, because it is customary to judge a therapy based on replication studies within our own medical establishment, we have elected to report such a replication study. This study was undertaken by P. Chaput, in cooperation with M. Welch, to measure the results of the Welch method of treatment of ten autistic children treated by an independent therapist.

Initially, the children had been referred for speech therapy because they were autistic, a diagnosis confirmed by P. Chaput. Eight of the ten were also evaluated by M. Welch, with diagnosis confirmed.

The treatment course was undertaken by P. Chaput who saw the families on average twice weekly. As a condition of treatment, she stipulated that child and both parents attend all sessions together and agree to do holding therapy at home on a prescribed schedule.

Holding therapy consists of intensive mother-child interactions aimed at overcoming the child's isolation. The holding therapy is carried out on a regular basis at home by the mother and father, reinforced by individual family therapy holding sessions with the therapist, and by multiple family group holding sessions under the supervision of the therapist.

Population

The autistic children studied ranged in age from three to 13 at the beginning of therapy. All 10 were from intact, middle-class families, all but one from families with two or more children. Five were first-born. Two of the mothers have careers.

No control group is presented for this study. The authors suggest that the

control group is amply represented by the general population of autistic children, the majority of whom are ultimately institutionalized for life.

Diagnosis

All 10 children shared the common characteristics of autism consistent with DSMIII diagnostic criteria:

- Onset before 30 months of age.
- Disorder of meaningful speech.
- Disturbance in capacity to relate appropriately to people, events, and objects.
- Inconsistent response to sensory stimuli including bizarre mannerisms.
- Apparent retardation.

The symptom complex was confirmed by at least one professional not associated with the study. Some children had been evaluated by many professionals in the course of seeking a diagnosis or treatment.

Treatment

The mother must hold the child face to face. At first the child may allow himself to be held, but this is followed by restlessness then struggle and anger as the mother persists. Often the mother will let go at the first sign of restlessness. This is usually a defensive reaction conditioned by months or years of rejection by the child. However, once a mother starts intensive holding, even a little positive reinforcement from the child may enable her to persevere.

The therapist's task is to help the mother-child pair to tolerate their own feelings of rage and despair that come to the surface as intensive holding proceeds. The therapist helps each to deal with the other's rejection and with the depression, terror, and anger that result. These emotions must be experienced and worked through to establish a bond that gives genuine security to child and mother. Forced holding by anyone other than the mother interferes with the formation of a secure bond to the mother. When two people are asked to hold each other, the way they do it reflects their relationship. The confrontation brings out the ways they have already established of approaching, avoiding, and dealing with each other. The therapist monitoring this interaction can use this observation to immediately understand much of their relationship. It is a practical shortcut that avoids long hours, weeks, months, or years of waiting for the patient to be able to describe and work through the relationship in any meaningful way.

A typical holding session takes at least one hour to progress from the beginning through the rejection phase and on through the resolution. Afterwards mother and child are in synchrony with each other as evidenced by greater eye contact, verbalization, breathing in unison, and molding to each other's embrace.

Once the child and mother learn to tolerate each other's feelings, basic trust is established. They no longer use so many defenses for protection against further rejection. Once the child can trust the mother, he is able to trust and respond to others. Overall responsive-

Figure 3
Patient #2—Therapist's Evaluation
Mother-Child Holding Therapy—2 to 3 Days Per Week—Good Resolution

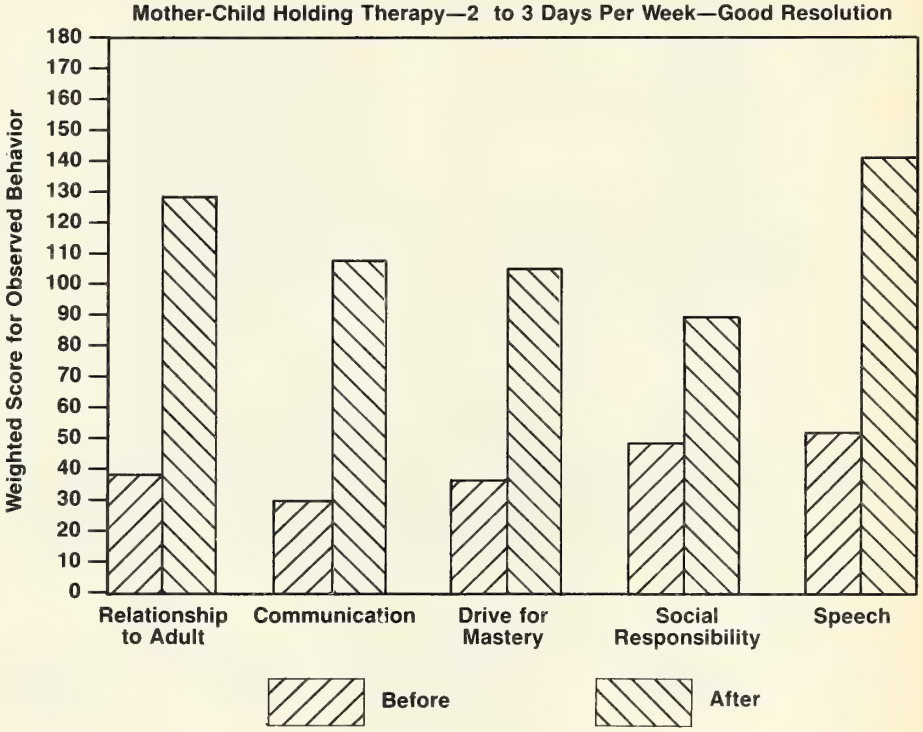
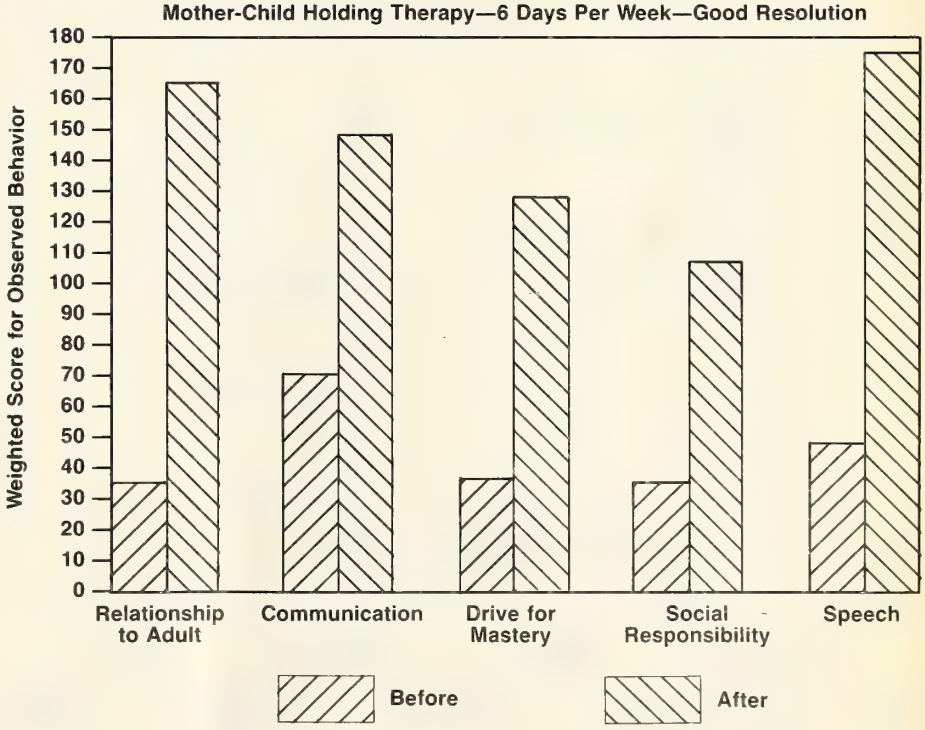


Figure 4
Patient #3—Therapist's Evaluation
Mother-Child Holding Therapy—6 Days Per Week—Good Resolution



ness increases. The development that had been taking place all along becomes apparent. In all cases, the development is at least at expected age level, and, in most cases, the development has been at much higher levels than expected.

There is a role for the father—one that is often crucial. Forced holding is extraordinarily difficult for mothers. They need a great deal of support, which can be provided by the father or grandmother by holding the mother while she holds the child. In addition, the child derives the most security from the mother when she is grounded in a secure marriage.

The details of this method are fully described elsewhere.[10]

Figure 5
All Patients—Parent's Evaluation
Frequency Distribution of Behavior Changes Reported by Parents

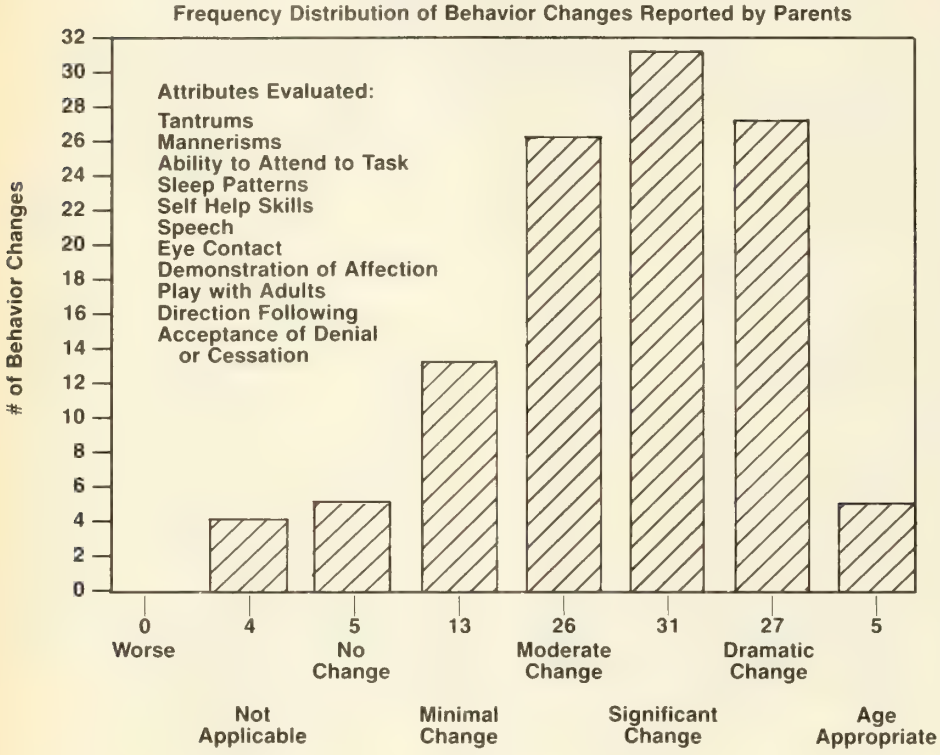
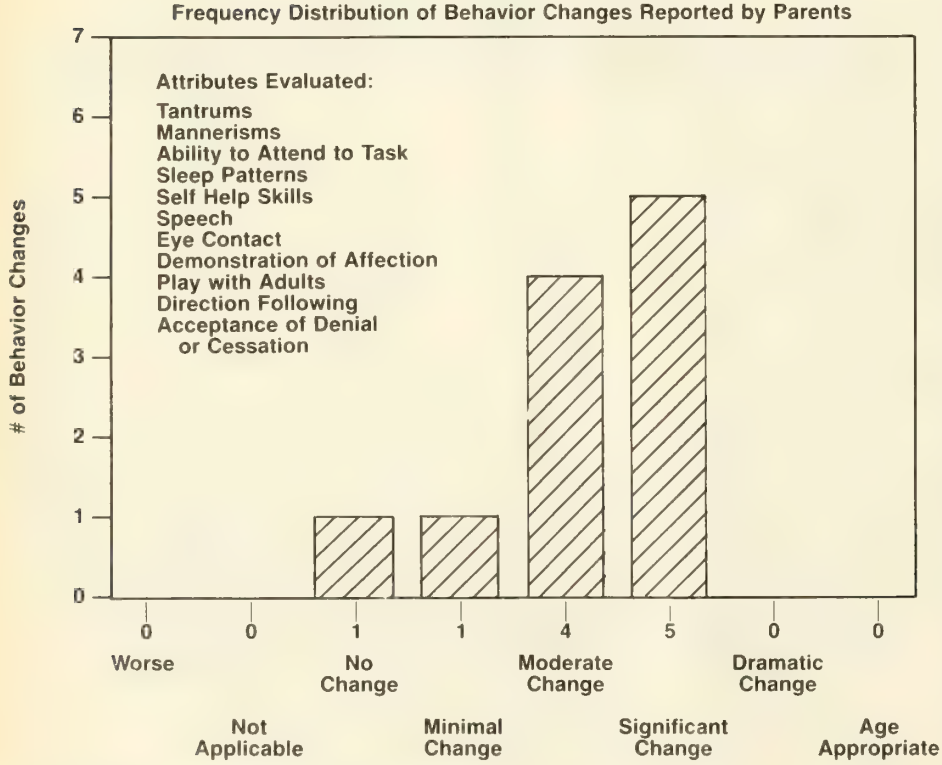


Figure 6
Patient #1—Parent's Evaluation
Frequency Distribution of Behavior Changes Reported by Parents



Measurement

The measurement of results consists of rating scales performed by the therapist both before and after an average of 11 months of treatment. The rating instrument is taken from the BRIAAC (Behavior Rating Instrument for Autistic and Other Atypical Children). The categories include:

1. Relationship to an adult, in this case the parents. The measurement was based on a range of behavior: responsiveness, body contact, eye contact, anticipation of approval and disapproval, sharing experiences, empathic behavior, and helpfulness.

2. Communication both verbal and non-verbal including expressive communication, content, and the differentiation of self from others. Expression of affect, motor tension, anxiety, specificity of goal of communication, patterns of approach, quality of mutuality, communication about the past and future and about observations and ideas are scored.

3. Drive for mastery, an essentially motivational scale that includes: reaction to new situations and objects, use of ritual and stereotyped activities, degree of avoidance, degree of interest, amount of exploration, initiative, attention span, purposefulness, judgment.

4. Social responsiveness to self-help functions and cooperation, including interest in self-care, responsiveness to social demands, adaptability, compliance, conformity, degree of imitation, and awareness and anticipation of requirements.

5. Development of speech, ranging from sounds, echolalia, and jargon, to songs and rhymes, on to spontaneous words, phrases, and sentences. This measurement includes responses to yes and no, either/or, and who, what, where, why, how, and if questions. The scale encompasses object, picture, and person naming; verbal comments on activities, objects, or people; ability to converse; topic maintenance; spontaneous and appropriate grammar and syntax.

The scorer rated each question on a 1–5 scale: 1=rare, 2=occasional, 3=frequently though inconsistently, 4=typical behavior, 5=predominant over all other behaviors.

In the rating scale, the descriptions of behavior are ordered from 1 to 10 in ascending level of normalcy for each of the five categories. The therapist gave a 1 to 5 frequency score at each level. It is therefore possible to construct a composite score for each area of function, weighting the level score by the frequency observed for each level.

The parents' evaluation compares a range of behaviors according to the degree of change perceived by the parents since beginning holding therapy. The attributes evaluated are tantrums, mannerisms, ability to attend to a task, sleep patterns, self-help skills, speech, eye contact, demonstration of affection, play with adults, direction following, and acceptance of denial or cessation. These attributes were chosen because of their importance to the quality of life of the family and are the ones that most affect child management and ease or difficulty of living with an autistic child.

In the parents' evaluation, each behavior characteristic is evaluated on a scale of 1 to 7 in ascending order of normalcy. Since there is no attempt to rate the relative importance of the behavior characteristics, a frequency distribution, Figure 5, depicts the number of times each measurement score was applied to a behavior characteristic for all 10 children. Individual parents' evaluation graphs are presented for each of the three patients chosen to represent the lowest, average, and greatest frequency of holding.

Interpretation of graphs

The results of the study show that improvement occurred in all of the cases. The degree of change correlated with the extent to which the holding program was carried out.

Figure 1 graphs the five parameters evaluated, for all 10 children, against the composite weighted score for observed behavior before and after treatment. The children were held an average of five times per week for an average of 11 months. The combined scores prior to therapy were 25–32 for each category. The scores after an average of 11 months of therapy ranged from 48–98. This represented marked improvement, at least doubling, and up to tripling of the scores.

Figures 2, 3, and 4 are individual graphs for each of three patients singled out for the frequency of holding. In Figure 2, Patient #1, held two days a week, never to a resolution, improved in every parameter except one, which stayed the same. The other four parameters improved from slightly to greatly, but had not yet achieved as high a level as Patients #2 and #3.

In Figure 3, Patient #2, who was held on average three days per week with a good resolution each time, the scores increased, almost doubling and up to almost tripling.

In Figure 4, Patient #3, who was held at least six days per week with a good

Figure 7
Patient #2—Parent's Evaluation
Frequency Distribution of Behavior Changes Reported by Parents

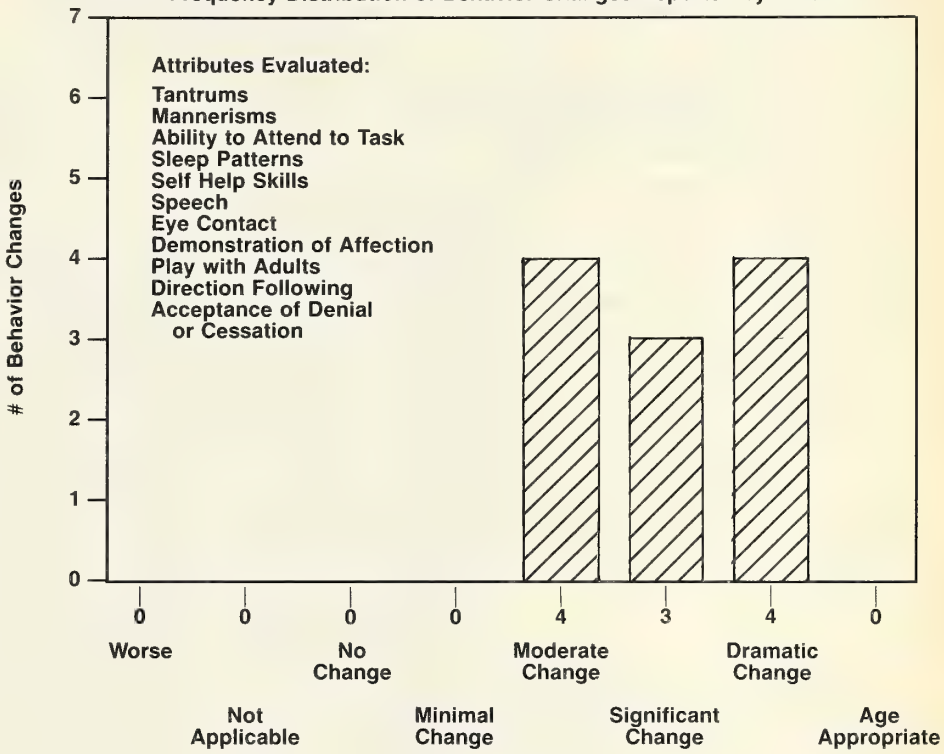
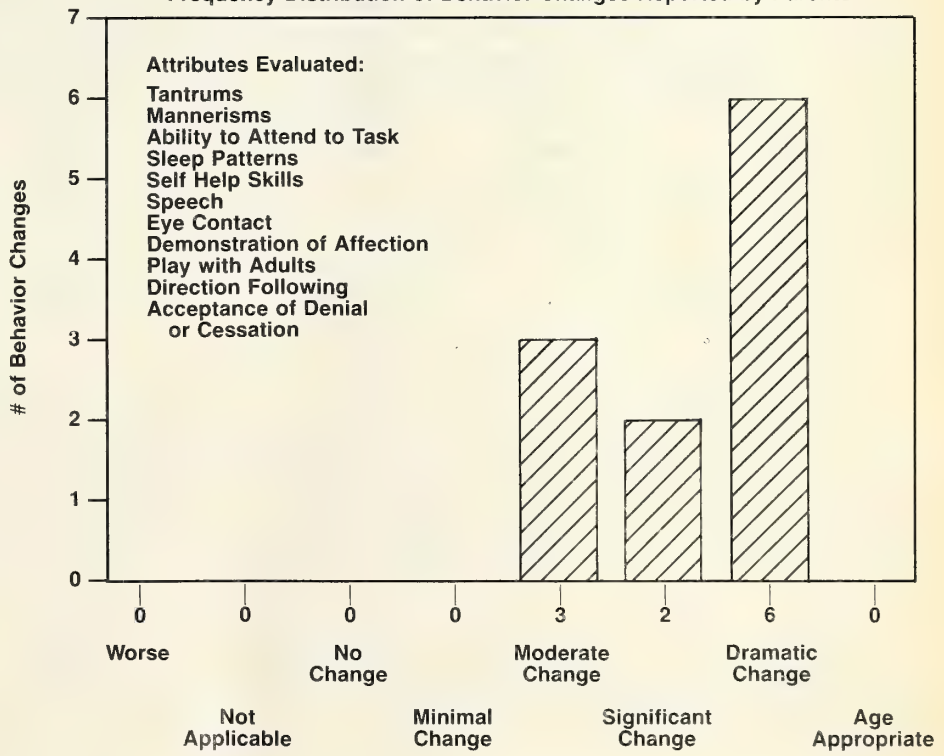


Figure 8
Patient #3—Parent's Evaluation
Frequency Distribution of Behavior Changes Reported by Parents



resolution phase, the scores also increased almost doubling to more than tripling and at a higher level than Patients #1 or #2.

Figure 5 shows the parents' evaluation of all 10 children graphed in composite form with the amount of change as rated by parents on the X-axis and number of behavior changes on the Y-axis. Eighty-four of 111 changes are in the range of moderate to dramatic change, with five behaviors reported in the age appropriate range.

Figures 6, 7, and 8 show the individual parental evaluations for Patients #1, #2, and #3 with the degree of change plotted against the number of behaviors scored. Patient #1 had changes of the 11 behavioral attributes in the moderate to significant range.

Patient #2 had all changes in the moderate, significant, and dramatic range, with seven of 11 behavior changes rated significant or dramatic.

Patient #3 was rated as showing more than half of the behavior changes in the dramatic range.

Discussion

All children improved on all parameters with the exception of one child on one parameter, where the before and after showed no change. That child's scores are graphed individually and labelled Patient #1 on Figure 2. This child had the least amount of mother-child holding of the 10 cases. The child was held approximately twice per week, usually in the therapist's office, without much follow-through at home. In addition, the therapist reports that this child was never held long enough to reach the resolution phase. Even so, the child did show improvement in the other four parameters measured.

Patient #2 was held two to three times per week. The therapist reports that the mother-child holding sessions were excellent, proceeding through all three phases from confrontation to rejection and on to a complete resolution most of the time. This impression was confirmed in the evaluation by M. Welch. This child's graph, Figure 3, shows marked improvement in all five parameters.

Patient #3 was held almost daily but at least six days per week. The whole family participated in the holding program. The holding sessions progressed each time through all three phases to a good resolution. This child's graph, Figure 4, shows more dramatic improvement than do those of Patients #1 or #2.

The results of the parents' evaluation, both composite (Figure 5) and individual (Figures 6, 7, and 8), show that the parents' perception of the children's behavior was markedly improved in all cases. Not one child was scored worse for any attribute by his parent. Eighty-nine out of 111 behavior changes, or more than 80 percent fell within the moderate change to age appropriate range.

Even for Patient #1, who had the least holding and subsequently the least improvement, the changes in attributes important to the parents fell in the moderate to significant change range. On the one hand, this is impressive; even weak follow-through leads to improvement. The changes in the child were extremely beneficial to these parents in terms of daily management and quality of family life.

On the other hand, this kind of improvement, so satisfying to parents, has, in our experience, led to paradoxically decreased motivation on the parents' part to persevere with the rigorous effort required by the holding program. In this connection, some parents have expressed their feelings that the resultant improvements are so much greater than what other professionals had led them to expect, that once life with an autistic child became bearable, they dared not hope for more and therefore did not try as hard as they might had they not been so discouraged by the earlier and damning prognosis.

The changes as viewed by the parents of Patients #2 and #3, who had full three-phase holding and more frequent holding, are even more impressive.

This study confirms previous experience that the more intensively the program is followed, the more the child responds positively.

Conclusion

The improvement after an average of 11 months of mother-child holding therapy in 10 cases of autism as rated by both therapist and parents suggests that the previous attitude of hopelessness in treating autistic children now can be held in abeyance.

Based on our experience, regardless of etiology, when early childhood autism is the symptom complex, intact families achieve significant to dramatic improvement in the symptoms, in the child's relatedness to the parents, and in the quality of life of the family, provided they participate in a rigorous program of mother-child holding that is supervised to insure continuity of effort. The degree of improvement correlates with the amount of mother-child holding performed at home in between regular therapy sessions with the therapist. A mother-child holding program administered by an independent therapist has replicated the positive clinical results of the Welch Method. □

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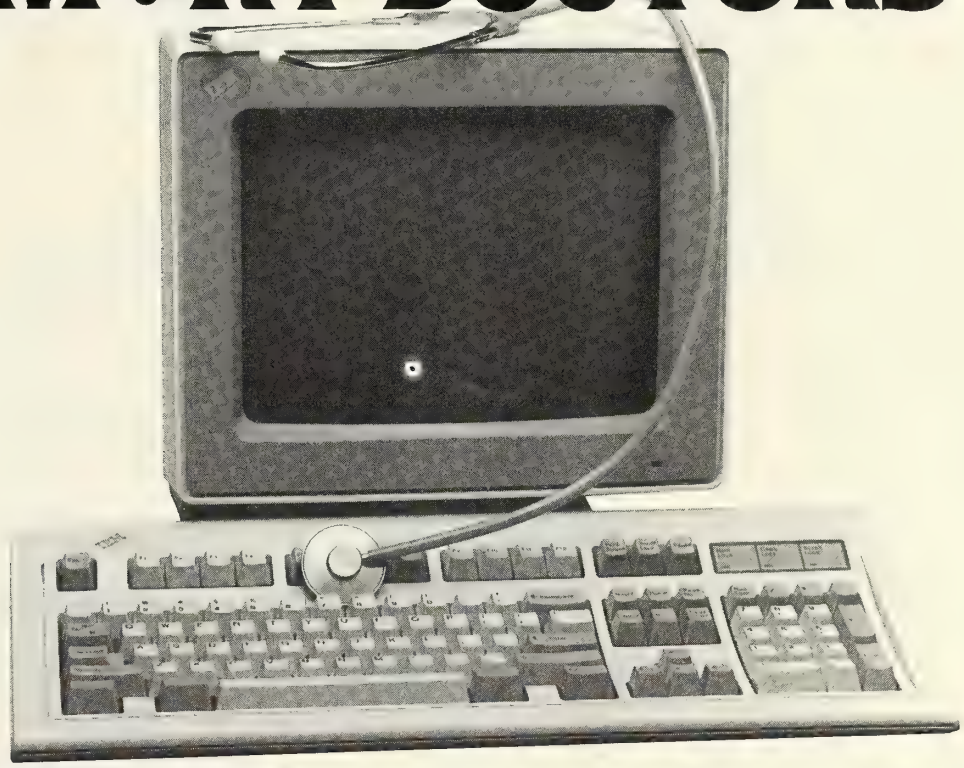

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in my opinion

Open letter plea for financial assistance

Judith H. Robinson

I am writing this letter on behalf of the students who are attending medical school in Pennsylvania and who are residents of this state. Our aim is to bring to your attention the growing burden of the cost of medical education in Pennsylvania. We look to you to help us publicize our plight with the hope that relief will be found.

Tuitions for Pennsylvania medical schools range from $10,494 at the Pennsylvania State University to $19,160 at the University of Pittsburgh. Although Temple University and the University of Pittsburgh reduce their tuition by approximately $3,000 for state residents, statistics indicate that the debt amassed due to medical education is exorbitant. In 1985, 2,356 graduating medical students were greater than $40,000 in debt; 801 students were greater than $60,000 in debt; and 305 students were greater than $80,000 in debt.

Compared to students in other states, Pennsylvania students pay perhaps some of the highest tuitions. There is certainly an unequal distribution of indebtedness incurred. More than 41 states help their residents finance the cost of medical education. Presently, there are 74 publicly supported schools in the United States. In 1987–88, tuition ranged from $0–$10,494 at these schools; the median tuition was $4,636, and the average was $4,611. Penn State is the only "public" medical school of Pennsylvania's seven medical institutions. It also has the highest tuition of any of the 74 publicly supported schools in our country. Tuition at Penn

Judith Robinson is a senior at Temple University School of Medicine. She wrote this letter to Pennsylvania Senator Arlen Specter.

Self care trigger

John-Henry Pfifferling, PhD

So you want to reduce distress in your life and be your own best personal coach? Here are some of the secrets that will help you become truly free. If you are willing to put effort into them, they can and will work. (You might want to create fun rewards for yourself as you carry these out. You are certainly worth the effort!)

1. Describe the experiences surrounding the feeling of being totally alive. When was the last time you scheduled time for these?
2. What makes you feel life is really worth living?
3. What do you do very well? (construct your own asset list)
4. How are you able to contribute to the life of others?
5. What can you do for your own well-being without the assistance of anyone else?
6. Given your present aspirations, what do you have yet to learn to do?
7. What wishes must you change into active plans?
8. What must you stop doing?
9. How will answers to these questions change your intentions in the next six weeks? Taken one step further, how will you neutralize the obstacles that your old behavior puts in the way of your success?
10. Which resources do you have that you have not developed and/or used sufficiently?
11. What is there that you must start immediately?
12. What do you want to be doing five years from now?
13. What do you want to be doing ten years from now?
14. What ten things would you like to accomplish before you die?
15. What are you doing or what can you do to overcome the "shoulds and oughts" that prevent you from fulfilling your dreams?

Your freedom is your most important priority. You must act so that you are most in control of this freedom. Remember the Serenity Prayer: "God grant me the Serenity to accept things I cannot change, the Courage to change things I can, and the Wisdom to know the difference."

Dr. Pfifferling is the director of the Center for Professional Well-Being, Durham, NC.

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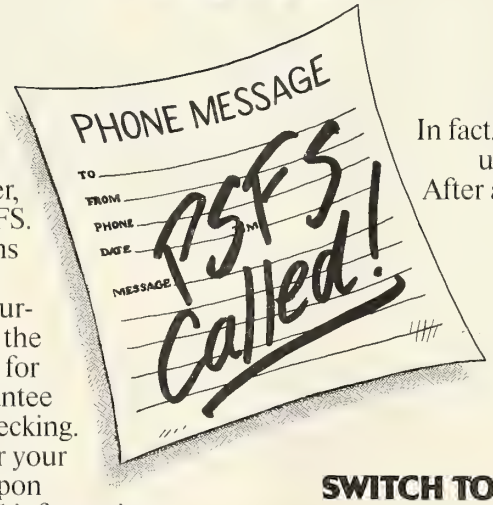

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State is $10,494. The next highest is $8,400 in Minneapolis, Minnesota.

California has five medical schools. Tuition at each school is $0. Louisiana's two medical schools charge $0. The five medical schools in Texas charge just $3,600 each, and the four medical schools in New York charge just $5,500 each. Why is it that schools in these states have significantly lower tuitions than the schools in Pennsylvania?

It is ludicrous that Penn State calls itself a public medical school when its tuition is $10,494. The tuitions of private medical schools range from $7,000–$25,000. The median tuition is $15,159, and the average is $15,489. Thus, Penn State's tuition falls more within the range of private institutions than public institutions. And while Temple and Pittsburgh have reduced tuition for state residents, tuition in the $13,000–$15,000, range at these schools still remains prohibitively high.

How do Pennsylvania medical students finance their education? Ultimately, they are forced to take out massive loans at very steep interest rates. Then, they have to begin repaying these loans during their residency training, while on a net income of approximately $24,000 per year. Many residents remain in training three to seven years.

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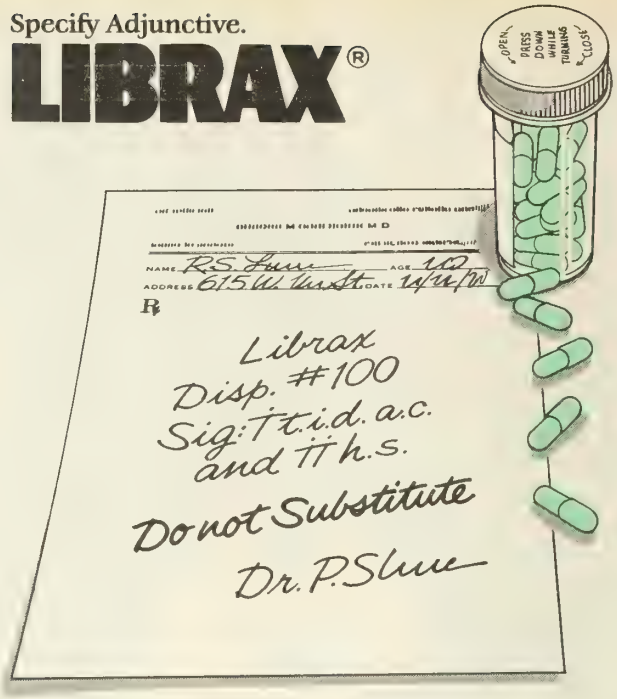

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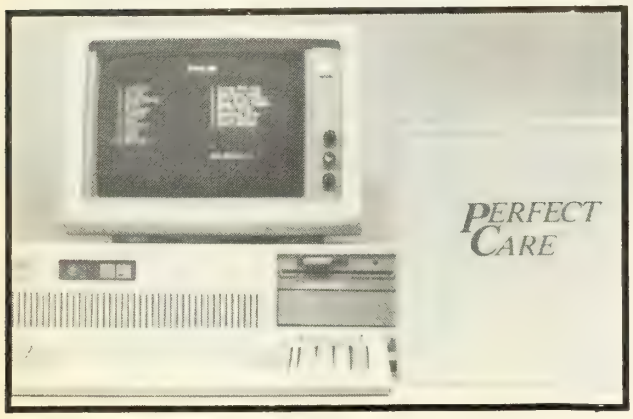

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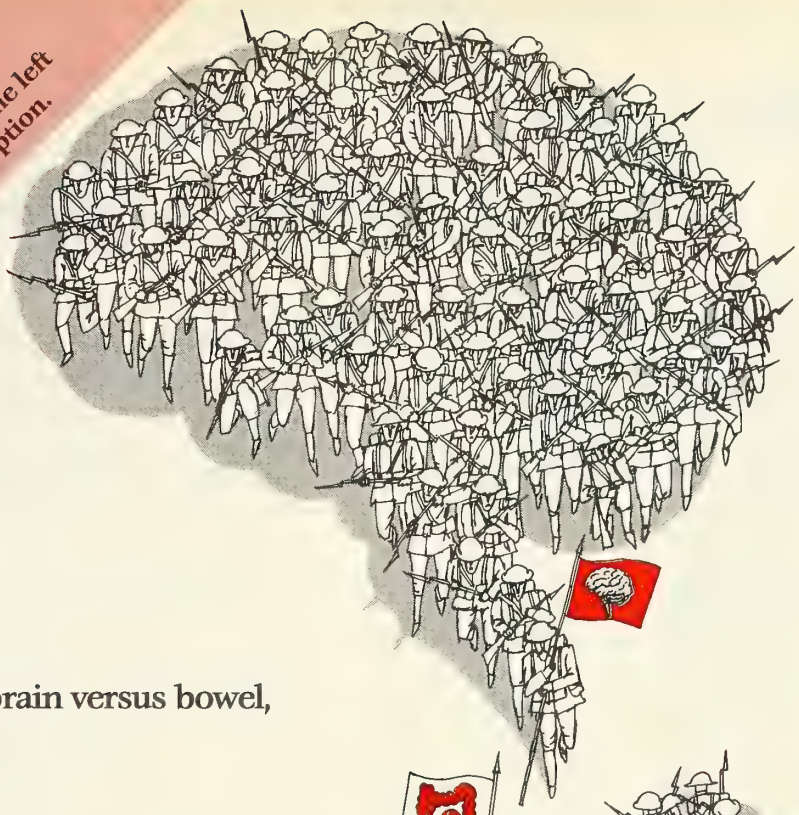

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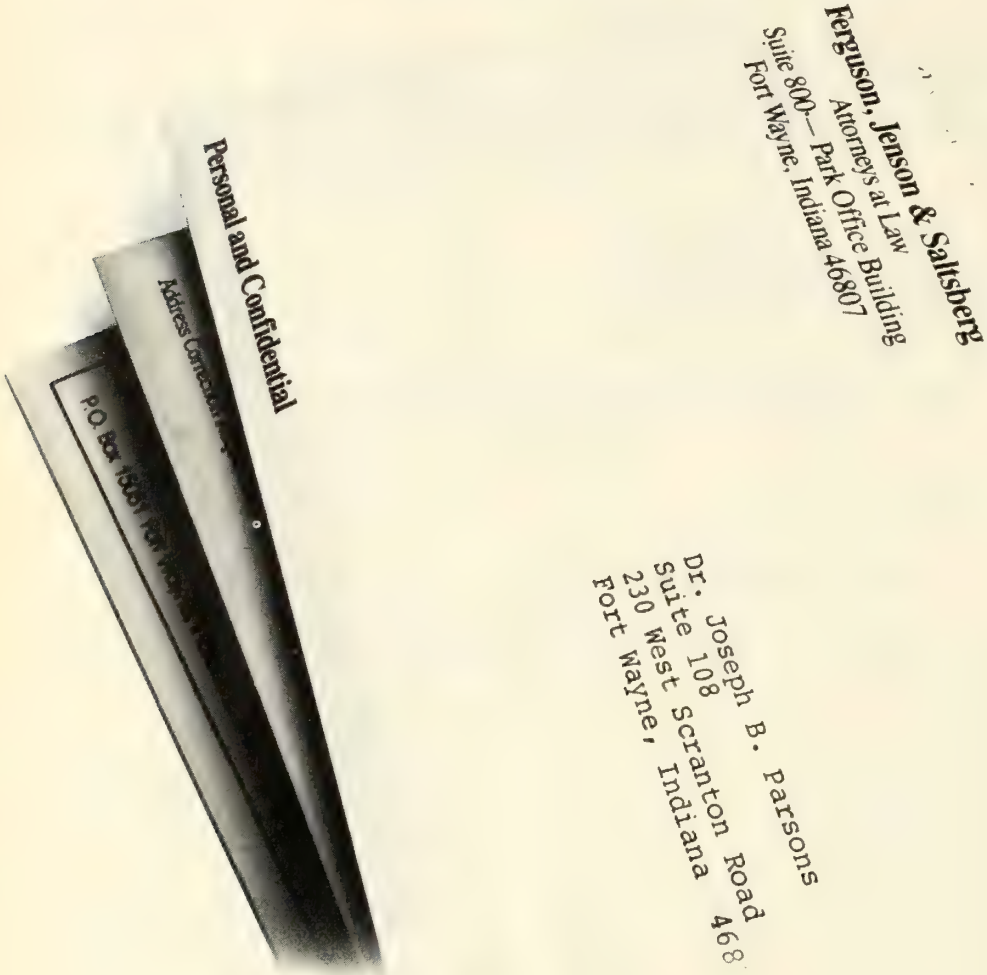

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special feature

The future of nursing

Mark M. Ravitch, MD

A common concern in the field of health care delivery is the growing shortage of nurses. The changing role of the nurse may explain part of the shortage, as Dr. Ravitch suggests here. More frequently, nurses are losing the physical contact with their patients. Their training may not be preparing them for hands-on patient care and their reward for good care is promotion from clinical practice.

Consideration of the future position of any profession requires, among other things and first of all, analysis of the reason for which that profession exists. My remarks will focus on nursing in the hospital, the only kind of nursing with which I have experience.

The roles and capabilities of nurses in the care of patients in the hospital have certainly changed, as everything else has changed, in hospitals and outside them. The need that Florence Nightingale saw was for women trained and educated to care for the sick. This was generally considered to include personal hygiene and comfort—high on Florence Nightingale's list after her experience in the Crimea—nourishment, medication, and treatments. Most important of all has been the function of continuous observation of the patients by these trained, informed, knowledgeable individuals. Nourishment, medication, and treatments have been as ordered by the physician, and it has been the physician to whom nurses have reported their observations of the patients and their thoughts as to the significance of their observations. At least, this has been the role of the best nurses, working with the best physicians.

Now a great many things have happened to nursing in the almost century and a half since the Crimean War. Many of the changes have served to elevate the dignity and position of nurses in the hospital and in society. Nurses no longer work split shifts, returning to their nunneries between shifts and after, there to be cloistered and sequestered. They are no longer forbidden to wear nail polish, lipstick, or jewelry, and inspected for violations of this code. Nurses no longer scrub floors or wash dishes. For that matter, they no longer spend hours on the mindless work of threading needles, making dressings, and shining equipment. Scrubbing and cleaning do not require a nurse's education. The preparation of materials is better done in a special department of the hospital, central supply, and increasingly eliminated by the purchase of ready-to-use materials.

When myself a patient, I have always been interested to note that the nurse takes my blood pressure without first feeling my pulse and getting what qualitative information she can from that.

The observation function

Physical attention to the patient's comfort, whether adjusting the bed or the sheets, washing, let alone luxuries like back rubs, is increasingly the function of nurses' aides. The provision of nourishment, bringing the trays and removing them, is generally the function of aides, as is assistance in feeding. True, this frees up the nurse for her other duties, and aides are paid less than nurses. But at the same time, the delegation of these duties to others than the patient's nurse, seriously affects the role of the nurse in observation. The nurse sees the patient much less frequently, cannot assess whether he turns more easily, has more pain or is becoming weaker, eats inadequately or less well, and does not know whether this is because his teeth have not been put in, because the food is unappetizing, cold, just not to his liking, beyond his ability to handle, or out of his reach. In fact, she may not know that he has not eaten well, nor whether it betokens something significant. Medications are for the most part given by the aides, eliminating one more periodic opportunity for observation—to my mind the most professional of all the responsibilities of a nurse.

And what shall we say of the universal custom of having pulse, temperature, and respiration taken by the aide? The first thing I do when I come to the bedside is reach for the patient's wrist. There is more than the rate to observe, although that is important, and I forebear to mention the preposterously inaccurate counts that are often recorded today. Is the pulse regular, irregular, full, thready, quick? Feeling the pulse establishes comforting physical contact with a professional. The rapidity with which the pulse slows down to its steady rate tells me something about the degree of the patient's apprehension. I note whether the skin is warm, hot, cold, clammy, wet. For some reason

Dr. Ravitch is a professor of surgery at the University of Pittsburgh and surgeon-in-chief emeritus at the Montefiore Hospital in Pittsburgh. He presented this position last September at a symposium on the Evolution of Nursing at the Montefiore Hospital. This article is reprinted from the 1987 November issue of Surgical Rounds.

that has never been quite clear to me, nurses have taken with enthusiasm to measuring the blood pressure with a sphygmomanometer, and we see this done routinely several times a day on patients whose circulatory status is not at all in question. I agree that a report of the blood pressure of a moment before a phone call from a nurse about a sudden change in a patient is a great help in evaluating the patient's condition, but routine blood pressure measurements on stable patients are busy work. When myself a patient, I have always been interested to note that the nurse takes my blood pressure without first feeling my pulse and getting what qualitative information she can from that.

I suppose that handling bed pans and urinals is not considered work for nurses. Again one more opportunity for observation of the patient is lost, not to mention the opportunity to observe the character of the excreta, presence of blood, etc. As for the measurement of fluid intake and output, so vital to the care of so many of our patients, that again is often relegated to aides. I devoted a good deal of effort over 17 years in the hospital trying to establish accurate records of intake and output. I must report to you that obviously I should have devoted much more effort, or more intelligent effort, for as far as I can see, the recording of intake and output has remained generally untrustworthy. This, of course, like all of the comments I have been making, applies to the generality of hospitals across the country.

One more word about the observation function—to me the most important function of the nurse. If her observation of the patient is not detailed and accurate, the reports she gives to the next shift have little value. If her observation is not accurate and frequent, she will be of little help to the physician. If her observation lacks these characteristics, she will not learn, will not grow in clinical acumen. As a house officer I learned a great deal of medicine from perceptive and experienced head nurses, but today's house staff are less likely to have that advantage.

The problem

Physicians generally, surgeons in particular, have the feeling that on the floors neither their need for information nor the welfare of their patients are as well served by nurses as they might be. The shining contrast is in the special units, in particular the ICU. Why have these things come about?

There is a shortage of nurses despite the entry of large numbers of women into the work force. The blossoming of opportunities in business and industry have given women a breadth of career choice that was not available to them before World War II. This is a fact of life and although nurses are no longer as miserably paid as they once were, the salaries are not high enough to make nursing preferentially attractive. I believe income, important as it is, does not alone determine the choice of profession, and perhaps not at all, once a certain level of income can be achieved. The satisfaction with the work one does, one's liking for it, and of course the conditions of work are the determinants.

Fine, let nurses drop out of hospital nursing as we have understood that. But another corps of individuals, whatever they will be called, will have to be developed to perform the functions the care of patients requires.

Here we have something that in my belief may be at the heart of the problem. The satisfaction in nursing comes in caring for patients, easing their pain, increasing their comfort, helping them to survive and become restored to health, or with care and compassion lightening their burden as they pass out of their pain and suffering. My thesis is that the structure of hospital nursing today is antithetical to satisfying the wants and needs of nurses who wish to be involved in the direct care of patients. I believe that young women, and young men, are attracted to nursing because they like people and want to help them, physically and caringly. It sometimes seems to me that we are doing everything we can to disenchant and drive away people with this motivation. True enough, the work is hard at best, the pressures often great, and made more so by the economies that fiscal realities and government regulations force upon hospitals. Not the least burdensome of these, however well intended, has been the required abandonment of the open ward. Lovely as this has been for the privacy of the patient, it has automatically demanded an increase in staffing, particularly if a high standard of observation is to be maintained.

A great deal can be done to make the role of the nurse more fulfilling. An arguable proposition is that the solution rests with the forces that have caused the problem, the schools of nursing and the nursing establishment.

How could these bodies, composed of nurses and devoted to furthering the profession of nursing, be thought to be at the root of the problem?

Graduates fresh from nursing school are ignorant of practical nursing. They are absolutely unequipped for the observation function. Apparently, they are unskilled in many other areas too, for it is not uncommon for the hospitals in which they begin their career to give them, at full pay, a several weeks' course to prepare them to assume the responsibility of nursing.

The road to advancement, preferment, and increase in salary is by the administrative route, not the clinical route. As nurses perceive this, they make the judgment that their superiors hold clinical ability in less esteem than they hold administrative ability.

When a crackerjack nurse is identified, she is promoted to a supervisory-administrative role, in which her management functions seem to leave little time for direct nursing supervision and the care of patients.

Our *nurses,* I believe, *are asked to generate more papers* and *attend more conferences and meetings than the care of our patients*—for which hospitals exist—*and the continuing education of our nurses require.*

The operating rooms, once perceived as one of the most glamorous and exciting fields for a nurse, *have become more and more the province of expert technicians,* nurses being relegated to counting sponges and needles, opening sterile packages onto the nurse's table, running elsewhere for needed supplies, and keeping hours, while the technicians have all the fun and the satisfaction of knowing that on them depends much of the smoothness and safety of the operation. Nursing schools convey their opinion of operating room nursing by virtually banishing the operating rooms from the experience of student nurses,

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permitting them an experience as observers, perhaps elective, perhaps required. They may learn more there than from the nightly television hospital shows.

I put it then as a defensible position that what we must do is make nursing more attractive to people who enter nursing in the hope of being able to minister to the sick, and not in the hope of administering a system in which others receive that privilege, and surely not a system in which clinical ability is rewarded only by removal from clinical activity. A variety of experiments are going on around the country in efforts to solve the administrative problems without taking the nurses out of nursing.

Why have the nursing schools and the nursing power structure, whom we have impugned as those responsible, set in motion these processes and changes that some of us deplore? They are, after all, experienced and thoughtful people, and their changes in emphasis and direction have been too consistent to be considered unintentional. Maybe they have been attempting to elevate the status of nurses, or maybe they are dissatisfied with the position, the tone of the profession. Certainly some of the changes result from such intentions, and it is well that nurses are no longer slaveys, maids of all work, subjected to undignified constraints. It may be, and there is some evidence for it, that they chafe under the image, and that the fact of their lack of independent control of patients causes them to resent what they may consider therefore to be their subservience to doctors. It may simply be, as one after another function requiring direct contact with patients is abandoned, that the aim is to retain the name of nurse, while altogether relegating to other groups of individuals the functions heretofore thought to be those of nurses. It may be that it is all of these. Psychoanalysis of a profession is not a fruitful occupation, and in any case I am not equipped for it.

I am conscious too that the roles and attitudes of physicians have been changing, and this has necessarily had its effect upon nurses. If house officers do not haunt the wards by day and by night, as once they used to (I refer to house officers because these are the physicians to whom nurses in the hospital relate most closely), if they less frequently sully their hands with messy treatments and dressings, if they live the good life outside the hospital, in short, if perhaps they no longer seem quite the dedicated, self-abnegating acolytes that once they did, and the societal picture in medicine is seen to be changing, it is not strange that there is some wish on the part of nurses to be part of that change. A small point—house officers have for the most part given up wearing white trousers, as if they were attmpting to hide the fact that they are house officers. (For one thing, it is obvious that with their current affluence the substantial saving involved in letting the hospital clothe them is no longer important to them.) I suspect this has some kinship with the problem of nurses' attire. Happily gone are the drab uniforms and the black shoes and stockings once worn by probies. But to me it was always a pleasure to identify graduate nurses by their caps and uniforms, and I thought that it was a source of pride for them to identify themselves with their schools. Still, pants have a certain practicality at work, and I suppose there is some modern feeling that caps are a badge of indignity, and in truth they would seem to have been borrowed from the caps worn by ladies' maids.

I believe any profession has the right to develop, to evolve, to change. If we are going to change, let us look at some of the options. Fine, let nurses drop out of hospital nursing as we have understood that. But another corps of individuals, whatever they will be called, will have to be developed to perform the functions the care of patients requires. Patients need to be cared for and treated. They need to be observed by intelligent, trained personnel who are constantly on the ward. Physicians need individuals they can trust to inform them of the progress of patients and assist them in their care. I do not see any system of care, on the floors at least, that will allow clinical decisions by nurses followed by the treatment they prescribe, except in the sharply circumscribed circumstances understood today.

The special units are, of course, another matter. But even there, and with the special training of the nurses, we do not have and should not have independent decision making and consequent treatment except in the authorized pattern. The specialized units do present a special problem. If we give up training people for the role of hospital nurses, where will we find our ICU nurses, our coronary care nurses? They require intelligence, knowledge, and training for their responsible positions. I suppose it is obvious that you cannot be an ICU nurse without really nursing the patient, and the nurse-to-patient ratio is such that the problems we have described on the floors really scarcely exist in the ICU. The ICU of course is part of the problem on the floors—the sickest and most exciting patients are all in the special units and some of the fun and excitement, tension, and reward are gone from nursing on the floors. Nevertheless, if it comes to that, our military experience showed us that it was possible to train capable people rapidly for complicated and responsible participation in medical work. If the trend in nursing schools is away from training nurses to do the work required, this avenue of relief may be—is already being—looked at. In fact, of course, nurses are being trained as what are called doctors' assistants. Within the hospital, I can see this as working very well. Outside the hospital, in a doctor's office, I have less enthusiasm for it. I have been completely successful in restraining my enthusiasm for the concept of the independent nurse practitioner.

We have just been discussing highly trained nurses with special qualifications. At the other end of the spectrum, a good case can be made that part of the nursing shortage is due to the siphoning off of nurses into positions in which a nurse's training is scarcely needed. The airlines used to require stewardesses to be RNs. I suppose the enormous expansion of air travel made it impossible to satisfy the need. The "nurse" in many doctors' offices, if we look at her duties and responsibilities, is usually not a nurse at all, and by and large the work can be done by people with on-the-job training. For that matter, most outpatient clinics within the hospital do not need trained nurses. It is habit, custom, and preference that leads to the expenditures of scarce personnel on positions in which their special training is in fact not required.

I have the most profound respect for the nursing profession, and respect and affection for individual nurses. I have come to feel that in searching for a new position for the profession, and attempting to "change with the times," the profession has given short shrift to the traditional role of the hospital nurse. I have tried to convey to you my concern. □

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INDICATIONS: THEO-DUR is indicated for relief and/or prevention of symptoms of asthma and for reversible broncho spasm associated with chronic bronchitis and emphysema

CONTRAINDICATIONS: THEO-DUR is contraindicated in individuals who have shown hypersensitivity to theophylline or any of the tablet components

WARNINGS: Status asthmaticus should be considered a medical emergency and is defined as that degree of broncho-spasm which is not rapidly responsive to usual doses of conventional bronchodilators Optimal therapy for such patients frequently requires both *additional medication*, parenterally administered, and *close monitoring*, preferably in an intensive care setting

Although increasing the dose of theophylline may bring about relief such treatment may be associated with toxicity The likelihood of such toxicity developing increases significantly when the serum theophylline concentration exceeds 20 mcg/ml Therefore, determination of serum theophylline levels is recommended to assure maximal benefit without excessive risk

Serum levels above 20 mcg/ml are rarely found after appropriate administration of recommended doses However, in individuals in whom theophylline plasma clearance is reduced *for any reason*, even conventional doses may result in increased serum levels and potential toxicity Reduced theophylline clearance has been documented in the following readily identifiable groups 1) patients with impaired renal or liver function, 2) patients over 55 years of age, particularly males and those with chronic lung disease, 3) those with cardiac failure from any cause, 4) neonates, and 5) those patients taking certain drugs (macrolide antibiotics and cimetidine) Decreased clearance of theophylline may be associated with either influenza immunization or active infection with influenza

Reduction of dosage and laboratory monitoring is especially appropriate in the above individuals Less serious signs of theophylline toxicity (i e nausea and restlessness) may occur frequently when initiating therapy, but are usually transient when such signs are persistent during maintenance therapy, they are often associated with serum concentrations above 20 mcg/ml Unfortunately, however, serious side effects such as ventricular arrhythmias, convulsions or even death may appear as the first sign of toxicity without any previous warning Stated differently *serious toxicity is not reliably preceded by less severe side effects*

Many patients who require theophylline may exhibit tachycardia due to their underlying disease process so that the cause/effect relationship to elevated serum theophylline concentrations may not be appreciated

Theophylline products may cause dysrhythmia and/or worsen pre-existing arrhythmias and any significant change in rate and/or rhythm warrants monitoring and further investigation

The occurrence of arrhythmias and sudden death (with histological evidence of necrosis of the myocardium) has been recorded in laboratory animals (minipigs, rodents and dogs) when theophylline and beta agonists were administered concomitantly, although not when either was administered alone The significance of these findings when applied to human usage is currently unknown

PRECAUTIONS: THEO-DUR TABLETS SHOULD NOT BE CHEWED OR CRUSHED

General: Theophylline half-life is shorter in smokers than in non-smokers Therefore, smokers may require larger or more frequent doses Morphine and curare should be used with caution in patients with airway obstruction as they may suppress respiration and stimulate histamine release Alternative drugs should be used when possible Theophylline should not be administered concurrently with other xanthine medications Use with caution in patients with severe cardiac disease, severe hypoxemia, hypertension, hyperthyroidism, acute myocardial injury, cor pulmonale, congestive heart failure, liver disease, in the elderly (especially males) and in neonates In particular, great caution should be used in giving theophylline to patients with congestive heart failure Frequently, such patients have markedly prolonged theophylline serum levels with theophylline persisting in serum for long periods following discontinuation of the drug Individuals who are rapid metabolizers of theophylline, such as the young, smokers, and some non-smoking adults, may not be suitable candidates for once-daily dosing These individuals will generally need to be dosed at 12 hour or some times 8 hour intervals Such patients may exhibit symptoms of bronchospasm near the end of a dosing interval, or may have wider peak-to-trough differences than desired

Use theophylline cautiously in patients with history of peptic ulcer Theophylline may occasionally act as a local irritant to the G I tract although gastrointestinal symptoms are more commonly centrally mediated and associated with serum drug concentrations over 20 mcg/ml

Information for Patients: The physician should reinforce the importance of taking only the prescribed dose and time interval between doses THEO-DUR tablets should not be chewed or crushed When dosing THEO-DUR on a once daily (q24h) basis tablets should be taken whole and not split As with any controlled-release theophylline product the patient should alert the physician if symptoms occur repeatedly especially near the end of the dosing interval

DRUG INTERACTIONS: Drug-Drug: Toxic synergism with ephedrine has been documented and may occur with some other sympathomimetic bronchodilators In addition, the following drug interactions have been demonstrated

Drug	Effect
Theophylline with lithium carbonate	Increased excretion of lithium carbonate
Theophylline with propranolol	Antagonism of propranolol effect
Theophylline with cimetidine	Increased theophylline blood levels
Theophylline with troleandomycin, erythromycin	Increased theophylline blood levels

Drug-Food: *THEO-DUR 100 mg Sustained Action Tablets* have not been adequately studied to determine whether their bioavailability is altered when given with food Available data suggest that drug administration at the time of food ingestion may influence the absorption characteristics of theophylline controlled-release products resulting in serum values different from those found after administration in the fasting state

A drug-food effect, if any, would likely have its greatest clinical significance when high theophylline serum levels are being maintained and/or when large single doses (greater than 13 mg/kg or 900 mg) of a controlled-release theophylline product are given

THEO-DUR (200, 300, and 450 mg) Sustained Action Tablets The rate and extent of absorption of theophylline from THEO-DUR 200 mg, 300 mg, and 450 mg tablets when administered fasting or immediately after a moderately high fat content breakfast is similar

Drug-Laboratory Test Interactions: When plasma levels of theophylline are measured by spectrophotometric methods, coffee, tea, cola beverages, chocolate, and acetaminophen contribute falsely high values

Carcinogenesis, Mutagenesis, and Impairment of Fertility: Long-term animal studies have not been performed to evaluate the carcinogenic potential, mutagenic potential, or the effect on fertility of xanthine compounds

Pregnancy: Category C—Animal reproduction studies have not been conducted with theophylline It is not known whether theophylline can cause fetal harm when administered to a pregnant woman or can affect reproduction capacity Xanthines should be given to a pregnant woman only if clearly needed

Nursing Mothers: It has been reported that theophylline distributes readily into breast milk and may cause adverse effects in the infant Caution must be used if prescribing xanthine to a mother who is nursing, taking into account the risk-benefit of this therapy

Pediatric Use: Safety and effectiveness of THEO-DUR administered
1 Every 24 hours in children under 12 years of age, have not been established
2 Every 12 hours in children under 6 years of age, have not been established

ADVERSE REACTIONS: The most consistent adverse reactions are usually due to overdose and are
1 *Gastrointestinal* nausea, vomiting, epigastric pain, hematemesis, diarrhea
2 *Central nervous system* headaches, irritability, restlessness, insomnia reflex hyperexcitability, muscle twitching clonic and tonic generalized convulsions
3 *Cardiovascular* palpitation, tachycardia, extrasystoles, flushing hypotension, circulatory failure ventricular arrhythmias
4 *Respiratory* tachypnea
5 *Renal* albuminuria, increased excretion of renal tubular and red blood cells, potentiation of diuresis
6 *Other* rash, hyperglycemia and inappropriate ADH syndrome

OVERDOSAGE Management: If potential oral overdose is established and seizure has not occurred
A Induce vomiting
B Administer a cathartic (this is particularly important if sustained-release preparations have been taken)
C Administer activated charcoal
If patient is having a seizure
A Establish an airway
B Administer oxygen
C Treat the seizure with intravenous diazepam, 0 1 to 0 3 mg/kg up to 10 mg
D Monitor vital signs, maintain blood pressure and provide adequate hydration

Post Seizure Coma
A Maintain airway and oxygenation
B If a result of oral medication, follow above recommendations to prevent absorption of the drug, but intubation and lavage will have to be performed instead of inducing emesis, and the cathartic and charcoal will need to be introduced via a large bore gastric lavage tube
C Continue to provide full supportive care and adequate hydration while waiting for drug to be metabolized In general, the drug is metabolized sufficiently rapid so as not to warrant consideration of dialysis, however, if serum levels exceed 50 mcg/ml charcoal hemoperfusion may be indicated

CAUTION: Federal law prohibits dispensing without prescription For full prescribing information see package insert

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physicians in the news

Donald H. Silberberg, MD, professor and chairman of the Department of Neurology at the University of Pennsylvania, spoke recently before the Danish Neurological Society's annual meeting.

Donald J. Gill, MD, director of Substance Abuse Programs at The Institute of Pennsylvania Hospital, was presented a Fellow Award from the American Council on Alcoholism.

The American Cancer Society, Philadelphia Division, has honored **George C. Lewis Jr., MD,** professor of obstetrics and gynecology and director of gynecologic oncology at Thomas Jefferson University, with its Annual Cancer Control Award.

Michael A. Zasloff, MD, was recently appointed chief of the division of human genetics at the Joseph Stokes Jr. Research Institute of Children's Hospital of Philadelphia.

Stanley J. Dudrick, MD, Houston, TX, has been named surgeon and director of the Department of Surgery at Pennsylvania Hospital. Dr. Dudrick, formerly of Nanticoke, PA, is known for developing the intravenous feeding technique, hyperalimentation, and an anticholesterol treatment that arrests and then reverses atherosclerosis.

Wagner H. Bridger, MD, professor and chairman of the Department of Psychiatry at Medical College of Pennsylvania, has been elected president of the Society of Biological Psychiatry.

The Montgomery County Medical Society honored the following physicians for 50 years of medical service: **Drs. H. Craig Bell, Theodore W. Plume, Charles H. Classen, Charles E. Spratt, Nicholas A. Colosi, Hasib Tanyol, E. Eugene Cleaver, Dorothy D. Tindall, Alvin J. Paul, and Robert N. Wilson.**

Richard L. Green, MD, Pittsburgh, has been named president of The Pennsylvania Allergy Association. Dr. Green is clinical assistant professor in the Department of Internal Medicine at the University of Pittsburgh.

Leonard N. Horowitz, MD, director of electrophysiology and electrocardiography at the Philadelphia Heart Institute of Presbyterian-University of Pennsylvania Medical Center, recently delivered a paper on drug therapy for survivors of sudden cardiac death at the Sixth International Congress of Cardiostin '88.

Rene Miguel Gonzalez, MD, assistant professor of anesthesiology at the University of Pittsburgh School of Medicine, has been named chief of anesthesiology at Eye & Ear Hospital of Pittsburgh.

Newly elected officers for the Obstetrical Society of Philadelphia are: **Jan Schneider, MD,** president; **Edward Sullivan, MD,** vice president; **Richard A. Baker, MD,** secretary; **Thomas Rocereto, MD,** treasurer; **Dorothy M. Barbo, MD,** president elect.

Bernard S. Kaplan, MD, recently was named director of the division of nephrology at Children's Hospital of Philadelphia. Dr. Kaplan is noted for his research on hemolytic-uremic syndrome.

Jane K. Dorval, MD, has been named medical director of Moss Rehabilitation Hospital.

Jay Katz, MD, is the eighth annual recipient of Pennsylvania Hospital's Molly and Sidney N. Zubrow Award, which is presented to a person who promotes and supports humanism in patient care.

Risa Lavizzo-Mourey, MD, of the Hospital of the University of Pennsylvania, has been appointed to the National Committee on Vital Health Statistics, which advises the secretary of health

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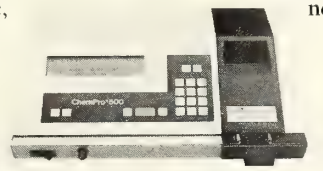

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Robert F. Ozols, MD, PhD, recently became chairman of the Department of Medical Oncology at Philadelphia's Fox Chase Cancer Center. Previously he directed the experimental therapeutics section of the National Cancer Institute's medicine branch.

James Bonner, MD, Broomall, medical director of the Physical Rehabilitation Center of the Delaware Valley in Folsum, has been appointed president of the Philadelphia Society of Physical Medicine and Rehabilitation.

Steven J. Nierenberg, MD, Philadelphia, has been appointed associate director of the Philadelphia Heart Institute's Electrophysiology Laboratory, where he will conduct studies to diagnose and treat patients with abnormal heart rhythms.

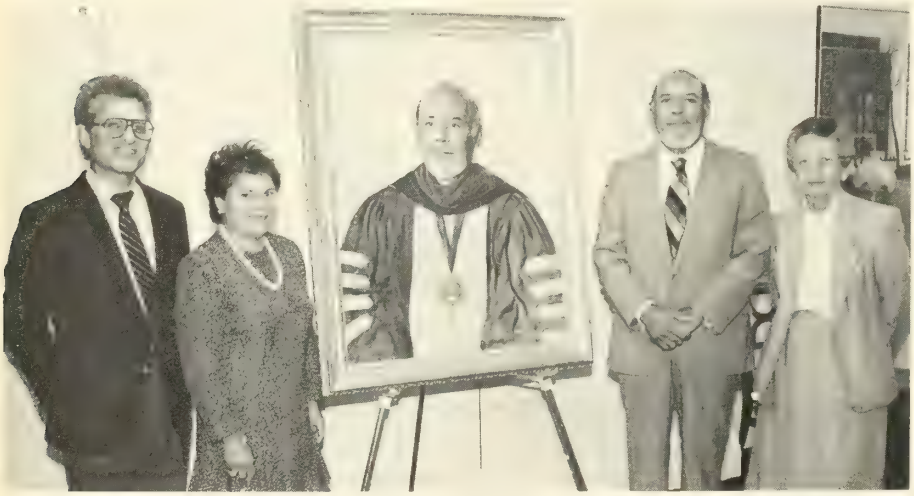
Ruth Fischer, MD, senior attending psychiatrist at the Institute of Pennsylvania Hospital, is president elect of the Philadelphia Psychoanalytic Society.

Margaret Levy, MD, is the new associate dean for student affairs at the Medical College of Pennsylvania. Dr. Levy comes from the Chicago Medical School, where she directed the teaching program in the Department of Surgery and the University Breast Care Clinic.

Leon E. Clarke, MD, Philadelphia, has been named director of surgery for Mercy Catholic Medical Center's Misericordia Hospital.

Bernard Sigel, MD, Philadelphia, professor and chairman of the Department of Surgery at the Medical College of Pennsylvania, has been elected a fellow of the American Surgical Association.

Harry Fulton, MD, center, displays a certificate from the Lancaster County Association for the Blind, honoring him as the state's oldest living ophthalmologist. Making the presentation were Paul H. Ripple, MD, association vice president, and Nan H. Droz, association president. Dr. Fulton, who turned 103 in September, was the first ophthalmologist in Lancaster County and played a vital role in creating the association.



Maurice C. Clifford, MD, commissioner of health for the City of Philadelphia and former president of the Medical College of Pennsylvania, (second from right), was recognized for his more than 30 years of service to MCP. With him for the presentation are (left to right): Garrett Bergman, MD, president of the MCP medical staff; Lila Stein Kroser, MD, president of the Alumnae/i Association; and June F. Klinghoffer, MD, immediate past president and chairman of the portrait committee.

Anna Taback Meadows, MD, Philadelphia, has received the 1988 Alumnae/i Achievement Award of the Medical College of Pennsylvania. Dr. Meadows is a leading authority on childhood cancer.

Harry Shubin, MD, of the Department of Pulmonary Medicine at Graduate Hospital, received the Statesman Award in Health Care Administration from the American Academy of Medical Administrators.

Emanuel Garcia, MD, a resident at the Institute of Pennsylvania Hospital, received the Resident Achievement Award from the Philadelphia Psychiatric Society for outstanding performance during postgraduate training.

The American Diabetes Association, Greater Philadelphia Affiliate Inc., has established the Harry Gottlieb Diabetes Research Fellowship in honor of **Harry Gottlieb, MD,** clinical professor of medicine at the Medical College of Pennsylvania, for his research on diabetes mellitus.

Narendra S. Doshi, MD, FRCOG, FACOG, Pittsburgh, was recently named a fellow of the Royal College of Obstetricians and Gynecologists.

Newell Fischer, MD, director of psychotherapy at the Institute of Pennsylvania Hospital, has been elected president of the Philadelphia Psychoanalytic Institute, the educational component of the Philadelphia Psychoanalytic Society.

Wallace P. Ritchie Jr., MD, PhD, professor and chairman of the Department of Surgery at Temple University School of Medicine, has been named a director of the American Board of Surgery.

Margaret Trexler Hessen, MD, Havertown, assistant professor of medicine at the Medical College of Pennsylvania, has been awarded the 1988 Mary DeWitt Pettit Fellowship given by the Special Trust Fund of the MCP Alumnae/i Association. Dr. Hessen will study decreased lymphoproliferative response of the elderly and relation to morbidity and mortality.

The Wills Eye Hospital Retina Service recently named its laser suite in honor of **William H. Annesley Jr., MD,** Gladwyn, director.

new members

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A.C.L.S. Provider Course
Saturday & Sunday, March 4 & 5, 1989

Advanced Trauma Life Support
Friday & Saturday, March 10 & 11, 1989

A.C.L.S. Provider Course
Saturday & Sunday, April 8 & 9, 1989

Current Concepts in Peripheral Vascular Disease
Wednesday, April 12, 1989

Advances in Dermatology
Wednesday, April 19, 1989

Clinical Update in Pulmonary Disease
Wednesday, April 26, 1989

A.C.L.S. Recertification Course
Saturday, April 29, 1989

4th Annual Eye Loss Support Group Meeting
Wednesday, May 3, 1989

4th Annual Emergency Medicine Conference
Thursday & Friday, May 11 & 12, 1989
Sheraton Inn, Lancaster

Third Annual Symposium in Clinical Medicine
Tuesday–Friday, June 20–23, 1989
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Advertising that contains discriminatory language is not acceptable for publication.

obituaries

• *Denotes PMS membership at time of death.*

David H. Buchman, Blairsville; Jefferson Medical College, 1930; age 83, died July 27, 1988. Dr. Buchman was a family practitioner. •

Winfield B. Carson Jr, Pittsburgh; University of Pittsburgh School of Medicine, 1932; age 82, died July 21, 1988. Dr. Carson was a family practitioner. •

Donald C. Geist, Bryn Mawr; University of Pennsylvania School of Medicine, 1926; age 87, died August 2, 1988. Dr. Geist was a general surgeon. •

William E. Gibson, Pittsburgh; University of Western Ontario Faculty of Medicine, 1937; age 74, died August 11, 1988. Dr. Gibson was an obstetrician and gynecologist. •

Roy W. Goshorn, Bellwood; Hahnemann University School of Medicine, 1923; age 86, died July 19, 1988. Dr. Goshorn was a neuropsychiatrist. •

Vincent W. Heaton, Roaring Springs; Jefferson Medical College, 1942; age 71, died June 18, 1988. Dr. Heaton was a general practitioner. •

P. Boland Hughes, Bryn Mawr; University of Pennsylvania School of Medicine, 1926; age 85, died August 8, 1988. Dr. Hughes was a urologist. •

Otto F. Kessler, Pittsburgh; University of Pittsburgh School of Medicine, 1959; age 55, died July 20, 1988. Dr. Kessler was an obstetrician and gynecologist. •

William J. Maroun, Allentown; Boston University School of Medicine, 1964; age 51, died August 1, 1988. Dr. Maroun was a radiologist. •

John S. Rinehimer, Tunkhannock; Temple University School of Medicine, 1939; age 75, died July 25, 1988. Dr. Rinehimer specialized in internal medicine. •

Mohammad Safdar-Ali, Pottsville; Nishtar Medical College, Pakistan, 1965; age 46, died July 18, 1988. Dr. Safdar-Ali specialized in emergency medicine. •

David A. Sampson, Narberth; McGill University Faculty of Medicine, 1931; age 87, died July 25, 1988. Dr. Sampson was a radiologist. •

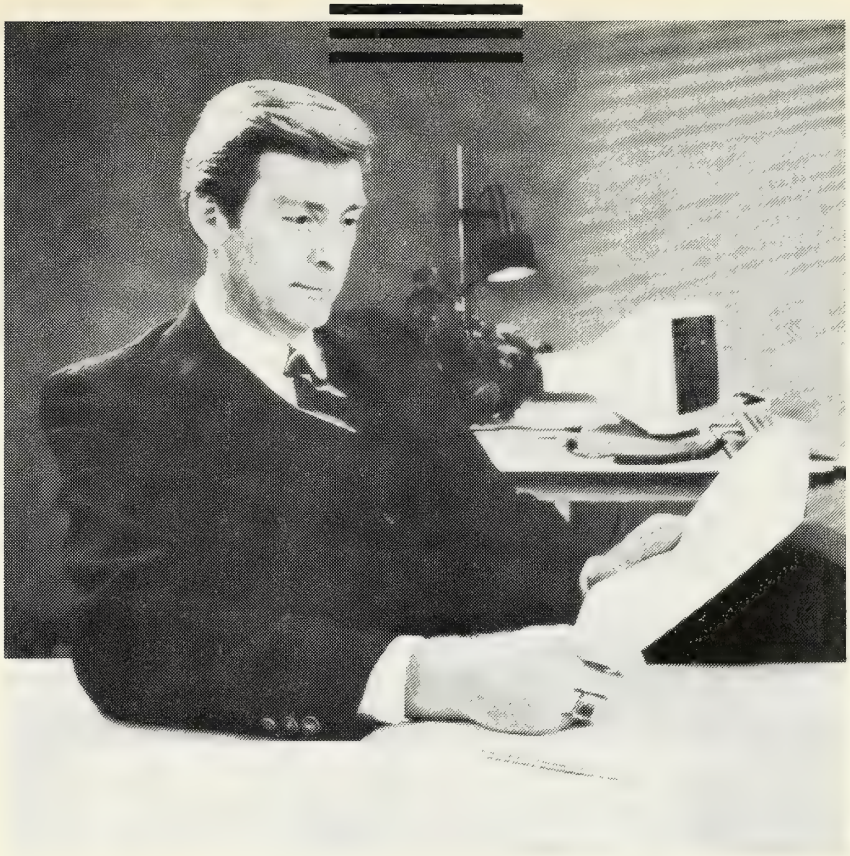
David A. Tilly, Allentown; Albany Medical College of Union University, 1951; age 65, died July 20, 1988. Dr. Tilly was a neurosurgeon. •

Russell J. Brennan, Overbrook Hills; University of Pennsylvania School of Medicine, 1926; age 86, died August 13, 1988. Dr. Brennan was a nose and throat specialist.

Nasser A. Ghaemmaghamy, Erie; University of Osteopathic Medicine and Health Sciences, 1966; age 49, died July 17, 1988.

Horace J. Prescod, Yeadon; Howard University College of Medicine, 1950; age 73, died June 28, 1988. Dr. Prescod was a psychiatrist.

The Educational and Scientific Trust of the Pennsylvania Medical Society provides you with a way to make a significant statement honoring the memory of and paying tribute to your colleagues who are deceased. Send your tax-deductible memorial gift to the PMS Educational and Scientific Trust, 20 Erford Road, Lemoyne, PA 17043. All gifts will be acknowledged to the donor as well as to the family of the deceased.



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New drugs of 1987—Part II

Daniel A. Hussar, PhD

This is the second in a series of articles reviewing the important properties of the 17 new drugs marketed in 1987. See the September issue for the first reviews.

Antileprosy agent
Clofazimine

Clofazimine (Lamprene—Geigy) is a designated orphan drug that has been approved for the treatment of lepromatous leprosy, including dapsone-resistant lepromatous leprosy and lepromatous leprosy complicated by erythema nodosum leprosum, a leprosy associated inflammatory reaction. Although leprosy seldom occurs in the United States, approximately 300 new cases were reported in 1986, with most cases being attributed to an increase in the immigration of individuals with leprosy to this country.

Clofazimine exerts a slow bactericidal effect on *Mycobacterium leprae* and does not show cross-resistance to dapsone or rifampin (Rifadin, Rimactane). Although leprosy is not a labeled indication for rifampin, this agent has been used effectively in conjunction with other agents in the treatment of this infection, and combination drug therapy (e.g., clofazimine, dapsone, rifampin) has been recommended for the initial treatment of multibacillary leprosy to prevent the development of drug resistance.

Based on *in vitro* data and limited observations in patients, it has been suggested that clofazimine may also be effective in the treatment of infections caused by *Mycobacterium avium intracellulare,* one of the opportunistic infections experienced by patients with acquired immune deficiency syndrome (AIDS). This is not a labeled indication for the new drug, but the recognition of its potential value in these serious infections has resulted in its being made available to AIDS patients under a compassionate IND protocol. Clofazimine is also being evaluated for other mycobacterial infections including tuberculosis, which is resistant to the standard regimens.

Clofazimine is a dye and will cause pink to brownish-black pigmentation of the skin in 75 to 100 percent of patients within a few weeks of treatment. Patients should be informed of this effect as well as the discoloration of the conjunctivae, lacrimal fluid, sweat, sputum, urine, and feces. The skin discoloration is reversible but may take several months or years to disappear after the conclusion of therapy with clofazimine. Health professionals should also be aware that skin discoloration due to the drug may result in depression; two suicides have been reported in patients receiving clofazimine.

Other dermatologic reactions associated with the use of clofazimine include ichthyosis and dryness (8–28%), and rash and pruritus (1–5%). The application of oil to the skin may help alleviate the dryness of ichthyosis.

Many patients (40–50%) experience gastrointestinal side effects such as abdominal and epigastric pain, diarrhea, nausea, vomiting, and gastrointestinal intolerance. Taking the medication with meals may reduce the occurrence of these effects and patients should be so advised. There have been rare reports of bowel obstruction, gastrointestinal bleeding, and splenic infarction as well as reports of death following severe abdominal symptoms. Therefore, the drug should be used with caution in patients who have gastrointestinal problems such as abdominal pain and diarrhea. In those patients who develop gastrointestinal effects while receiving clofazimine, it may be necessary to reduce the dosage, increase the interval between doses, or even discontinue the drug, depending on the type and severity of the reaction. Most of the adverse reactions caused by clofazimine are dose related and dosages of more than 100 mg daily should be given for as short a period as possible and only under close supervision.

Other adverse reactions occurring in more than 1 percent of patients treated with clofazimine include conjunctival and corneal pigmentation due to crystal deposits, and dryness, burning, itching, and irritation of the eyes.

Clofazimine crosses the placenta and the skin of infants born to women who had received the drug during pregnancy was found to be deeply pigmented at birth. The drug is excreted in the milk of nursing mothers and should not be administered to a nursing woman unless the expected benefit outweighs the risk.

The absorption rate of clofazimine is variable, ranging from 45 to 62 percent after oral administration. The drug is retained in the body for long periods and its half-life following repeated oral doses is estimated to be at least 70 days.

In the treatment of dapsone-resistant leprosy, clofazimine should be given in a dosage of 100 mg daily with meals in combination with one or more antileprosy drugs for three years, followed by monotherapy with 100 mg of clofazimine daily. Dosages of up to 200 mg daily may be required in erythema nodosum leprosum reactions, but the dosage should be tapered to 100 mg daily as quickly as possible after the reactive episode is controlled.

Daniel A. Hussar, PhD, is the Remington Professor of Pharmacy at the Philadelphia College of Pharmacy and Science, Philadelphia.

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Clofazimine capsules are available in 50 and 100 mg potencies.

Antiviral agent
Zidovudine

Zidovudine (Retrovir—Burroughs Wellcome), formerly known as azidothymidine or AZT, is the first effective treatment for acquired immune deficiency syndrome (AIDS) and represents an important advance in the management of this very serious disorder. The new agent is a thymidine analogue that inhibits the replication of certain retroviruses including human immunodeficiency virus (HIV), the virus that causes AIDS. Zidovudine is converted by cellular enzymes to its triphosphate derivative, which interferes with the HIV viral RNA-dependent DNA polymerase (reverse transcriptase), thereby inhibiting viral replication.

Zidovudine is indicated for the management of certain adult patients with symptomatic HIV infections [AIDS and advanced AIDS-related complex (ARC)] who have a history of cytologically confirmed *Pneumocystis carinii* pneumonia (PCP) or an absolute CD4 (T4 helper/inducer) lymphocyte count less than 200/mm^3 in the peripheral blood before therapy is begun. The new drug is not a cure for HIV infections, but in the clinical studies zidovudine was noted to improve immune status, reduce the risk and severity of opportunistic infections, improve the patients' overall health, and prolong survival. The drug may also have reversed dementia in some patients.

Much remains to be learned regarding both the benefits and limitations of zidovudine in the management of AIDS and its associated complications. A number of studies currently in progress or being planned have been designed to evaluate this agent, given alone or in combination with other drugs, in the treatment of AIDS as well as certain other viral infections.

The introduction of zidovudine offers hope for many AIDS patients but the new drug can cause serious adverse reactions. Hematologic toxicity (e.g., anemia, granulocytopenia) is the problem about which there is the greatest concern; the frequency of these reactions is inversely related to CD4 (T4) lymphocyte number, hemoglobin level, and granulocyte count at study entry, and directly related to dose and duration of therapy. Significant anemia most commonly occurred in the clinical studies after four to six weeks of therapy and in many cases required dose adjustment, discontinuation of zidovudine therapy, and/or blood transfusions. Accordingly, the new drug should be used with extreme caution in patients who have bone marrow compromise evidenced by a granulocyte count of less than 1,000/mm^3 or hemoglobin level less than 9.5 g/dl. Frequent (at least every two weeks) blood counts are strongly recommended in patients taking the medication.

Other adverse reactions that occurred at a significantly greater rate in zidovudine-treated patients than in those receiving placebo included headache, nausea, insomnia, and myalgia. These effects often become less severe after the first week of therapy. Although patients receiving zidovudine in the clinical trials experienced a number of other adverse effects, these reactions were also observed in patients in the control groups and may be related to the underlying disease and not the drug.

Patients treated with zidovudine may continue to develop opportunistic infections that require concomitant therapy with other anti-infective agents such as trimethoprim-sulfamethoxazole (Bactrim, Septra) and acyclovir (Zovirax). Although increased toxicity was not noted with combination therapy in the limited controlled studies, there have been two reports of neurotoxicity associated with concomitant use of zidovudine and acyclovir, and concurrent therapy should be monitored closely.

Caution should also be exercised in patients taking other medications that are nephrotoxic, cytotoxic, or cause hematologic effects as the risk of toxicity may be increased. Zidovudine is metabolized in the liver via glucuronidation and other drugs that are metabolized by this mechanism (e.g., acetaminophen, aspirin, other nonsteroidal anti-inflammatory drugs) may competitively inhibit the glucuronidation of zidovudine and increase its risk of toxicity. The risk of increased toxicity is greatest when the analgesic is used on a chronic basis; clinically important interactions are not likely to occur when the analgesic is used on an acute or intermittent basis. Limited experience suggests that probenecid may not only inhibit the glucuronidation of zidovudine but also reduce its renal excretion.

Zidovudine is rapidly and efficiently absorbed from the gastrointestinal tract but because of first-pass metabolism, the average oral bioavailability is about 65 percent. The drug is rapidly metabolized and has a short duration of action that necessitates frequent administration.

The recommended starting dose of zidovudine is 200 mg every four hours. The doses must be administered around the clock, even though normal sleep may be interrupted, and patients should be advised of the importance of following these dosage instructions.

Zidovudine is available in a capsule formulation containing 100 mg of the drug. Initially, supplies of the drug were insufficient to meet the anticipated need and a special distribution program was utilized in making the drug available. However, there are now adequate supplies and the drug is available through the usual distribution mechanisms.

The cost of zidovudine has also been the subject of considerable discussion. The wholesale price of the drug has recently been reduced by 20 percent to about $150 for 100 capsules.

Antihypertensive agents
Guanfacine hydrochloride

Guanfacine hydrochloride (Tenex—Robins) is indicated in the management of hypertension and is classified pharmacologically as a centrally-acting alpha-2 adrenergic receptor agonist. Its properties are most similar to those of clonidine (Catapres), guanabenz (Wytensin), and methyldopa (Aldomet).

The clinical experience with guanfacine has been acquired in patients also taking a diuretic; therefore, it is recommended that guanfacine be used in patients already receiving a thiazide-type diuretic. Although agents such as the beta-blockers [e.g., propranolol (Inderal)] or the angiotensin-converting enzyme inhibitors [e.g., captopril (Capoten)] are often preferred when a second drug is to be added to an antihypertensive regimen, an alpha-2 adrenergic receptor agonist, such as guanfacine, is an alternative that might be used advantageously in selected patients.

Most patients tolerate guanfacine well. The adverse reactions reported most frequently are similar to those experienced with related agents and include sedation, weakness, dizziness, dry mouth, constipation, and impotence. These reactions are often mild and tend to decrease with time. Some studies suggest that the sedative effect may be

less troublesome than that observed with clonidine and guanabenz.

The ability of guanfacine to exhibit a central nervous system (CNS) depressant action warrants particular attention. Patients should be advised to exercise caution when operating machinery or driving motor vehicles until it is determined that they do not become drowsy or dizzy from the medication. Patients should also be warned that their tolerance for alcohol and other CNS depressants may be decreased.

The abrupt discontinuation of therapy with gaunfacine or a related agent may be associated with symptoms of nervousness and anxiety as well as increases in blood pressure to levels significantly greater than those prior to therapy. The incidence of this rebound hypertension with guanfacine is low, and when it occurs, it usually does so two to four days after the sudden discontinuation of the drug. This response is delayed and less severe than that observed with clonidine (which can occur within 24 hours), and can be attributed to the longer half-life of guanfacine. Patients should be advised of the importance of complying with the instructions for using the medication, and if therapy is to be discontinued, it should be done so gradually.

Guanfacine is efficently absorbed and its absolute oral bioavailability is about 80 percent of that of an intravenously administered dose. Approximately 50 percent of a dose is eliminated unchanged in the urine; the average elimination half-life is longer in older patients. Therefore, the elderly should be considered at greater risk for adverse effects.

The relatively long duration of action of guanfacine permits once-daily dosing in most patients. This is an advantage over the oral formulations of clonidine, guanabenz, and methyldopa, which are usually administered twice a day; however, clonidine is available in a transdermal formulation that is administered at seven-day intervals.

The recommended dosage of guanfacine is 1 mg daily, given at bedtime to minimize the problem of sedation. If after three to four weeks of therapy, the 1 mg daily dose does not provide satisfactory results, doses of 2 mg and subsequently 3 mg may be given. Although higher daily doses have been used, there is no evidence of increased efficacy and the incidence of adverse reactions increases significantly with dosages above 3 mg/day.

The once-daily dosage regimen will be satisfactory for most patients. However, some patients may show a rise in blood pressure toward the end of the dosing interval and in these situations a divided dose may be utilized.

Tablets are available containing 1 mg of guanfacine (as the hydrochloride salt).

Terazosin hydrochloride

Terazosin hydrochloride (Hytrin—Abbott, Burroughs Wellcome) is an alpha-1-selective adrenergic receptor blocking agent that is chemically and pharmacologically similar to prazosin (Minipress). It is indicated in the treatment of hypertension and can be used alone or in combination with other antihypertensive agents.

By blocking alpha-1-adrenergic receptors, terazosin causes vasodilatation, and its antihypertensive action when used in a once-daily regimen is comparable to that achieved with prazosin administered on a twice-daily basis. The new agent may be used advantageously in selected hypertensive patients, however, many prefer to use a diuretic, beta-blocker, or angiotensin-converting enzyme (ACE) inhibitor for the initial treatment of hypertension and for patients who need a second drug.

Like other alpha-adrenergic blocking agents such as prazosin, terazosin can cause marked hypotension, especially orthostatic (postural) hypotension, resulting in symptoms such as dizziness, lightheadedness, palpitations, and in more severe cases, syncope. Syncope has occurred most often in association with the first dose or first few doses of therapy, a response that has sometimes been designated as the "first-dose" effect. A similar effect may be anticipated if therapy is interrupted for more than a few days and then resumed, if the dosage is rapidly increased, or if another antihypertensive agent is added to the regimen.

To reduce the likelihood of syncope, treatment should be initiated with a 1 mg dose of terazosin, given at bedtime, and the dosage should be increased slowly, as needed to achieve the desired antihypertensive effect. Patients should be informed of the possibility of syncope and other orthostatic symptoms, and advised to avoid driving or other hazardous tasks for 12 hours after the first dose, after a dosage increase, and after interruption of therapy when treatment is resumed. They should also be advised to sit or lie down when symptoms associated with orthostatic hypotension occur, and to be cautious when rising from a sitting or lying position.

Other adverse reactions that were more commonly reported in the clinical studies in patients receiving terazosin than in patients receiving placebo include asthenia (weakness, tiredness, fatigue), drowsiness, blurred vision, nasal congestion, nausea, peripheral edema, and weight gain. Because some individuals experience effects such as drowsiness and fatigue, patients should be advised to exercise caution when driving or engaging in other activities requiring a high level of alertness and coordination.

Unlike many diuretics that may increase blood lipid levels, terazosin has been reported to slightly lower total cholesterol levels as well as the combined low density and very low density lipoprotein fractions. This represents an advantage for the new agent in the treatment of hypertensive patients who also have high cholesterol levels and the associated greater risk of cardiovascular complications.

Terazosin has a long duration of action that permits once-daily dosing. The less frequent administration provides an advantage over prazosin and other shorter-acting antihypertensive agents because the once-daily regimen is more convenient for the patient and may increase compliance.

To initiate therapy with terazosin, a 1 mg dose is administered at bedtime. This initial dose should not be exceeded because of the risk of orthostatic hypotensive effects. The dose may then be slowly increased to achieve the desired reduction in blood pressure. The usual recommended dose range is 1 mg to 5 mg administered once a day; however, some patients may benefit from doses as high as 20 mg a day. If the drug is discontinued for several days or longer, therapy should be reinstituted using the initial dosing regimen. Patients should be advised of the importance of complying with the instructions for taking the medication and that therapy should not be interrupted unless the physician so directs.

Terazosin hydrochloride tablets are available in four strengths: 1, 2, 5, and 10 mg. The wholesale cost of all four strengths of the drug is the same. The agreement through which terazosin is being marketed by both Abbott and Burroughs Wellcome was developed with the goal of having a larger number

of sales representatives achieve a greater and more rapid penetration of the new agent into the already highly competitive antihypertensive market.

Antiarrhythmic agents

The group of antiarrhythmic agents has grown significantly in the last four years with the marketing of seven new drugs. Tocainide (Tonocard) was first marketed in 1984, flecainide (Tambocor) and acebutolol (Sectral)* in 1985, mexiletine (Mexitil) and amiodarone (Cordarone) in 1986, and, most recently, encainide (Enkaid) and esmolol (Brevibloc). The antiarrhythmic agents are often classified according to their electrophysiologic properties (Table 6).

Ecainide hydrochloride

Encainide hydrochloride (Enkaid—Bristol) is a class IC antiarrhythmic agent and has properties most similar to those of flecainide. It is indicated for the treatment of documented life-threatening arrhythmias such as sustained ventricular tachycardia and, although the antiarrhythmic drugs are often ineffective in the management of these arrhythmias, encainide is as effective or more effective than agents such as flecainide, quinidine, procainamide (Pronestyl), and mexiletine. Encainide is also indicated in the management of patients with symptomatic nonsustained ventricular tachycardia and frequent premature ventricular complexes. Encainide is more effective than quinidine and disopyramide (Norpace) in decreasing premature ventricular complexes, and the new agent is also highly effective in the treatment of nonsustained ventricular tachycardia. However, because of its potential to cause proarrhythmic effects (e.g., new arrhythmias or worsening of preexisting arrhythmias), it is recommended that the use of encainide in patients with less severe arrhythmias be reserved for those individuals in whom the expected benefits of treatment outweigh the risks.

Encainide is contraindicated in patients with pre-existing second or third degree atrioventricular block, or with right bundle branch block when associated with a left hemiblock, unless a pacemaker is present to sustain the cardiac rhythm should complete heart block occur. It is also contraindicated in the presence of cardiogenic shock.

Although all antiarrhythmic drugs may cause new or worsened arrhythmias, the use of encainide and flecainide may be associated with a higher incidence of these complications. Such proarrhythmic events range from an increase in frequency of premature ventricular complexes to the development of severe, life-threatening ventricular arrhythmias. In the clinical studies with encainide, about 10 percent of the patients experienced proarrhythmic events, with about 6 percent of them representing new or worsened ventricular tachycardia. Problems developed most frequently in patients having a history of sustained ventricular tachycardia, cardiomyopathy, or congestive heart failure, and least frequently in patients with no known structural heart disease. Proarrhythmic events occurred most commonly during the first week of therapy and were much more common when doses exceeded 200 mg/day.

The adverse reactions reported most frequently with the use of encainide include dizziness, blurred or abnormal vision, and headache. In studies in which it was compared with quinidine, encainide was better tolerated and less likely to cause reactions such as diarrhea and fever.

Table 6
Classification of Antiarrhythmic Drugs

Class I	Sodium-channel blockers
IA	Moderate phase-0 depression; moderate effect on conduction; and prolonged repolarization. Disopyramide (Norpace) Procainamide (Pronestyl) Quinidine
IB	Minimal phase-0 depression; slight effect on conduction; and shortened repolarization. Lidocaine (Xylocaine) Mexiletine (Mexitil) Tocainide (Tonocard)
IC	Marked phase-0 depression; marked effect on conduction; and little or no effect on repolarization. Flecainide (Tambocor) Encainide (Enkaid)
Class II	Beta-adrenergic blockers Propranolol (Inderal) Acebutolol (Sectral) Esmolol (Brevibloc)
Class III	Agents causing prolonged repolarization and slight effect on conduction. Amiodarone (Cordarone) Bretylium (Bretylol)
Class IV	Calcium channel blockers Verapamil (Calan, Isoptin)

Encainide apparently is not likely to aggravate congestive heart failure and has an advantage over flecainide in this respect. Nevertheless, encainide should be used cautiously in patients with congestive heart failure or congestive cardiomyopathy.

In studies of the potential for encainide to interact with other drugs, the new agent has been found to have no significant effect on serum digoxin levels, whereas flecainide as well as some other antiarrhythmic agents have been reported to increase the serum level of this agent. Although no obvious problems have been observed with the combined use of encainide and other cardiovascular agents, caution is indicated when encainide is used concurrently with another antiarrhythmic agent or any other drug that affects cardiac conduction because of possible additive pharmacologic effects. Cimetidine (Tagamet), when used in a dosage of 300 mg four times daily, has been reported to increase the plasma concentrations of encainide and its active metabolites, presumably as a result of its ability to inhibit hepatic enzyme systems; therefore, the dosage of encainide should be reduced if cimetidine is to be initiated.

Hypokalemia or hyperkalemia may alter the effects of Class I antiarrhythmic drugs and pre-existing hypokalemia or hyperkalemia should be corrected before the administration of encainide.

There are two major genetically determined patterns of encainide metabolism. In more than 90 percent of patients, encainide is rapidly and extensively metabolized to two active metabolites, O-demethylencainide (ODE) and 3-methoxy-O-demethyl encainide (MODE). These metabolites are more active than encainide itself and are eliminated more slowly than the parent compound. Less than 10 percent of patients lack the specific enzyme responsible for metabolizing encainide to ODE and MODE, and in these individuals, encainide itself accumulates to achieve the plasma concentrations needed to achieve the desired antiarrhythmic action. Despite the pharmacogenetic differences, no important differences in the effectiveness or toxicity of the drug have been noted, and the recommended dosage regimen is appropriate for all patients regardless of their genetically determined capacity to metabolize encainide.

*Although acebutolol is indicated in the management of certain arrhythmias, it is primarily used in the treatment of hypertension and is often classified as an antihypertensive agent.

Encainide is almost completely absorbed following oral administration. Although absorption may be delayed by food, the overall bioavailability is not altered.

The recommended initial dosage of encainide is 25 mg three times daily at approximately eight-hour intervals. After a period of three to five days, the dosage may be increased to 35 mg three times daily, if necessary. If the desired therapeutic response is not achieved after an additional three to five days, the dosage may be adjusted to 50 mg three times daily.

In occasional patients, the dosage may have to be increased to 50 mg four times daily. Although higher doses are not normally recommended, some patients with life-threatening arrhythmias may be treated with dosages up to 75 mg four times daily. Patients should be hospitalized at the time of these dose increases to 200 mg per day or above.

Some patients whose arrhythmias are well controlled by dosages of 50 mg three times daily or less may be transferred to a 12-hour dosage regimen if necessary to increase convenience and help assure patient compliance. The total daily dose may be given in two equally divided doses at approximately 12-hour intervals. The maximum single dose that should be used is 75 mg.

Capsules of encainide hydrochloride are available in 25, 35, and 50 mg potencies.

Esmolol hydrochloride

Esmolol hydrochloride (Brevibloc—DuPont Critical Care) is a cardioselective beta-adrenergic blocking agent that has unique pharmacokinetic properties. Classified as an ultrashort-acting beta-blocker, esmolol's rapid onset of action and very short duration of action make it particularly useful in the intravenous management of certain arrhythmic disorders.

Intravenously-administered beta-blockers such as propranolol (Inderal) and metoprolol (Lopressor) have been of value in the emergency management of certain cardiovascular disorders. However, the relatively long duration of action of these agents (which have elimination half-lives in the range of two to seven hours) makes it difficult to control the response to these drugs and avoid potentially serious and persistent adverse effects such as excessive bradycardia and atrioventricular block. In contrast, the rapid onset of action and very brief duration of action (elimination half-life of nine minutes) of esmolol make it possible to titrate more accurately to the desired level of beta-blockade, and to reduce the risk of serious complications because the effects of the drug diminish so quickly upon discontinuation of therapy. Thus, the ability to start and stop the effects of the drug within minutes provides an important advantage for the new agent.

Esmolol has been investigated most extensively in the management of supraventricular tachyarrhythmias and it is specifically indicated for the rapid control of ventricular rate in patients with atrial fibrillation or atrial flutter in perioperative, postoperative, or other emergent circumstances in which short-term control of ventricular rate with a short-acting agent is desirable. It also is indicated in noncompensatory sinus tachycardia where the rapid heart beat requires specific intervention (e.g., in patients with ischemic heart disease, including myocardial infarction). Besides these labeled indications, esmolol also is being evaluated for the management of heart rate and blood pressure in various emergency situations, for providing controlled or deliberate hypotension, and for prophylactic use in high risk surgical procedures.

The use of esmolol is contraindicated in patients with sinus bradycardia, heart block greater than first degree, cardiogenic shock, or overt heart failure. It must be used with caution in diabetic patients because beta-blockers may mask tachycardia occurring with hypoglycemia.

In general, patients with bronchospastic disorders should not receive a beta-blocker. Like metoprolol, esmolol is cardioselective, and in consideration of this property and the ability to titrate the response to the new agent rapidly and accurately, it may be used with caution in patients with bronchospastic disease. However, because cardioselectivity is not absolute, esmolol should be titrated carefully to obtain the lowest possible effective dose.

The most important adverse reaction associated with the use of esmolol is hypotension, which occurred in 20 to 50 percent of patients in the clinical trials. Approximately 12 percent of patients experienced symptomatic hypotension with the primary manifestations being dizziness and diaphoresis. Hypotension is dose-related and doses above 200 ug/kg/min are not recommended. A decrease in dosage or termination of the infusion reverses the hypotension, usually within 30 minutes.

Other adverse reactions attributed to the use of esmolol include peripheral ischemia (1%), central nervous system effects [e.g., dizziness (3%), somnolence (3%), confusion, headache, agitation (2% each), fatigue (1%)], gastrointestinal effects [e.g., nausea (7%), vomiting (1%)], and local reactions at the infusion site (8%). Infusion of concentrations of 20 mg/ml was associated with more venous irritation and thrombophlebitis. It is recommended that concentrations greater than 10 mg/ml be avoided.

Limited data suggest that esmolol may interact with several other therapeutic agents although the information is insufficient to assess the clinical importance of these interactions. Esmolol has been reported to cause a 10 to 20 percent increase in digoxin levels at some time points, and the steady-state blood levels of esmolol were increased by 46 percent in patients who were also being treated with morphine. In patients undergoing surgery, esmolol prolonged the duration of succinylcholine-induced neuromuscular blockade from five to eight minutes. Because catecholamine-depleting drugs such as reserpine may have an additive effect when given with a beta-blocker, concurrent therapy should be closely monitored for evidence of hypotension or marked bradycardia.

Following the intravenous infusion of an appropriate loading dose, steady-state blood levels of esmolol are obtained within five minutes. Because of its short half-life, blood levels can be altered rapidly by changing the infusion rate and eliminated rapidly by discontinuing the infusion. After discontinuation of the infusion, substantial recovery from beta-blockade is observed in 10 to 20 minutes.

Esmolol is rapidly metabolized by the esterases in red blood cells, resulting in the formation of the corresponding free acid and methanol. Less than 2 percent of the drug is excreted unchanged in the urine. Although the acid metabolite is estimated to have only 1/1500th of the activity of the parent compound, its excretion is significantly decreased in patients with renal disease and the drug should be administered with caution to patients with impaired renal function.

Esmolol should not be administered by direct intravenous injection but should be diluted (but not with sodium bicarbonate with which it is incompatible) to the recommended concentration of 10 mg/ml prior to its infusion. A load-

ing dose infusion of 500 ug/kg is administered over one minute followed by a four minute maintenance infusion of 50 ug/kg/min. The dosage may be increased by repeating the loading dose and increasing the maintenance infusion by 50 ug/kg/min every five minutes. The average effective dosage is approximately 100 ug/kg/min although dosages as low as 25 ug/kg/min have been adequate in some patients. Maintenance dosages above 200 ug/kg/min have not been shown to have significantly increased benefits.

Esmolol hydrochloride injection is supplied in 10 ml ampules containing 2.5 grams of the drug.

Cholesterol-lowering agent

Each year, Americans suffer 1.5 million heart attacks, resulting in more than 550,000 deaths. It is now well established that high blood cholesterol is a major risk factor for coronary heart disease, and it is estimated that about 50 percent of American adults have cholesterol levels that put them at increased risk of developing coronary heart disease. A low-fat, low-cholesterol diet is the primary approach utilized in reducing elevated cholesterol levels; however, many patients do not adequately respond to diet alone and it is in these individuals for whom drug therapy is often indicated.

Lovastatin

Lovastatin (Mevacor—Merck Sharp and Dohme), formerly known as mevinolin, is the first of a new class of enzyme inhibitors that are effective in lowering blood cholesterol levels. Although inactive itself, it is hydrolyzed to its B-hydroxyacid form following oral administration and this active metabolite is an inhibitor of 3-hydroxy-3-methylglutaryl-coenzyme A (HMG-CoA) reductase. This enzyme catalyzes the conversion of HMG-CoA to mevalonate, which is an early and rate-limiting step in the biosynthesis of cholesterol. The inhibition of HMG-CoA reductase results in a reduction of low-density lipoprotein (LDL) cholesterol and total plasma cholesterol, while high-density lipoprotein (HDL) concentrations increased.

Lovastatin is indicated as an adjunct to diet for the reduction of elevated total and LDL cholesterol levels in patients with primary hypercholesterolemia (Types IIa and IIb), when the response to diet and other nonpharmacologic measures alone has been inadequate. In the clinical studies, lovastatin was shown to reduce total cholesterol levels by up to 34 percent and LDL cholesterol levels by up to 39 percent. It was judged to be more effective than cholestyramine (Questran) and probucol (Lorelco) in the comparative studies, and its efficacy and generally favorable safety profile make lovastatin an important addition to the relatively small group of agents that are indicated for the reduction of cholesterol levels. Concurrent use of lovastatin and a bile acid sequestrant such as cholestyramine or colestipol (Colestid) can lower LDL cholesterol further than lovastatin alone, and the efficacy of other combination regimens is currently being evaluated.

The use of lovastatin is contraindicated during pregnancy and lactation because of the concern that the inhibition of synthesis of cholesterol and related analogs may result in harm to the fetus or nursing infant. Lovastatin has also been reported to exhibit teratogenic effects in some animal studies.

Lovastatin is also contraindicated in patients with active liver disease or unexplained persistent elevations of serum transaminases. Marked persistent increases (to more than three times the upper limit of normal) in serum transaminases occurred in about 2 percent of the patients who received lovastatin for at least one year; however, this response was not associated with jaundice or other clinical signs or symptoms. It is recommended that liver function tests be performed every four to six weeks during the first 15 months of therapy with lovastatin and periodically thereafter. The drug should be used with caution in patients who consume large quantities of alcohol and/or have a past history of liver disease.

Most patients tolerate lovastatin well and adverse reactions are usually mild and transient. The most commonly reported adverse experiences in the controlled clinical studies include headache (9%), rash/pruritus (5%), and gastrointestinal effects (e.g., nausea, diarrhea, constipation, abdominal pain—about 5 percent each). The incidence of gastrointestinal effects is considerably lower than that associated with cholestyramine.

Myalgia was reported in about 2 percent of the patients receiving lovastatin and about 11 percent of patients had elevations of creatine phosphokinase (CPK) levels of at least twice the normal value. In most patients these responses were mild; however, approximately 0.5 percent of patients developed myositis (myalgia associated with markedly elevated CPK levels), and one cardiac transplant patient developed severe rhabdomyolysis (destruction of skeletal muscle) that precipitated acute renal failure. Patients should be advised to report unexplained muscle pain or tenderness, particularly if accompanied by malaise or fever. Consideration should be given to temporarily withholding or discontinuing lovastatin therapy in any patient with a risk factor (e.g., severe acute infection, major surgery, trauma) predisposing to the development of renal failure secondary to rhabdomyolysis.

Some patients treated with lovastatin have developed lens opacities; however, in other patients, opacities found prior to the initiation of lovastatin therapy were not noted at final examination. Therefore, there is insufficient experience to determine whether lovastatin can cause cataracts and, as a precaution, it is recommended that ophthalmologic exams be conducted before or shortly after starting therapy, and annually thereafter.

Although lovastatin inhibits HMG-CoA reductase, the enzyme is not completely blocked with therapeutic doses, thereby allowing biologically necessary amounts of mevalonate to be available. Lovastatin has also been shown to have no effect on steroidogenesis.

Following oral administration, only about 30 percent of a dose of lovastatin is absorbed. It undergoes extensive first-pass extraction in the liver and it is estimated that less than 5 percent of an oral dose reaches the general circulation as active enzyme inhibitors.

Patients should be placed on a cholesterol-lowering diet before receiving lovastatin and should continue on this diet during treatment with the drug. The usual recommended starting dose is 20 mg once a day given with the evening meal. The drug should be given with meals because the plasma concentrations of the active metabolites are higher than those achieved with administration under fasting conditions.

The recommended dosing range is 20 to 80 mg per day in single or divided doses with 80 mg per day being the maximum recommended daily dose. The maximum therapeutic response usually occurs within four to six weeks and adjustments of dosage should be made at intervals of four weeks or more.

Lovastatin tablets are available in a 20 mg potency.

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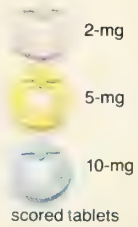

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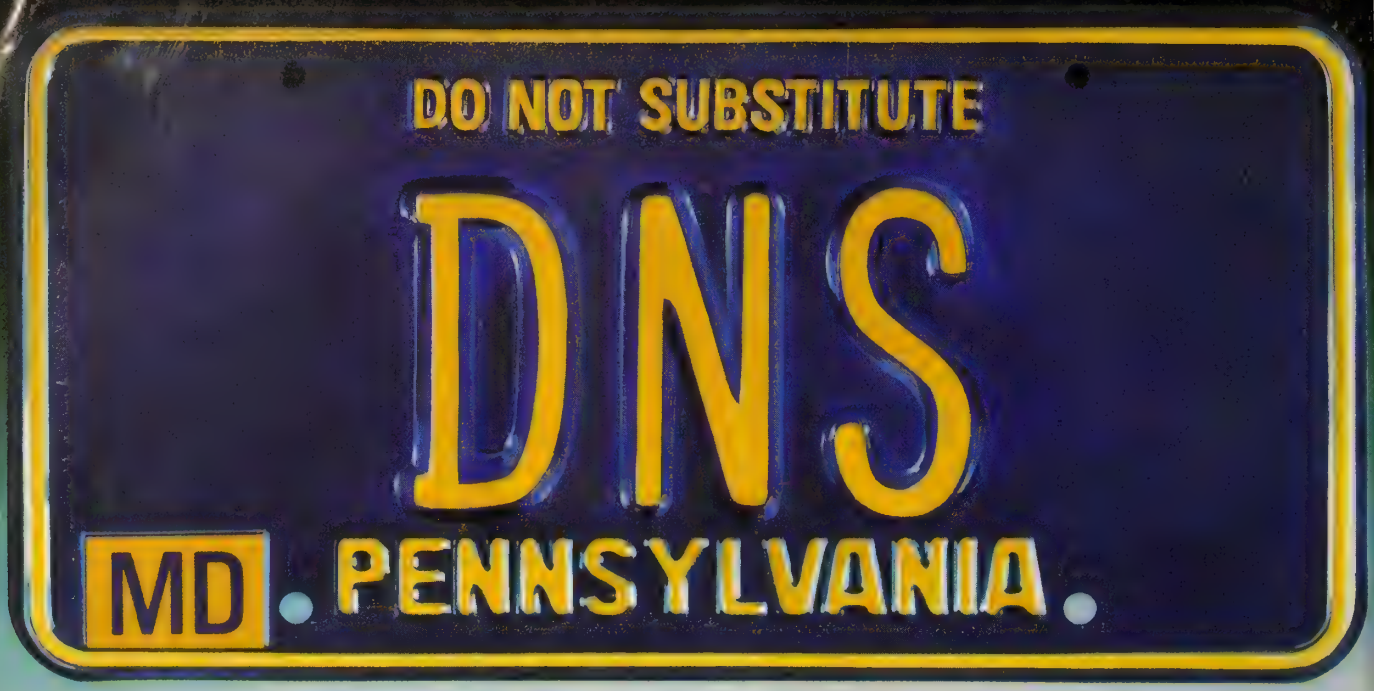

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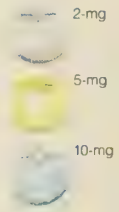

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Volume 91, No. 11 NOVEMBER 1988

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What made you do it?

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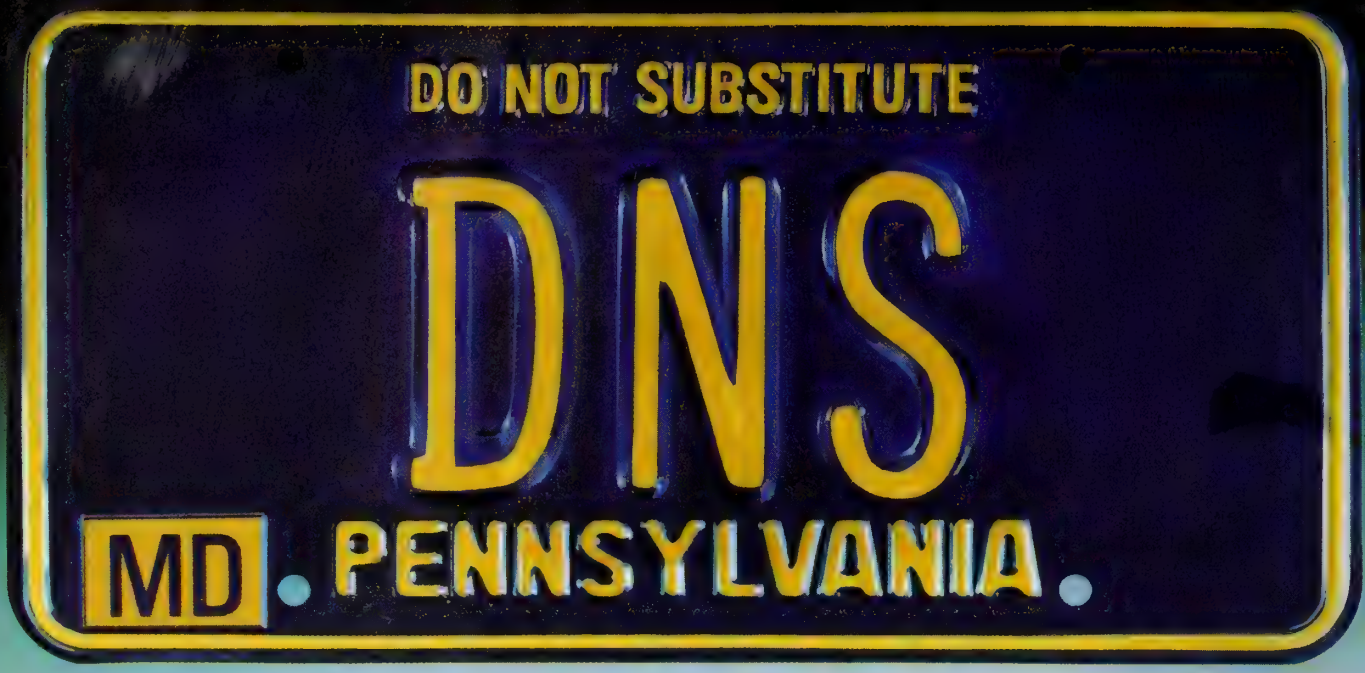

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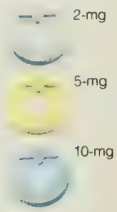

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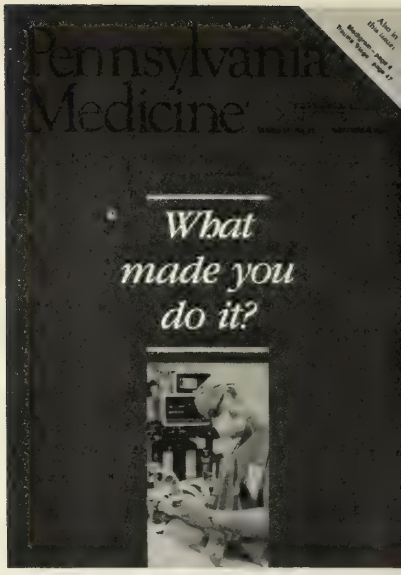

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HOUSE OF DELEGATES VOTES DUES INCREASE

At its 1988 Meeting October 21-23 in Philadelphia, the Society's House of Delegates approved an annual $110 dues increase for full dues paying members. The increase will be reflected in the November 15 billing for 1989 dues, which are set at $410, up from $300 in 1988. Dues for all other categories of membership will be prorated. Student dues will remain at $5.

PMS HOUSE ELECTS 1989 LEADERSHIP

Gerald L. Andriole, MD, Hazleton, was installed as the 139th president of the Pennsylvania Medical Society October 22. J. Joseph Danyo, MD, York, ascended from the vice presidency to president elect. In elections during the meeting, uncontested winner of the vice presidency was Gordon K. MacLeod, MD, Pittsburgh. Reelected to the PMS Board of Trustees were: Betty L. Cottle, MD, Hollidaysburg, Sixth District; Irving Williams III, MD, Lewisburg, Seventh District; Walter M. Greissinger, MD, Pittsburgh, Tenth District; Victor F. Greco, MD, Drums, Twelfth District; and Martin A. Murcek, MD, Greensburg, specialty societies. University of Pennsylvania School of Medicine student John S. Kuo was elected as medical student trustee. James A. Raub, MD, Sewickley, and Jonathan E. Rhoads Jr., MD, York, were reelected speaker and vice speaker of the House. At the Board's reorganization meeting after the annual session, Robert N. Moyers, MD, Meadville, was reelected chairman; John H. Hobart, MD, Easton, vice chairman; and David L. Miller, MD, New Bethlehem, secretary. Full election results will appear in the December issue.

HOUSE RETAINS FUNDS FOR PUBLIC EDUCATION

The 1988 House of Delegates voted to retain the remaining funds from the public relations assessment in a separate account to be used for public education programs. Testimony for retention of the public relations account centered on the Society's ethical and fiscal obligations to use the assessed funds exclusively for public education efforts. For the past three years, PMS members have paid a $55 assessment to finance a three-year public education advertising program.

PMS HOUSE ADOPTS UNIFIED MEMBERSHIP

At its annual meeting October 21-23, the PMS House adopted unified membership with the American Medical Association. The vote for unification triggers a membership education drive for unified membership beginning immediately. Next year, the House will vote whether or not to change the Bylaws to require members to belong to the AMA as well as to the county and state societies.

STATE BOARDS WITHDRAW APPEAL ON AMPHETAMINES

The State Boards of Medicine and Osteopathic Medicine have withdrawn their appeal on the Commonwealth Court's August ruling concerning amphetamine regulations. Physicians can continue to prescribe sympathomimetic amines without applying for or obtaining a waiver. Physicians still may not use a controlled sympathomimetic amine in a way that deviates from accepted medical practice, and still must comply with reporting requirements and the ban on the use of Schedule II drugs for weight control.

MEDICAL LIABILITY ACTION DUE FOLLOWING ELECTION

Amendments to reform Pennsylvania's medical liability legislation are being withheld until after the November 8 general election. HB 2520, which amends Act 111 of 1975 by redefining expert witness, will come before the House when it reconvenes. Representative J. Scot Chadwick (Bradford) will offer provisions contained in HB 1834, the Society's medical liability reform bill, as amendments to HB 2520. PMS is urging its members to oppose all other proposed amendments.

INDIGENT CARE PLAN RETURNED TO COUNCIL

The state legislature has returned the indigent care plan to the Health Care Cost Containment Council (HCCCC), which submitted the plan to the legislature July 1. Representative James Manderino (Westmoreland), majority leader of the House, wrote in a letter to HCCCC chairman Robert J. Brand that the council's work was incomplete. He criticized the proposed plan for three deficiencies: no definition of medically indigent; no financing plan; and no overall plan, only a series of "program initiatives." The council has been given until January 15, 1989, to complete the plan. Rep. Manderino also recommended that cost and quality data not be released until a plan is developed.

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CODEINE	X	X	X	X	X
OXYCODONE	XX	XX	XX	XX	XX

Blank space indicates that no such activity has been reported.

Table adapted from Facts and Comparisons (Nov.) 1984 and Catalano RB. The medical approach to management of pain caused by cancer. "Semin Oncol" 1975; 2; 379-92 and Reuler JB, et. al. The chronic pain syndrome: misconceptions and management. "Ann Intern Med" 1980; 93; 588-96.

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1. Hopkinson JH III: *Curr Ther Res* 24: 503-516, 1978
2. Beaver, WT *Arch Intern Med*, 141:293-300, 1981.

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Respiratory Depression: At high doses or in sensitive patients, hydrocodone may produce dose-related respiratory depression by acting directly on brain stem respiratory centers. Hydrocodone also affects centers that control respiratory rhythm, and may produce irregular and periodic breathing. If significant respiratory depression occurs, it may be antagonized by the use of naloxone hydrochloride (see ADVERSE REACTIONS: Respiratory Depression).
Head Injury and Increased Intracranial Pressure: The respiratory depressant effects of narcotics and their capacity to elevate cerebrospinal fluid pressure may be markedly exaggerated in the presence of head injury, other intracranial lesions or a preexisting increase in intracranial pressure. Furthermore, narcotics produce adverse reactions which may obscure the clinical course of patients with head injuries.
Acute Abdominal Conditions: The administration of narcotics may obscure the diagnosis or clinical course of patients with acute abdominal conditions.
PRECAUTIONS:
Special Risk Patients: As with any narcotic analgesic agent, VICODIN should be used with caution in elderly or debilitated patients and those with severe impairment of hepatic or renal function, hypothyroidism, Addison's disease, prostatic hypertrophy or urethral stricture. The usual precautions should be observed and the possibility of respiratory depression should be kept in mind.
Information for Patients: VICODIN, like all narcotics, may impair the mental and/or physical abilities required for the performance of potentially hazardous tasks such as driving a car or operating machinery; patients should be cautioned accordingly.
Cough Reflex: Hydrocodone suppresses the cough reflex, as with all narcotics; caution should be exercised when VICODIN is used postoperatively and in patients with pulmonary disease.
Drug Interactions: Patients receiving other narcotic analgesics, antipsychotics, antianxiety agents, or other CNS depressants (including alcohol) concomitantly with VICODIN may exhibit an additive CNS depression. When combined therapy is contemplated, the dose of one or both agents should be reduced.
The use of MAO inhibitors or tricyclic antidepressants with hydrocodone preparations may increase the effect of either the antidepressant or hydrocodone.
The concurrent use of anticholinergics with hydrocodone may produce paralytic ileus.
Usage in Pregnancy: Pregnancy Category C. Hydrocodone has been shown to be teratogenic in hamsters when given in doses 700 times the human dose. There are no adequate and well-controlled studies in pregnant women. VICODIN should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus.
Nonteratogenic effects: Babies born to mothers who have been taking opioids regularly prior to delivery will be physically dependent. The withdrawal signs include irritability and excessive crying, tremors, hyperactive reflexes, increased respiratory rate, increased stools, sneezing, yawning, vomiting, and fever. The intensity of the syndrome does not always correlate with the duration of maternal opioid use or dose. There is no consensus on the best method of managing withdrawal. Chlorpromazine 0.7 to 1.0 mg/kg q6h, and paregoric 2 to 4 drops/kg q4h, have been used to treat withdrawal symptoms in infants. The duration of therapy is 4 to 28 days, with the dosage decreased as tolerated.
Labor and Delivery: As with all narcotics, administration of VICODIN to the mother shortly before delivery may result in some degree of respiratory depression in the newborn, especially if higher doses are used.
Nursing Mothers: It is not known whether this drug is excreted in human milk. Because many drugs are excreted in human milk and because of the potential for serious adverse reactions in nursing infants from VICODIN, a decision should be made whether to discontinue nursing or to discontinue the drug, taking into account the importance of the drug to the mother.
Pediatric Use: Safety and effectiveness in children have not been established.
ADVERSE REACTIONS:
Central Nervous System: Sedation, drowsiness, mental clouding, lethargy, impairment of mental and physical performance, anxiety, fear, dysphoria, dizziness, psychic dependence, mood changes.
Gastrointestinal System: Nausea and vomiting may occur, they are more frequent in ambulatory than in recumbent patients. The antiemetic phenothiazines are useful in suppressing these effects; however, some phenothiazine derivatives seem to be antianalgesic and to increase the amount of narcotic required to produce pain relief, while other phenothiazines reduce the amount of narcotic required to produce a given level of analgesia. Prolonged administration of VICODIN may produce constipation.
Genitourinary System: Ureteral spasm, spasm of vesical sphincters and urinary retention have been reported.
Respiratory Depression: (See WARNINGS.)
DOSAGE AND ADMINISTRATION: Dosage should be adjusted according to the severity of the pain and the response of the patient. However, tolerance to hydrocodone can develop with continued use and the incidence of untoward effects is dose related.
The usual adult dosage is one or two tablets every four to six hours as needed for pain. The total 24 hour dose should not exceed 8 tablets.

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editorial

To be sensibly well read

In 1750 there were only 10 scientific journals, so deciding what to settle down with was easy. In 1988, the world of medical literature is very different. *Index Medicus* indexes over 2,600 scientific journals; *International Nursing Index* covers 300 regular nursing journals and selectively indexes some 2,000 others. *Cumulated Index to Nursing and Allied Health Literature (CINAHL)* numbers 300 regular nursing journals and about 150 titles in allied health. *Abridged Index Medicus* covers 120 of the most common English language journals and even this would be an unwieldy, if not impossible, number of titles to review monthly. So how do we decide what to read? Indeed, why read at all?

In one of his many famous quotes Sir William Osler observed, "It is astonishing with how little reading a doctor can practice medicine, but it is not astonishing how badly he may do it." We read to maintain our clinical competence, to keep up with the advances in medicine. And we read to pursue specific problems, to answer clinical patient management questions. Reading is a means of becoming better educated and of satisfying our curiosity.

Periodicals or journals can be divided broadly into general, specialty or subspecialty, association or organization news or newsletters, reviews, and annuals. These may vary in frequency from weekly to yearly or irregular. In addition to the vast array of subscription literature available, there are a host of "throw-away" journals and for profit periodicals. Abstracting journals vie for the reader's attention as well.

A very small number of journals publish the majority of medicine's breakthrough articles. These journals are broad based and frequently published, such as *Lancet* and *New England Journal of Medicine.* In selecting periodicals to read regularly, we should consider one or more of the well-known weeklies that offer articles on a variety of topics that have been subjected to rigorous expert review.

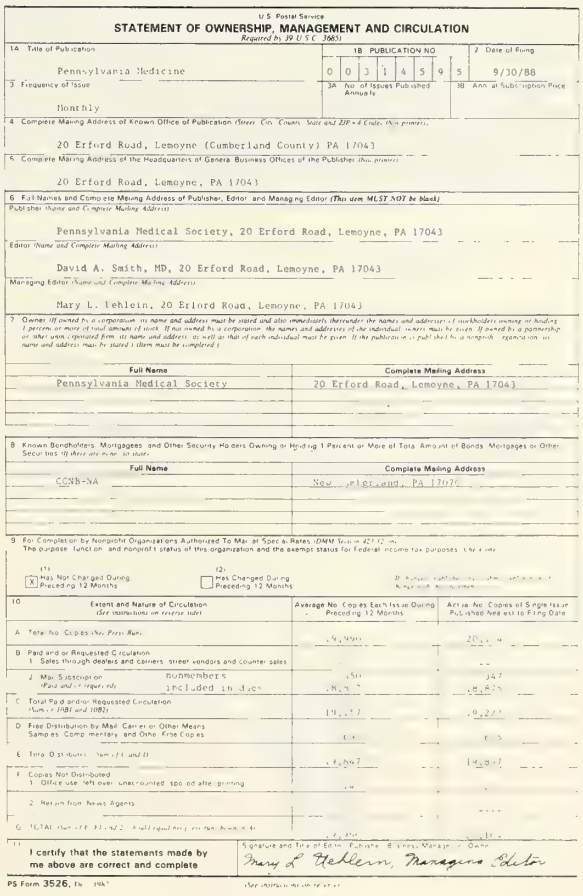
One or two monthly or bimonthly specialty journals should be chosen. These require careful evaluation. Size of circulation (the larger the better), number of articles in several consecutive issues that apply to our own clinical practice, amount of nonhuman research material included, technological emphasis, quality of the editorial staff, and the manuscript review process are important considerations. It is useful to peruse more than one issue because sample copies may not present a realistic picture of the journal's overall aim and content. Other pertinent information that can be gleaned from examination are clinical conference or clinical rounds presentations, medical reviews and advances, editorials, and accurate bibliographies and references. The abstracts that accompany papers aid in evaluating the articles for closer reading. CME credit may be a determining factor in selection.

While an organized reading program is an important educational tool, you might also want to skim other journals on a regular basis. A simple checkoff sheet that lists titles and months on a grid will assist in tracking your interests. Journals that abstract other journals give access to a wide range of publications that can be searched by topic. Then, with the use of reprint requests, articles in even the most esoteric journals will be at hand.

For later retrieval, filing these relevant papers either in entirety or on 3x5 subject reference cards was once a must. Today with information retrieval by such user friendly search systems as the National Library of Medicine's *GRATEFUL MED* or Beth Israel Hospital's *PaperChase,* voluminous manual indexing and filing is not necessary. It is even possible to create your own personal computerized minidatabase for which there are excellent software packages.

George Ade (1866–1944) wrote, "Only the more Rugged Mortals should attempt to Keep Up on Current Literature." Keeping up is a difficult, but not insurmountable, task.

David A. Smith, MD
Medical Editor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AMA calls meeting to discuss RBRVS study

The American Medical Association will convene a meeting November 13 to discuss the Harvard Resource-Based Relative Value Scale (RBRVS) study. Representatives from national medical specialty societies, state medical associations, and county medical societies will meet in Chicago to review the report.

The special meeting is part of the AMA's efforts to evaluate the results of the Harvard study. The AMA Board of Trustees will review the report at its October meeting.

Nearly three years in the making, the 2,000-page RBRVS report was presented to the Health Care Financing Administration (HCFA) in September. The $2.5 million study provides a relative ranking of physicians' services compared to each other by measuring the financial, physical, and mental resources expended by physicians when caring for a patient. The RBRVS considers the amount of time spent with a patient, the intensity of services provided, overhead office costs, the cost of professional liability insurance, and the cost of medical education and training.

If adopted by Medicare, the RBRVS may result in large increases or decreases in reimbursement for some specialists. Physicians who perform surgical or invasive procedures would be hit the hardest. Primary care physicians would benefit the most. However, the proposed RBRVS is likely to change after HCFA, Physician Payment Review Commission (PPRC), and Congressional review.

Principal findings of the RBRVS report and its methodologies were published in the September 29, 1988 issue of the *New England Journal of Medicine.*

The study assigned values for approximately 2,000 of the 7,000 CPT codes that describe physician services. A follow-up study, scheduled for release in late 1989, will expand the RBRVS report to additional specialties. Only a portion of the services provided by 14 of the 18 specialties included in the report were examined.

Because Medicare reimbursement for some physicians could be drastically altered, William Hsiao, PhD, principal investigator for the study, has recommended a phase-in period of "at least five years." The AMA supports such a transition period.

The AMA will set policy on the RBRVS at its 1988 Interim Meeting December 3–7 in Dallas and at its 1989 Annual Meeting June 18–22 in Chicago.

Exhibit opens at Morani gallery

A new exhibit opened at the Morani Art Gallery of the Medical College of Pennsylvania. "A Collector's Perspective" is the third and last exhibit from the collection of Alma Dea Morani, MD, namesake of the gallery. The works will be on loan from Dr. Morani until January 1989 when they will be given to the gallery.

Continuing through December, the exhibit features an array of works from the Far East and other foreign countries. One noted piece is a wallhanging from the island of Bali. Presented to U.S. Army General Isiah Davies, the painting was given to the gallery through Dr. Morani by his daughter Mrs. Zela Wood, of San Antonio, TX.

Other items include: sculptures from Taiwan, Korea, Tibet, India, Malaysia, Haiti, the Phillippines, Singapore, China, New Zealand, Israel, and Africa; paintings from Hawaii, India, Israel, and the United States including the Philadelphia area; plates and ceramics from Japan, Taiwan, and Czechoslovakia; and masks from Mexico, Bali, Samoa, China, and Japan.

The Morani Art Gallery is at the EPPI Conference Center, 3200 Henry Ave., Philadelphia. It is open Tuesday and Thursday 4 p.m. to 6 p.m. and by appointment.

Pitt students launch microscope challenge

In an effort to ease the financial burden of first-year medical students at the University of Pittsburgh School of Medicine, the class of 1990 has set up the 1988 Microscope Challenge.

The university, alumni, and physicians across the state are being asked to participate. The goal of the challenge is to provide 231 microscopes for freshman and second-year students.

So far, donations have produced 20 microscopes and $8,200. The students are contributing by collecting aluminum cans for recycling.

Any physician interested in donating a microscope or money, can contact the Educational and Scientific Trust of the Pennsylvania Medical Society, 20 Erford Road, Lemoyne, PA 17043; 717-763-7151.

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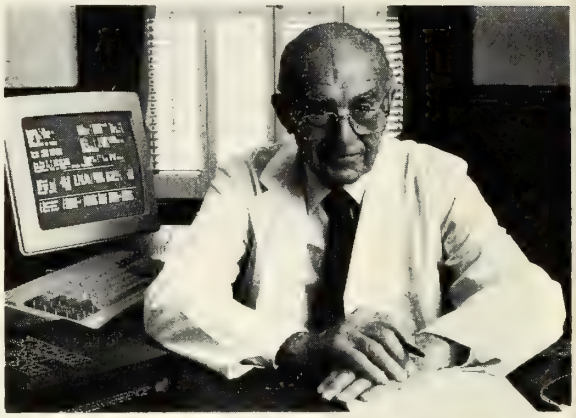

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KIDS WELL promotes preventive health care

Children and adolescents in Pennsylvania are not receiving the preventive health care they need, according to the Pennsylvania Chapter of the American Academy of Pediatricians (PA AAP). KIDS WELL, a new initiative of the PA AAP, promotes preventive health care.

The goal of KIDS WELL is to help parents become partners in their children's health by making sure their children get preventive health care.

One part of the program is to advise parents on their insurance coverage. Many families do not have health insurance policies for children that provide the benefits needed to promote health, and to detect and treat health problems before they result in permanent disabilities.

The PA AAP recommends that parents use the following list of insurance benefits to check their health insurance to see what services are covered and to know when they will have to pay for care themselves:

- Preventive health care: the AAP recommends six check-up visits in the first year, three in the second, annual visits from ages three to six, and visits every other year from ages eight to 21.
- Diagnosis and treatment for illness, developmental, learning, and behavior problems.
- Surgical care, including correction of congenital abnormalities.
- Mental health services, including treatment of substance abuse.
- Emergency and trauma care services.
- Hospital care.
- Specialty consultations.
- Family planning services.
- Pregnancy services.
- Newborn infant care.
- Laboratory and pathology services.
- Diagnostic and therapeutic radiology services.
- Anesthesia services.
- Rehabilitative services, including physical, speech, and occupational therapies.
- Home health care or private duty nursing.
- Long term care in an intermediate or skilled nursing home.
- Services to evaluate and treat suspected child abuse.
- Ambulance transfer/transport

Comprehensive insurance also should include:

- Hospice care to support families with dying children.
- Respite care to relieve parents caring for a chronically ill child.
- Case management and coordination services for chronic illness and disability.
- Preventive and restorative dental care.
- Nutrition assessment and counseling.
- Prescription drugs, medical and surgical supplies, corrective eyeglasses or lenses, hearing aids, and special nutritional supplements.
- Rental or purchase of prescribed medical equipment.

Pediatricians release well child care guidelines

The soon-to-be-released second edition of "Guidelines for Health Supervision" from the American Academy of Pediatrics (AAP) defines the specific content and schedule for regular check-up visits from infancy through adulthood. The AAP emphasizes the importance of providing each child with continuous care from one physician or group of physicians: a "medical home" from birth to adulthood.

"Regular, comprehensive visits for pediatric health supervision permits early detection and correction of illnesses and abnormalities," Alan Kohrt, MD, president of the Pennsylvania Chapter of the American Academy of Pediatricians, said.

"One of the problems families face in providing preventive health care for their children is cost. Few parents have health care benefits that include preventive well child care. Because most of the cost of preventive care is out-of-pocket, many parents with health insurance that pays only for sick care are forced to seek free immunizations from public health clinics or to skip one or more of their child's needed routine health supervision visits."

Pennsylvania pediatricians are seeking state action to assure that every child has health insurance for preventive care.

The new AAP "Guidelines for Health Supervision" details what pediatricians do at each health supervision visit. The guide also includes sections on special problems encountered by many parents such as sleep disorders, temper tantrums, handling the difficult infant, child, or adolescent, and the stresses of single parenting.

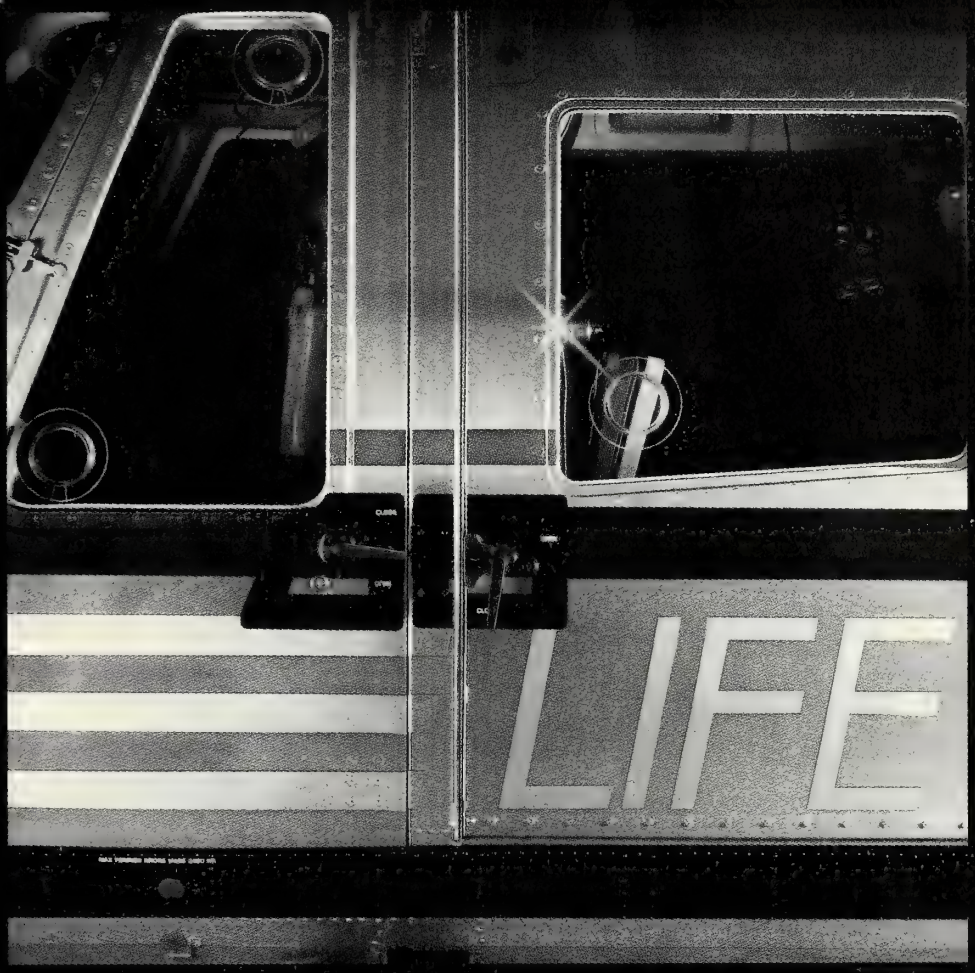
High blood pressure report available

The 1988 Report of the Joint National Committee on Detection, Evaluation, and Treatment of High Blood Pressure (JNC IV) is now available through the National Heart, Lung, and Blood Institute (NHLBI).

The report is the fourth in a series of reports that has provided physicians and other health care professionals with updated therapy recommendations over the last 10 years. It was released by the coordinating committee of the National High Blood Pressure Education Program, a program sponsored by the NHLBI.

JNC IV reviews, updates, and expands the 1984 recommendations for controlling hypertension. The new report translates the results of the latest clinical trials to medical practice, addresses the needs of special populations, examines factors that influence the cost of care, and provides additional guidelines for managing high blood pressure in the presence of cardiovascular diseases and other coexisting medical conditions. It is intended as a guide for practicing physicians and other health care professionals in their care of hypertensive patients.

To get a free copy of JNC IV write The National High Blood Pressure Education Program Information Center, 4733 Bethesda Avenue, Suite 530, Bethesda, MD 20814; or call (301) 951-3260.



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T E N Y E A R S

Pennsylvania infant mortality shows decline

The number of infant deaths in Pennsylvania fell to a record low in 1986, according to figures from the health department's Bureau of Vital Statistics.

Infant deaths, defined as those occurring in the first year after birth, declined from 1,734 in 1985 to 1,628 in 1986. The previous low of 1,634 deaths was recorded in 1984. The infant death rate declined from 10.8 deaths per 1,000 live births in 1985 to 10.2 in 1986. Two-thirds of the infant deaths in 1986 occurred during the neonatal period (the first 27 days of life).

When broken down by race, the infant death rate for whites declined from 9.4 in 1985 to 8.6 in 1986. The number of deaths among non-white races increased from 458 in 1985 to 474 in 1986, although the non-white infant death rate declined from 18.8 in 1985 to 18.3 in 1986.

The department reported a total of 123,852 Pennsylvanians died in 1986, a one-half percent increase from 1985. Thirty-nine percent of the deaths were attributed to heart disease, marking the 41st consecutive year heart disease was the leading cause of death in Pennsylvania.

The median age at death in 1986 (75.3 for whites, 67.7 for non-whites) was 74.8. The figure has risen constantly over the years from 72.8 in 1980, 70.9 in 1970, and 68.7 in 1960.

Sullivan County had the highest death rate in 1986, 13 per 1,000 population. Centre County had the lowest, with a rate of 6 per 1,000 population. Death rates normally reflect the average age of a county's population.

Of 27 cities and boroughs examined, McKeesport had the highest death rate in 1986—18.9 per 1,000 population. The next highest were New Castle and Hazleton at 16.6 and 16.2 respectively. Five-year death rates for 1982–1986 showed McKeesport with the highest rate again, followed by Johnstown, Wilkes-Barre, and Hazleton.

Great American Smokeout November 17

The Great American Smokeout, sponsored by the American Cancer Society, is slated for November 17.

This year's campaign focuses on the harsh realities of the dangers of smoking. Last year, 320,000 Americans died from the toxic substances in cigarettes.

Record participation is expected in this year's smokeout in light of the recent decision in the Cipollone liability case and the publicity generated by the Surgeon General's report indicating nicotine as an addictive drug.

Last year, 39.1 percent of the nation's 50 million smokers participated in the Great American Smokeout. Of the 19.1 million participants, 5.8 million smokers were able to stay off smoking for 24 hours, and 3.7 million were still not smoking one to three days later.

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MRI UPDATE

MRI Advances the Detection of Avascular Necrosis

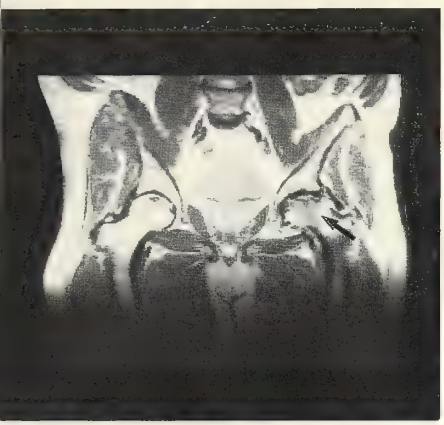

Figure A

Figure B

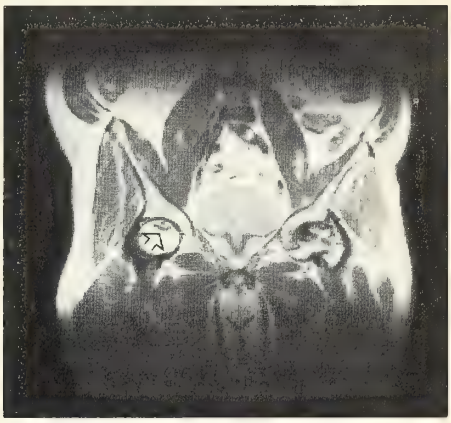

Figure C

HISTORY: This patient is a 50 year old male presenting with left hip and leg pain. There was no history of trauma. The radiographs of the left hip suggest advanced avascular necrosis (AVN). Radionuclide bone scan revealed non-specific generalized increased radioactivity involving the entire left hip, and the right hip was normal.

SCAN: Both hips were imaged in axial and coronal projections. The left hip has multiple findings consistent with advanced AVN, such as: (a) irregular low signal areas mixed with high signal areas involving the superoanterior left femoral head [Fig. A], (b) irregularity and flattening of the articular surface of the femoral head indicating fracture and collapse of the articular surface, (c) large effusion in the joint capsule [Fig. B]. The right hip reveals early changes of AVN, characterized by a low signal intensity margin around a central area of increased signal intensity involving the superoanterior femoral head [Fig. C]. No associated fracture, collapse, or evidence of joint effusion is demonstrated in the right hip.

MRI HIGHLIGHTS: The advantage of MRI in this study is twofold: (1) MRI corroborated radiographic findings of advanced AVN in the left hip, and, (2) MRI disclosed the incidental finding of early AVN in the right hip which was not clinically or radiographically evident. MRI is the most sensitive imaging technique for early detection of AVN, increasing the success of surgical treatment (core decompression). Although the clinical symptoms may be unilateral, the process may be bilateral; occult lesions are most likely to be missed by bone scintigraphy and CT scan. Radiographic changes are not evident until marked bone destruction has occurred.

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Health department reorganizes AIDS program

Secretary of Health N. Mark Richards, MD, has reorganized the state's AIDS program. A new AIDS unit will spearhead Pennsylvania's fight against the disease.

The unit will focus on HIV counseling, testing and partner notification, AIDS education, and active surveillance of pediatric and adult AIDS cases.

It will be led by Grace Varano, RN, of Tamaqua, who will serve as Special Assistant for AIDS. Varano worked more than 17 years with the Maryland Department of Health and Mental Hygiene where she directed the sexually transmitted disease program.

She takes over for Rodger Beatty, who held the job on an acting basis and who has now moved into the Office of Drug and Alcohol Programs. In his new position, Beatty will design and implement new programs to reduce human immunodeficiency virus (HIV) transmission among intravenous drug users and those who share needles. He also will continue to be the department's liaison for community AIDS groups.

George Schelzel, MD, will serve as program director for the AIDS program. He will oversee the operation of the new unit.

The reorganization of the AIDS program is part of a pledge made by Governor Robert P. Casey in June to establish a special AIDS unit within the agency.

Montgomery CMS presents program on litigation stress

The Montgomery County Medical Society has developed a program on litigation stress for its members and their spouses. Scheduled for presentation three times, "Served with a Malpractice Suit? Avoid Litigation Stress" features three perspectives of the malpractice process.

First, John P. Deviney, MD, president elect and chairman of the MCMS Litigation Stress Committee, describes the traumatic experience for both him and his family when he first was served with an alleged malpractice suit.

Then, Andrew L. Braunfeld, a defense lawyer for many PMS Liability Insurance Company clients, explains what a physician should do when served with a malpractice suit. He describes the deposition and interrogation process and the importance of a detailed preparation period with a defense attorney.

Finally, Gregory Gable, assistant director of the PMS Impaired Physician Program, discusses the importance of the physician and family working together with the support available to avoid the trauma of litigation stress.

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Program lifts morale of women with cancer

A program to help women cope with cancer treatment is available through the Graduate Hospital in Philadelphia. The program, "Best Look Forward," includes a five-part workshop series and a videotape.

"There is increasing recognition of the strong influence of a positive attitude on long term survival, especially with serious illnesses such as cancer," Maureen Dunleavy, MSN, RN, coordinator of the Cancer Prevention Center at Graduate, said."When a woman has lost her hair, perhaps lost weight, and is enduring a lengthy period of nausea, a glance in the mirror can be demoralizing, and that's a feeling I remember." Dunleavy underwent chemotherapy treatments three years ago.

The "Best Look Forward," workshop series focuses on a sharing of patient challenges and triumphs, and includes sessions on nutrition, fitness, and personal image.

The "Best Look Forward" videotape is designed to provide a woman with direction on the selection of wigs, scarves, hats, accessories, and make-up that enhance her self image.

For more information about the workshops or the videotape, write The Graduate Hospital Cancer Prevention Center, One Graduate Plaza, 1800 Lombard Street, Philadelphia, PA 19146, or call 1-800-654-GRAD.

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Overview of physician reporting requirements

Kenneth B. Jones, Esq.

For at least the last hundred years[1] physicians have been required to report to government certain information they obtained in the practice of medicine. In the last several years, however, not only have additional categories of mandatory reports been added, but the purpose of the newer reports is different.

The traditional reporting requirements were, in the main, motivated by pure public health concerns such as prevention of the spread of infectious disease. The newer reporting requirements are designed to identify impaired or incompetent physicians, or identify abused children or abused elderly people in need of government protections. These new requirements sometimes call for judgments that are not purely medical but that are at least partly factual or legal. What follows is a brief overview of principal reporting requirements of interest to physicians.

Reporting the patient

Traditionally, physicians have been required to report patients with infectious diseases. Reports are made to state or local health departments[2] which have significant authority to trace contacts, quarantine[3], etc. to prevent the spread of communicable disease. Reportable diseases or conditions, communicable and otherwise, include: aquired immune deficiency syndrome (AIDS), amebiasis, animal bite, anthrax, botulism, brucellosis, campylobacteriosis, cancer, cholera, diphtheria, encephalitis, food poisoning, giardiasis, gonococcal infections, Guillain-Barre syndrome, Haemophilus Influenza Type B disease, hepatitis non-A non-B, hepatitis viral, including Type A and Type B, histoplasmosis, Kawasaki disease, legionnaires' disease, leptospirosis, Lyme disease, lymphogranuloma venereum, malaria, measles, meningitis-all types, meningococcal disease, mumps, pertussis (whooping cough), plague, poliomyelitis, psittacosis (ornithosis), rabies, Reye's syndrome, rickettsial diseases, including Rocky Mountain spotted fever, rubella (German measles) and congenital rubella syndrome, salmonellosis, shigellosis, syphilis-all stages, tetanus, toxic shock syndrome, toxoplasmosis, trichinosis, tuberculosis-all forms, tularemia, typhoid, and yellow fever.[4]

Of these, AIDS reporting is the most recent. There is no present requirement that an HIV positive patient be reported.

Physicians also are required to report in writing and by telephone patients suffering injuries caused by a deadly weapon or "upon whom injuries have been inflicted in violation of any penal law of this commonwealth" to the local chief of police or the state police.[5] Physicians must also report when "they have reason to believe, on the basis of their medical. . .training and experience, that a child coming before them in their professional capacity. . .is an abused child."[6] Reports to the Department of Public Welfare are to be made immediately by phone and in writing within 48 hours, with medical summaries and x-rays.[7] Physicians *may* report to the local agency that provides protective services if they have reasonable cause to believe that an older adult is in need of protective services.[8]

These new requirements sometimes require judgments that are not purely medical but that are at least partly factual or legal.

Reporting the physician

Since 1985, three new laws require the reporting of physicians by health care facilities or fellow physicians. The Medical Practice Act requires "any hospital or health care facility, peer or colleague who has substantial evidence that a professional has an active addictive disease for which the professional is not receiving treatment, is diverting a controlled substance or is mentally or physically incompetent to carry out the duties of his or her license. . ." to make a report to the medical board.[10] State law also requires that hospitals report "the termination or curtailment of the employment, association or professional privileges of a physician. . .with a health care facility where there exists reasonable cause to believe malpractice or misconduct has occurred. . ." or "the resignation or withdrawal. . .of privileges to avoid imposition of disciplinary measures. . ." or the "receipt of written information which establishes that applying physician has been convicted of a felony."[11] Similar requirements are imposed by the Federal Health Care Quality Improvement Act.[12] This federal Act requires reporting to the state medical boards all professional review actions taken against physicians that adversely affect clinical privileges for more than 30 days. The Act also requires reporting of malpractice awards or settlements to both the secretary of health and human services and the state medical boards.[13]

The summary above is not all-inclusive. The reporting by physicians of medical diagnoses and treatment decisions, for example, is beyond the scope of this overview. This should, however, alert physicians to some of the newer reporting requirements and to the general trend these requirements are taking. □

The author is legal counsel for the Pennsylvania Medical Society.

Notes

1. *See*, 53 P.S. §24663.
2. 35 P.S. §521.4.
3. *See*, 35 P.S. §521.1 et. seq.
4. 28 Pa. Code §27.2, *see* 28 Pa. Code §27.1 et. seq.
5. 18 P.S. §5106. "Deadly weapon" is defined as "any firearm. . .or any devise designed as a weapon and capable of producing death or serious bodily injury, or any other device. . .which in the manner in which it is used. . .is calculated or likely to produce death or serious bodily injury. 18 P.S. §2301.
6. 11 P.S. §2204(a). "'Child abuse' means serious physical or mental injury which is not explained by the medical history as being accidental or sexual abuse or sexual exploitation or serious physical neglect of a child under 18 years of age if the injury, abuse or neglect has been caused by the acts or omissions of the child's parents or by a person responsible for the child's welfare or any person residing in the same home as the child or a paramour of the child's parent. . ." 11 P.S. §2203.
7. 11 P.S. §2206.
8. 35 P.S. §10215(a); *see generally*, §10211 et seq.
9. 63 P.S §422.4(F).
10. 35 P.S. §448.806(a)(q).
11. 35 P.S. §423(a)(1)(A).

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Donald E. Harrop, MD

As physicians, we have a naturally acquired resistance to bureaucracy. Whether it be Medicare, Medicaid, Blue Cross/Blue Shield or private insurers, all cause extra paperwork and require us to follow procedures and adhere to regulations that at times seem illogical. One of our major complaints in dealing with bureaucracy is that it detracts from the time we spend in caring for our patients.

Probably no other situation raises our emotional level more than when the Keystone Peer Review Organization (KePRO), which is considered to be part of this bureaucratic morass, questions a case for medical necessity or quality of care. None of us likes to be second guessed, especially when it causes increased paperwork and requires us to defend our actions. But what about our patients in these cases? Do we have other obligations to them that go beyond patient care? I think we do, and not just to them individually, but also to the general public. Individually our patients may or may not know about the Peer Review Organization (PRO) or review, but the general public is becoming more knowledgeable about the entire health care delivery system each day. By the public, I mean not only John Q. Public, but the United States Congress, the many senior citizens and consumer groups, and the media. The "public" is looking to the PROs for assurance that the quality of care they expect is being delivered. How we as physicians react to these expectations portrays our public image.

Is our public image enhanced when we write to our Congressman to complain that one of our cases has simply been questioned by the PRO? Are we performing a public service by telling our patients that KePRO is denying them services to which they are entitled although we know the need for those services is questionable at best? Or is this more sophisticated public now able to separate the legitimate complaints from those that reflect just obvious resentment of bureaucracy?

I am sure you will agree that quality assurance is necessary and that it should be done by practicing physicians. The Pennsylvania Medical Society established KePRO in order that physicians remain in control of the quality assurance process. The success or failure of the PRO system is being watched closely. If the PRO program fails, the entire physician community will be judged to have failed to accept the responsibility for controlling the Medicare program. Therefore, like it or not, we all have a vested interest in the success of peer review.

I am proud that KePRO is one of only a handful of PROs that are state medical society affiliated. I would prefer that all state PROs were so related to their state medical societies. This would reflect even more of a commitment by organized medicine that we are responsive to our obligation to the public.

Dr. Harrop is president of the Keystone Peer Review Organization and immediate past president of the Pennsylvania Medical Society.

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Cost controls lead to increased claim reviews

David H. Glusman, CPA
Barbara A. Harris, BS
Thomas W. Reinke, MBA

Do you ever feel like someone is looking over your shoulder? Someone is. Federal agencies and third parties are monitoring more closely than ever your billing practices. Read on to learn how investigators are keeping tabs on you and your peers.

To control health care costs and prevent fraud, the federal government and third parties have implemented more sophisticated monitoring techniques of the billing activities of physicians and other health care providers. Recently the U.S. Attorney in Philadelphia alleged that over 400 doctors in Pennsylvania accepted illegal kickbacks from four medical laboratories as part of a Medicare fraud scheme. The U.S. Attorney's office claimed that over a three year period, the kickbacks accepted by each physician for sending work to the labs ranged from $150 to $5,000. The physicians received letters demanding they pay the government triple the amount of the payments they received to avoid additional civil action, criminal action, or expulsion from the Medicare program.

This anti-fraud action represents the largest scale enforcement action ever taken against the physician community. It is just one example that signifies the extent to which federal agencies and third parties have intensified their monitoring of billing activities.

The types of fraudulent activities the Office of the Inspector General (OIG), the unit within the Department of Health and Human Services responsible for investigating Medicare violations, and other third parties are interested in detecting when they monitor a physician's billing activities include:

1. Billing for services not actually provided.
2. Misrepresentation of provided services by billing for a more expensive service, a practice commonly known as "upbilling."
3. Kickbacks or other payments for the referral of patients as discussed above.
4. Deliberate application for duplicate payment, especially for low-value, high-volume services that are likely to go unnoticed.
5. Falsely obtaining certification for participation in Medicare and Medicaid.
6. Billing patients for any differences between the Medicare allowed amount and the original charge.

This anti-fraud action represents the largest scale enforcement action ever taken against the physician community.

7. Arrangements contained in joint ventures are frequently interpreted as technical violations of the fraud and abuse statutes.
8. Developing new creative avenues to generate busier, more lucrative practices may also lead to fraud and abuse allegations.

According to the OIG, the most common fraudulent practices are billing for services never rendered and all variations of upbilling. These practices have existed since the inception of the Medicare and Medicaid programs. Until recently, they were the most prevalent types of fraud because they were the easiest to commit and the most difficult for the government to detect.

Now more elaborate fraud schemes that are even more difficult to uncover have been developed. Some of these schemes involve conspiracies among physicians, nonphysician providers, and even patients. In a recent *Wall Street Journal* article the Federal Trade Commission claimed that participants in health care fraud earn $10 billion a year collectively.

Enforcing new regulations

In addition to the common fraud and abuse violations for which doctors receive scrutiny, various new administrative and billing regulations listed below will be enforced through more intensive monitoring of insurance claim forms and patient billing activities.

1. Maximum Allowable Actual Charge (MAAC). Maximum allowable actual charges apply to Medicare covered services of nonparticipating physicians. Prior to April 1, 1988, MAAC compliance was determined by calculating the average charge of a nonparticipating physician during the January 1987 through March 31, 1988 period. On April 1, 1988, however, MAAC compliance was changed. Now the 1988 MAAC amount constitutes an actual charge limit on each Medicare charge of a nonparticipating physician. The average of all of the physician's actual charges will no longer serve as the standard for determining MAAC compliance. A violation exists if any one of the physician's actual charges exceeds the

The authors are principal consultants in the Health Care Partnership, a practice management firm in Philadelphia.

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physician's MAAC amount for a particular service. Sanctions may result if a physician knowingly and willingly bills in excess of the MAAC amount on a repeated basis.

2. Actual providers. Medicare regulations stipulate that the doctor who actually performs a service must bill for that service. When benefits are paid to the attending/supervising physicians for services they did not actually perform, Medicare will request a refund.

3. Medically unnecessary services. When a physician not participating in Medicare performs services on an assigned basis that are determined to be medically unnecessary (i.e., EKG or X-ray), either by a carrier or peer review organization, he must refund the monies he received from his patient.

4. Elective surgery over $500. A physician not participating in Medicare who does not take assignment for elective surgery must provide certain information to a patient for procedures where the doctor will charge in excess of $500. The letter to the patient must specify the following items:

a. The physician's actual charge;
b. The physician's Medicare approved charge;
c. The patient's out-of-pocket expenses.

When the doctor does not notify the patient of the anticipated charges prior to the surgery, the doctor is required to refund any monies collected from the patient in excess of Medicare's charge. The physician who fails to refund the money may be subject to civil monetary penalties and/or exclusion from the Medicare program.

5. Incident to a physician's professional service. "Incident to a physician's professional service" for Medicare purposes means that services provided by nonphysicians must be directly supervised by the physician. "Direct supervision" does not mean that the physician must be present in the same room; however, he must be available in the same building to provide guidance and assistance when the aide is performing services. Abusing the definition of "direct supervision" may lead to an audit and requests for refunds.

Sophisticated monitoring techniques

To assure compliance with billing regulations, the Office of the Inspector General and the insurance industry have organized special investigation units, tightened audit procedures, and improved coordination among the third parties to identify suspect claims. As health insurance fraud and abuse schemes become more elaborate, third parties are attacking not only by enacting new and expanded regulations, but also by implementing more sophisticated monitoring techniques.

1. Computer programs. The Office of the Inspector General now uses automated methods for detecting fraudulent billing practices. Although still in the early stages, computer programs screen submitted claims to identify blatant fraud. As an example, a patient suffering from a hiatal hernia, received seven or eight days of extended care, yet no other diagnoses were noted on the patient's chart. Although a computer program would not deny payment by itself, it would indicate that the diagnosis stated together with the level of treatment shown on the chart appears unusual. Another computerized monitoring technique involves checking dates of service against admission and discharge dates.

2. The National Health Care Anti-Fraud Association. Another mechanism the OIG is using to pursue illegal activities is cooperation with private health insurance companies. Insurers claim they fall short in attempting to curtail fraud and abuse. As the insurance industry continues to cut costs, there are less than sufficient funds available to track fraud. The OIG contends providers defrauding federal and state health care programs might also be defrauding private insurance companies. To fight back, the OIG has joined with private insurance companies and law enforcement agencies to form the National Health Care Anti-Fraud Association.

3. Cooperation with peer review organizations. The OIG also has expanded its cooperative efforts to police health care programs by working with peer review organizations (PROs) to identify abusive practices. PROs were established to evaluate the quality of care and the necessity of hospital admissions under the Medicare payment system. Presently, PROs are under contract with the Health Care Financing Administration (HCFA). The contract requires PROs to identify providers whose quality of care does not meet professional recognized standards. If the PROs are unable to convince the providers to improve the quality of care, the PRO is required to recommend to the OIG either a monetary penalty or a period of exclusion from the Medicare program.

The Department of Health and Human Services has been quite successful at converting PRO referrals into viable cases against physicians. The penalties imposed range from refund requests to exclusion from Medicare participation.

4. Private review. In addition to joining forces with the OIG to uncover fraud and abuse situations, insurance companies enlist the services provided by private claim review companies. One firm located in central Pennsylvania reviews workers' compensation cases on behalf of these insurance companies. Although this particular organization does not establish whether a service has actually been performed or upbilled, it does determine reasonable and customary charges by using a regional data base. Each bill that an insurance company submits becomes a part of the database.

Interestingly, after the private review company establishes the reasonable charge on behalf of the insurance company, physicians may bill their patients for the remaining balance of the charges that were in excess of those approved by the private review company.

Penalties

Not only have the OIG and Medicare carriers expanded the number of regulations and improved their monitoring techniques, they have a variety of sanctions to support them in their fight to eliminate fraud and abuse.

1. Administrative sanctions. Administrative sanctions, the simplest form of punishment, include warnings, withholding of payments, and the recovery of overpayments/or refunds. If a nonparticipating physician did not disclose the proper information prior to surgery that cost in excess of $500, an administrative sanction such as the refund would be imposed. These sanctions are the most common method of enforcing billing regulations. As the extent of third party billing regulations rapidly expands, the number of physicians involved in both intentional and nonintentional violations also expands. Likewise, the number of physicians faced with administrative sanctions is increasing.

2. Criminal sanctions. The original Medicare Fraud and Abuse legislation dates back to 1972, when a number of fraudulent activities were defined as

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3:30 p.m.–4:00 p.m.
When is cardiac catheterization not indicated before surgery in acquired cardiac disease?
Jan R. Weber, MD
4:00 p.m.–5:00 p.m.
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misdemeanors. In a move to increase the effectiveness of the government's efforts to curb violations, the Medicare Fraud and Abuse amendments of 1977 upgraded most fraudulent acts to felonies. With the change to felony status, maximum penalties were increased from a $10,000 fine and one year of imprisonment to a $25,000 fine and five years of imprisonment. In 1977, Medicare officials also were given the power to ban providers from participation in the Medicare program.

Fraud and abuse cases also can be prosecuted as criminal violations of the Medicare regulations or as violations of a number of sections of the U.S. Criminal Code, including statutes against conspiracy, mail fraud, racketeering, and the obstruction of justice.

3. Civil sanctions. The Civil Monetary Penalties Law (CMPL) provides for civil rather than criminal penalties of up to $2,000 for each individual fraudulent claim, plus an additional assessment of up to twice the amount claimed and suspension from the Medicare and Medicaid programs. At $2,000 for each claim, the money demanded by the government can soar even though the dollar value of the fraudulent claims may have been relatively low. Cases may be prosecuted as civil violations under the False Claim Act, a law covering any false statements or claims to the government.

The CMPL has been perceived as an improvement over the False Claims Act. Under the False Claims Act, fraudulent intent must be proven before penalties may be imposed. Under the CMPL, cases are not processed through criminal court, but are handled through hearings before an administrative law judge who may impose penalties without proof of fraudulent intent. In a 1986 report, the OIG cited a large number of cases successfully resolved under the CMPL, including a $240,000 fine and a 10-year suspension for the submission of false claims, and a $300,000 settlement against a cardiologist after a joint audit discovered violations involving undocumented services, upgrading of procedure codes, and misrepresented diagnoses.

With the costs of the Medicare Part B program rising two to three and a half times faster than the general inflation rate from 1980–1987 and Blue Shield recovering $2.00 for every $1.00 spent on auditor's time, third parties will monitor the compliance of these new and expanded regulations extremely closely.□

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References:

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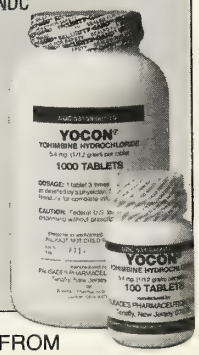

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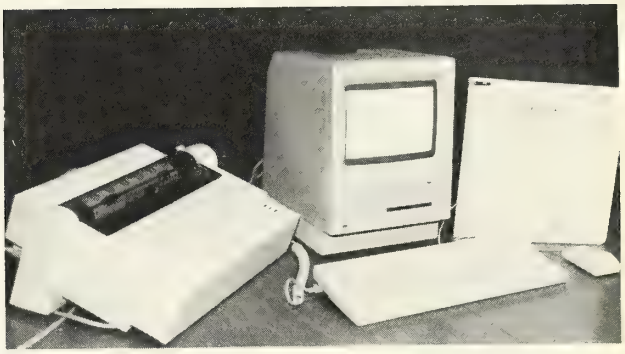

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physicians in the news

Thomas D. Duane, MD, PhD, Bedminster, received the Howe Medal from the American Ophthalmological Society. Dr. Duane served as ophthalmologist-in-chief at Wills Eye Hospital from 1973 until his retirement in 1981.

Ramona Chakkaravarthi, MD, former chief of geriatrics and extended care at the Veterans Administration Hospital in Coatesville, has joined Philadelphia Geriatric Center (PGC) as director of medical education.

Herbert L. Hyman, MD, received the Alumnus of the Year Award from the Allentown Hospital and Lehigh Valley Hospital Center. He served as chief of gastroenterology at Allentown Hospital from 1957 to 1980 and at Lehigh Valley Hospital Center from 1974 to 1980.

Stephen Chavin, MD, was appointed medical director of Philadelphia Geriatric Center (PGC).

Robert S. Fisher, MD, of Temple University School of Medicine, was named 1988 Physician of the Year by the National Foundation for Ileitis and Colitis.

John J. Mikuta, MD, director of gynecologic oncology and Franklin Payne professor of gynecologic oncology at the University of Pennsylvania School of Medicine, was elected assistant secretary of the American College of Obstetricians and Gynecologists.

Thomas E. Starzl, MD, world-reknowned transplant physician and chief of transplantation at the University of Pittsburgh Hospitals, spoke on the future of transplantation at the opening ceremonies of the Moe Henry Hankin Transplant Floor at Albert Einstein Medical Center's Bannett Transplant Institute.

Frederic Baurer, MD, a resident graduate of the Institute of Pennsylvania Hospital's Psychiatric Program, received a certificate of achievement from the hospital's division of adolescent and child psychiatry.

Bernard A. Eskin, MD, professor of obstetrics and gynecology at the Medical College of Pennsylvania, is editor and contributing author for *The Menopause: Comprehensive Management*, a textbook on medical and psychological symptoms, endocrinology, and treatment of menopause.

Richard F. Summers, MD, a resident graduate of the Institute of Pennsylvania Hospital's Psychiatry Program, received the National Psychiatric Endowment Award for outstanding character and achievement.

Dara Tashayyod, a second year student at the Medical College of Pennsylvania, received one of seven nationwide student research fellowships from the Alpha Omega Alpha Honor Society.

Frank P. Brooks, MD, professor of medicine and physiology at the University of Pennsylvania School of Medicine, was named the first "Master in Gastroenterology" by Janssen Pharmaceutical and the American Gastroenterology Association.

Albert J. Finestone, MD, clinical professor of medicine and associate dean for continuing medical education at the Temple University School of Medicine, passed the 1988 Geriatric Medicine Examination. Dr. Finestone was among the 56 percent of the 4,282 physicians who took the exam who passed.

Three Philadelphia physicians will head Mt. Sinai Hospital's newly created Department of Cosmetic and Reconstructive Surgery. **Julius Newman, MD**, will serve as chairman of the department. **Louis Rose, MD, DDS**, will head the department's section of cosmetic dental and maxillofacial surgery. **Zaki Ftaihi, MD**, will direct the section of cosmetic contouring surgery.

Mary A. Simmonds, MD, assistant professor of oncology in the Department of Medicine at the Pennsylvania State University College of Medicine, was elected president, and **Terence N. Moore, MD**, radiation oncologist at Lancaster General Hospital, Lancaster, was elected vice president of the board of directors of the American Cancer Society, Pennsylvania Division.

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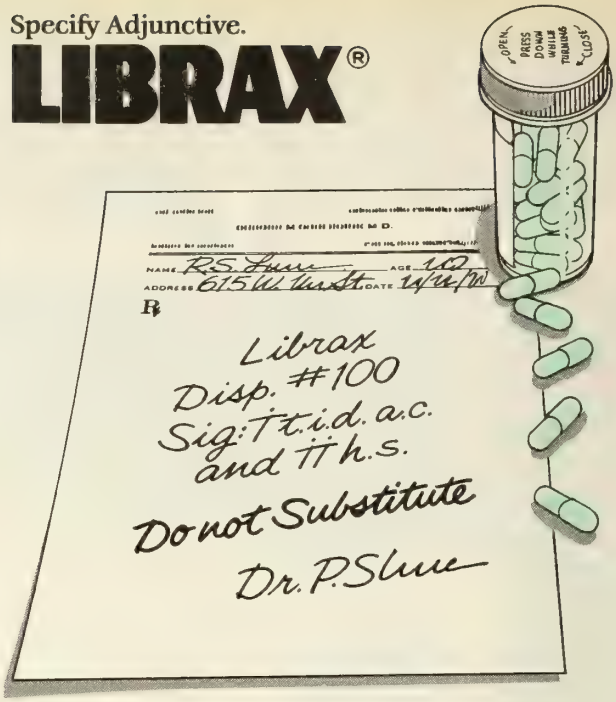

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Please consult complete prescribing information, a summary of which follows:

* **Indications:** Based on a review of this drug by the National Academy of Sciences—National Research Council and/or other information, FDA has classified the indications as follows:
"Possibly" effective: as adjunctive therapy in the treatment of peptic ulcer and in the treatment of the irritable bowel syndrome (irritable colon, spastic colon, mucous colitis) and acute enterocolitis.
Final classification of the less-than-effective indications requires further investigation.

Contraindications: Glaucoma; prostatic hypertrophy, benign bladder neck obstruction; hypersensitivity to chlordiazepoxide HCl and/or clidinium Br.
Warnings: Caution patients about possible combined effects with alcohol and other CNS depressants, and against hazardous occupations requiring complete mental alertness (*e.g.*, operating machinery, driving)

Usage in Pregnancy: **Use of minor tranquilizers during first trimester should almost always be avoided because of increased risk of congenital malformations as suggested in several studies. Consider possibility of pregnancy when instituting therapy. Advise patients to discuss therapy if they intend to or do become pregnant.**

As with all anticholinergics, inhibition of lactation may occur.
Withdrawal symptoms of the barbiturate type have occurred after discontinuation of benzodiazepines (see Drug Abuse and Dependence).
Precautions: In elderly and debilitated, limit dosage to smallest effective amount to preclude ataxia, oversedation, confusion (no more than 2 capsules/day initially; increase gradually as needed and tolerated). Though generally not recommended, if combination therapy with other psychotropics seems indicated, carefully consider pharmacology of agents, particularly potentiating drugs such as MAO inhibitors, phenothiazines. Observe usual precautions in presence of impaired renal or hepatic function. Paradoxical reactions reported in psychiatric patients. Employ usual precautions in treating anxiety states with evidence of impending depression; suicidal tendencies may be present and protective measures necessary. Variable effects on blood coagulation reported very rarely in patients receiving the drug and oral anticoagulants; causal relationship not established. Inform patients to consult physician before increasing dose or abruptly discontinuing this drug.
Adverse Reactions: No side effects or manifestations not seen with either compound alone reported with Librax. When chlordiazepoxide HCl is used alone, drowsiness, ataxia, confusion may occur, especially in elderly and debilitated; avoidable in most cases by proper dosage adjustment, but also occasionally observed at lower dosage ranges. Syncope reported in a few instances. Also encountered: isolated instances of skin eruptions, edema, minor menstrual irregularities, nausea and constipation, extrapyramidal symptoms, increased and decreased libido—all infrequent, generally controlled with dosage reduction; changes in EEG patterns may appear during and after treatment; blood dyscrasias (including agranulocytosis), jaundice, hepatic dysfunction reported occasionally with chlordiazepoxide HCl, making periodic blood counts and liver function tests advisable during protracted therapy. Adverse effects reported with Librax typical of anticholinergic agents, *i.e.*, dryness of mouth, blurring of vision, urinary hesitancy, constipation. Constipation has occurred most often when Librax therapy is combined with other spasmolytics and/or low residue diets.
Drug Abuse and Dependence: Withdrawal symptoms similar to those noted with barbiturates and alcohol have occurred following abrupt discontinuance of chlordiazepoxide; more severe seen after excessive doses over extended periods; milder after taking continuously at therapeutic levels for several months. After extended therapy, avoid abrupt discontinuation and taper dosage. Carefully supervise addiction-prone individuals because of predisposition to habituation and dependence.

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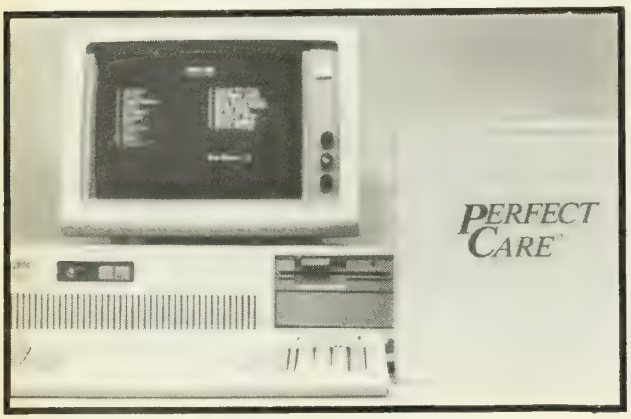

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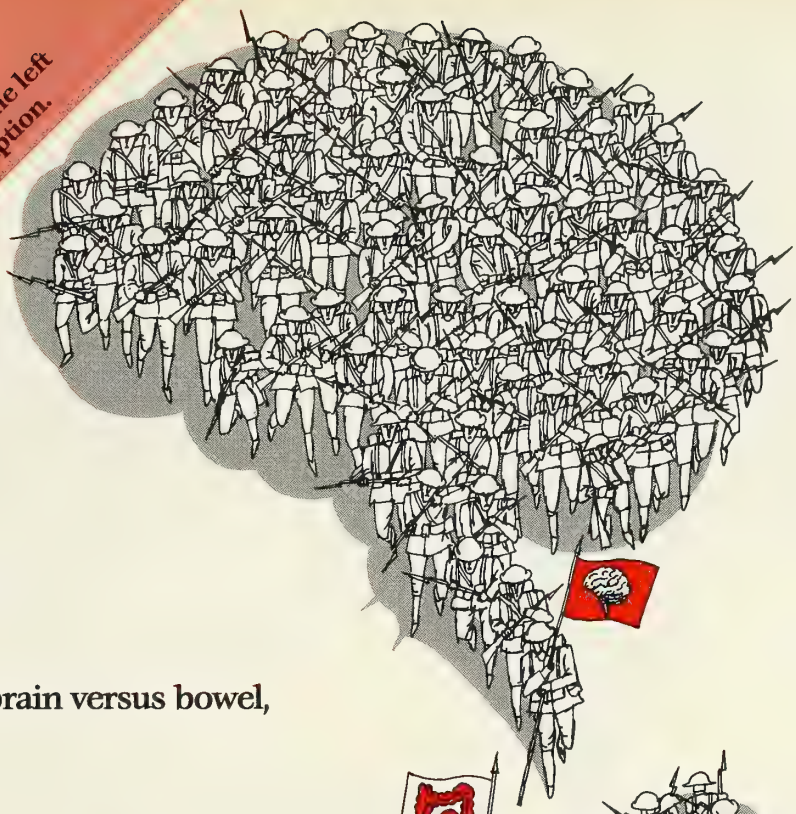

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Please see summary of prescribing information on adjacent page.

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For Full Prescribing Information, Please See PDR.

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The physician search and triple net gain

John Downing III
Ginny Simon
Shari Steele

A quality medical staff is critical to success in providing health care. With today's increasingly competitive marketplace, however, it becomes difficult to locate, recruit, and hire quality physicians. Specialization within the medical field, location of the hiring facility, and specific position requirements further narrow the potential universe of qualified job candidates. Successful recruitment of professional staff often requires a commitment of major amounts of time, money, and other resources.

Physician search firms can provide many services to make the recruiting process more efficient and less expensive while locating the right physician to match specific needs.

Search firms provide medical facilities with several key benefits. First, with a search firm working to fill positions, physicians and administrators are freed to do jobs requiring their expertise. Second, a medical facility's market position is better maintained because openings are filled quickly. Finally, search costs are reduced as a result of the greater efficiency and experience that a search firm provides. Thus, the health care provider that hires a physician search firm reaps a "triple net gain."

Conducting the search

Most health care organizations take a passive approach toward recruitment. Word of an opening is sent out to a few contacts, advertising placed in newspapers, and the waiting begins.

A good search firm, on the other hand, will adopt an aggressive approach that includes the above steps and a lot more. Typically, it will use targeted direct solicitation that draws on previous contacts and referrals. The qualifications and preferences of these contacts are prescreened so that the search is as efficient as possible.

Technology has further increased the efficiency of physician search firms. By using databases assembled from different sources, search firms can find candidates who meet multiple criteria, thereby saving both the client and themselves money normally spent in screening poorly qualified respondents.

Screening candidates

After qualified candidates are found, more intensive screening begins. It is often difficult for the staff of a practice or medical facility to devote enough time to screening qualified candidates. Administrators or hiring physicians usually cannot fit interviews, candidate development, and negotiations into already full schedules. Even if the time is found, a health care provider conducting the search suffers a further disadvantage. A prospective employee is less likely to be completely open about his or her reservations and preferences when talking directly to a prospective employer.

When speaking to a neutral third party that may offer the potential of several job opportunities, a prospective candidate feels free to express personal concerns and requirements.

A search firm, in contrast, has the time to look at an individual's professional record and to discuss personal and family issues with the applicant. When speaking to a neutral third party that may offer the potential of several job opportunities, a prospective candidate feels free to express personal concerns and requirements. This kind of frank dialogue is important to finding a good match between the physician and the hospital or medical practice in question.

Furthermore, interviewing is a skill developed through training and experience. In today's health care industry, interviewing is more than asking questions of a candidate; it also includes marketing. A physician search firm that has done its job in learning about the position can make the medical facility or practice, the financial package, and the surrounding community attractive to qualified candidates. A search firm also has the time and experience needed to disseminate this information to the candidates.

Administrators no longer burdened

For those who conduct recruitment efforts internally, staff members involved are taken away from work that requires their specific expertise, such as the practice of medicine, teaching, or administrative duties. Physicians participating in recruitment efforts will not be generating patient revenues, and administrators will not be providing necessary services.

A well-designed recruitment process should enhance, not detract from, the efficiency of an organization and should ease the acquiring of key medical personnel. A physician search firm is an organization of consultants that specializes in recruiting doctors. Hiring an outside search firm frees current physi-

Mr. Downing is president of a consulting firm specializing in physician recruitment. Ms. Simon and Ms. Steele are members of the research staff of his organization.

cians and administrators to do what they do best—provide quality medical care to patients.

Market position maintained

An extended vacancy means unrealized market potential. When a medical facility performs its own internal search, an opening may remain unfilled for months. Administrators and physicians are not experts in recruiting and often do not know the best way to proceed with a search. They usually do not have the resources to find the perfect candidate quickly.

The function of a physician search firm is to provide the hiring organization with a choice of qualified candidates. A search firm knows where to find physicians with particular areas of expertise and how to attract these physicians to the current openings. It can give an intentional, targeted recruitment effort. Therefore, openings are filled quickly, and a facility's market position is maintained.

Costs are reduced

A good search firm is less expensive in real dollars than an internally executed recruitment process because the search firm offers greater efficiency and more experience. Quality recruitment requires time and resources, regardless of who performs it. Physician search firms are specialists. As such, they have developed the means to conduct searches efficiently. They have the technology and resources already in place and have used them before to make successful placements. They know what works in recruiting, and that translates to time and money savings because of greater efficiency.

Triple net gain

The key to successful recruitment is filling job openings, with the best candidates, for the least expense, in the shortest time. And, while hospitals and medical practices agree that this is the key to success, they often overlook the best way to achieve this goal. Physician search consultants are an expense up front, but the bottom line is that they provide medical facilities with a triple net gain: the task of conducting a search is eliminated; market position is not jeopardized by a lengthy job opening; and overall search costs are reduced. □

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Thursday, December 1, 1988

4:00 p.m.
Case Presentation

5:00 p.m.
Combination Drug Therapy for Recurrent Ventricular Tachycardia
Steven P. Kutalek, MD

5:30 p.m.
Proarrythmias
Scott R. Spielman, MD

6:00 p.m.
Refreshments

Thursday, December 15, 1988

4:00 p.m.
Case Presentation

5:00 p.m.
Echocardiographic Assessment of Left Ventricular Function
Gerald Scharf, MD

5:30 p.m.
Transesophageal Echocardiography
Krishnaswamy Chandrasekaran, MD

6:00 p.m.
Refreshments

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obituaries

• *Denotes PMS membership at time of death.*

Charles B. Fager, Mechanicsburg; University of Pennsylvania School of Medicine, 1920; age 92, died August 6, 1988. Dr. Fager was an ophthalmologist. •

John W. Lyons, Avalon, NJ; University of Pennsylvania School of Medicine, 1940; age 73, died August 9, 1988. Dr. Lyons was a psychiatrist. •

William R. Morgan Jr., York; University of Pennsylvania School of Medicine, 1932; age 82, died August 24, 1988. Dr. Morgan was a general practitioner. •

Samuel R. Perrin, Miami Beach, FL; State University of New York Upstate Medical Center College of Medicine, 1931; age 81, died August 27, 1988. Dr. Perrin was a dermatologist. •

Lewis J. Restak, Hanover; Hahnemann University School of Medicine, 1939; age 76, died August 12, 1988. Dr. Restak was an obstetrician and gynecologist. •

J. Philip Robinson, Tremont; Bowman Gray School of Medicine of Wake Forest University, 1954; age 64, died August 7, 1988. Dr. Robinson was a family practitioner. •

Isadore Rose, Philadelphia; Jefferson Medical College, 1946; age 66, died September 6, 1988. Dr. Rose specialized in internal medicine. •

Anthony A. Tananis, McSherrystown; Jefferson Medical College, 1943; age 71, died August 5, 1988. Dr. Tananis was a family practitioner. •

John W. Welty, Bryn Mawr; University of Health Sciences The Chicago Medical School, 1934; age 81, died September 5, 1988. Dr. Welty specialized in internal medicine. •

Mark E. Becer, Reading; Temple University School of Medicine, 1983; age 30, died September 6, 1988. Dr. Becer was a general practitioner.

The Educational and Scientific Trust of the Pennsylvania Medical Society provides you with a way to make a significant statement honoring the memory of and paying tribute to your colleagues who are deceased. Send your tax-deductible memorial gift to the PMS Educational and Scientific Trust, 20 Erford Road, Lemoyne, PA 17043. All gifts will be acknowledged.

W. Craig Hendricks, Brookville; University of Pennsylvania School of Medicine; age 87, died September 21, 1988. Dr. Hendricks was a surgeon. He was a member of the Pennsylvania Medical Society until his 1961 retirement.

William H. Horan, Clarks Summit; University of Maryland School of Medicine, 1934; age 80, died August 18, 1988. Dr. Horan specialized in internal medicine.

Turner C. Johnson Jr., Philadelphia; Howard University College of Medicine, 1949; age 63, died August 2, 1988. Dr. Johnson specialized in internal medicine.

Thomas J. Maye, Philadelphia; Temple University School of Medicine, 1941; age 72, died July 30, 1988. Dr. Maye was a general practitioner.

Walter R. O'Neal, Clarks Summit; Philadelphia College of Osteopathic Medicine, 1903; died August 11, 1988. Dr. O'Neal practiced osteopathic medicine.

William A. Reishtein, Kingston; Hahnemann University School of Medicine, 1937; age 75, died August 16, 1988. Dr. Reishtein was an obstetrician and gynecologist.

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What made you do it?

Patricia L. Hogg

Maybe it was for legislative representation. Maybe it was to qualify for liability insurance coverage. Maybe it was peer pressure. Maybe it was your desire to receive PENNSYLVANIA MEDICINE.

Whatever the reason, something enticed you to join the Pennsylvania Medical Society.

As you've probably already realized, your membership is unique. You benefit not only from belonging to a group of more than 19,000 of your peers statewide, you benefit as an individual as well.

PMS lobbies on legislative issues that affect you and your colleagues. PMS protects your interests in the face of swelling pressure from regulatory agencies and third party payers. PMS offers programs and services that help you serve your patients, manage your practice, and plan your finances better. All of the advantages are at your fingertips. It's up to you to put them to work for you.

Professional liability

Professional liability and the litigation crisis remain a serious concern in Pennsylvania and indeed across the nation as liability insurance premiums continue to rise. For almost all specialties, the annual rate of claims has increased by at least 100 percent since 1981. More than one-third of all physicians will be sued at some time in their careers and 8.5 percent were sued in 1985 alone. Between 1902 and 1985, insurance premiums increased at an average annual rate of 21.9 percent, a rate far in excess of other categories of practice expenses.

The availability of insurance—as well as its affordability—is a concern of crisis dimensions today. Several insurers have withdrawn from the market because pricing their products equitably in today's changing environment is too complex.

St. Paul Companies, which has insured 20 percent of physicians, declared a nationwide moratorium on taking new physicians as of January 1, 1986. Both commercial and medical society-sponsored insurers are becoming more selective in the number and type of risks they will underwrite.

In 1978, PMS established the Pennsylvania Medical Society Liability Insurance Company (PMSLIC). In 10 years of operation, PMSLIC has provided PMS members with liability insurance at competitive rates, along with personal service and a commitment to challenge any nonmeritorious claims. More than 7,000 physicians now are insured by PMSLIC.

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The power in numbers

• *I just don't feel comfortable out there alone. I need to know that I'm part of an organization of supportive colleagues who care about what's happening to the practice of medicine and who, through collective action, can stand up and fight when necessary.*

Brenda K. Baumann, MD
PENNSYLVANIA MEDICINE, November 1981

• *Daily, economic, political, social, and legal issues clamor for our attention and demand time from our already busy schedules. Now, more than ever before, the medical profession needs unity of voice and purpose.*

David A. Smith, MD
PENNSYLVANIA MEDICINE, November 1987

• *Strength in numbers is the name of the game when it comes to influencing legislation. Professional standards are set only when the voice of the profession is heard.*

Hay Associates consultant
PENNSYLVANIA MEDICINE, November 1981

PENNSYLVANIA MEDICAL SOCIETY PMS

• *I asked [State Representative Pat Crawford] why physicians with the important responsibility of health care delivery had so little impact on government. Her answer was that legislators have an increasing suspicion that organized medicine no longer speaks for the majority of physicians.*

Robert Poole, MD
PENNSYLVANIA MEDICINE, March 1976

• *Individual physicians cannot hope to accomplish alone what they can together.*

David A. Smith, MD
PENNSYLVANIA MEDICINE, November 1987

As a member of the Pennsylvania Medical Society and of your county medical society, you already realize how important it is for you and your colleagues to join forces. You know that the only way to fight the battles of government intervention, professional liability, cost containment—and the list

aged, PMSLIC keeps its premiums low by channelling all its income back into the company. PMSLIC insureds also avoid agent commissions because PMSLIC sells directly to physicians. A physician board monitors every aspect of the company.

To help you adapt to the litigious climate prevalent in our society, PMS also offers you a risk management program. Through newsletters, home-study courses, seminars, and videotapes you can learn how to better avoid damaging liability suits.

Legislative, regulatory representation

Professional liability remains the Pennsylvania Medical Society's number one priority. PMS staff continually monitors the legislative arena and lobbies to get professional liability legislation introduced. Just last year, PMS joined forces with the Pennsylvania Chamber of Business and Industry, townships and boroughs, volunteer fire companies, day care centers, and many other associations and businesses, to form the Civil Justice Coalition, a broadbased, bipartisan group working for tort reform.

In the area of health care cost containment, PMS sought and won release to the public of data on quality of care with the release of cost data. And through its Task Force on Health Care Cost Containment, PMS keeps abreast of the activities of the Pennsylvania Health Care Cost Containment Council.

PMS also represents the profession to the State Board of Medicine. The Council on Education and Science monitors the activities of and the regulations proposed by the board. In the past year, PMS has worked with the board on qualifying examinations for radiologic assistants, revising nurse midwife and physician assistant regulations, and relaying the board's disciplinary regulations to county medical societies and hospital medical staffs. PMS also brought suit against the board for its regulations on sympathomimetic amines. In August, PMS won the court decision; the decision is now under appeal.

Especially beneficial in an important election year such as this is PaMPAC, the Pennsylvania Medical Political Action Committee. PaMPAC provides you with information on candidates for political office and channels the resources of physician members in support of candidates who are favorable to the medical community.

Commitment to education

The historic commitment to education of the Pennsylvania Medical Society draws many physicians to member-

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goes on—is to work with your colleagues in an organized, unified group.

As physicians you are facing an increasing number of problems that require action on your part if you are to preserve any control over your future and offer the best medical care for your patients. As individuals you are relatively ineffective, but when individuals have common goals and their voices repeat similar themes, they can become very effective. Combined into organizations with coordinated leadership, they can speak with one strong voice and extend influence into the legislatures, business and government agencies, and the news media.

The key to that statement is in offering "the best medical care for your patients." That is your goal. You want what is best for your patients. The way to assure that is to ban together, to join organized medicine.

Your involvement at the national, state, and local level is imperative. Unfortunately, less than half the physicians in the country realize this need. Only 44 percent of the physicians in the United States belong to the AMA. The situation in Pennsylvania is not much better. Just 60 percent of the physicians in Pennsylvania belong to PMS and the county medical societies.

The AMA has issued this statement:

> Seldom in the course of American medical professionalism has the spirit of brotherhood been more sorely needed than it is today. The problems that we doctors face are of such a nature that they tend to divide rather than unite us. We must realize that unselfish devotion to a common cause will strengthen individual faith.

You can keep faith by retaining your membership in PMS and your county medical society, by joining the AMA if you haven't yet joined, and by relaying the message to your colleagues that there is power in numbers. You can't make a difference alone.

ship. Back in 1971, the State Society instituted a plan that requires its members to partake in continuing medical education (CME). All PMS members who are not residents or medical students must receive 150 credit hours of CME over a three-year period—the qualifications for the American Medical Association's Physician's Recognition Award—to maintain membership.

PMS also encourages you to be involved in your specialty society. More than 20 specialties are represented on the PMS Interspecialty Committee and in the PMS House of Delegates. A representative of the specialties is eleced to the PMS Board of Trustees by the House of Delegates. Through the Department for Specialty Societies, the specialty groups pool their resources to get administrative support services and to increase their activities.

The PMS Educational and Scientific Trust also develops programs and projects to further your education. In the past two years, the Trust has produced educational material on AIDS, Alzheimer's disease, and diabetes. It has examined and written a comprehensive report on the coroners' system and studied the role of patient/physician communication in professional liability risk and the importance of physician leadership skills.

Medical students, in particular, can benefit from the Trust. Each year the Trust offers more than $450,000 in low interest loans to medical students.

Peer review

To assure continued professional involvement over the years, PMS has been diligent in its commitment to peer review. In 1985, PMS established the Keystone Peer Review Organization (KePRO). KePRO works to improve the Medicare review process in response to your questions and problems. KePRO was the first PRO to conduct review of ambulatory surgery and intervening care.

An indication of KePRO's success is in its favorable evaluations from the Health Care Financing Administration (HCFA) and in HCFA's selection of KePRO to participate in special projects. Last year, KePRO participated in the Rand Study and the MedisGroups Study. This year, KePRO was selected to participate in three new projects: the development of a uniform clinical data set (UCDS), a study of patient classification systems, and a small area analysis study.

Practice management and marketing

In the early 1970s the State Society recognized a developing need among the members—training in the business aspects of medical practice. First through the PMS Department of Educational Activities, and since 1986 through the Department of Practice Services, PMS has provided courses on establishing a practice, understanding computers, and collecting from third party payers. Publications such as "Guide to Creditors Rights," "Practice Mergers and Cost Sharing Arrangements," "Medical Ethics," "Medical Records," "Distribution of Drugs," and "Practice Options for Today's Young Physicians," are available.

If you're interested in entering into a contract agreement, PMS has information on that. "HMOs: Should You Participate?" looks at where alternative delivery systems are headed and at what you should know before getting involved. Contract seminars help you learn to negotiate your agreement. "Making the Right Participation Decisions" informs you about third party payer plans. Individual contract analysis and assistance in finding legal services also are available.

Other services

The benefits to PMS membership don't stop there. The handbook, "Planning For Your Retirement," explains among other essentials, financial planning, divesting of a practice, and retirement fund distribution. A credit union and group insurance plans also are available for your banking and insurance needs.

For physicians impaired by alcoholism, drug dependence, or mental, physical, or aging problems, the PMS Impaired Physicians Program is available. Impaired physicians can get treatment or peer counselling through the program. To get help or report a suspected case of impairment, call Robert McDermott, MD, the program's medical director at (717) 763-7151, or the 24-hour hotline, (717) 763-7937. All information is confidential.

Communications

The importance of regular, open communication is well recognized by PMS. Every month all members receive PENNSYLVANIA MEDICINE, the Society's official publication. Each issue contains organization, legislative, regulatory, and legal news, as well as articles on medical issues, practice management, and news about members. The August directory issue includes the name, address, and specialty of every PMS member and contains addresses, phone numbers, and contacts for state and national health agencies, county medical societies, specialty societies, and PMS officers.

And anytime you have a question on any subject, you can call the PMS headquarters toll-free at 1-800-228-7823.

PMS growth

Since 1983 when new effort was put into membership recruitment and retention, PMS membership has grown dramatically. As of October 1, 1988, PMS had 19,674 members, up 1,018 from October 1, 1987. The biggest gain was in full dues paying members, up 401. Other categorical gains were in second year in practice, residents, students, associates, and affiliates.

PMS continues to put a premium on membership growth and has outlined a plan for physician recruitment in 1989. Because 84 percent of nonmember physicians are located in 12 metropolitan counties—Allegheny, Berks, Bucks, Chester, Dauphin, Delaware, Erie, Lehigh, Luzerne, Montgomery, Philadelphia, and Westmoreland—recruitment efforts are targeted there. Direct mail will continue to be the primary medium used to reach nonmembers, with personal contact from physician members as support. Residents will continue to get one free year of membership. The goal is to add at least 400 full dues paying members to the Society in 1989.

Your involvement

Now I bet you remember why you joined the Pennsylvania Medical Society. And here's how you can assure continued benefits from membership. Get involved! With more than 20 councils, commissions, committees, and task forces, PMS has a job for you.

You can get involved through your county medical society, your specialty society, or one of the Society's special sections—the Medical Student Section, the Resident Physician Section, the Medical School Section, the Young Physicians Section, or the Hospital Medical Staff Section. The possibilities are almost endless.

Remember. It's up to you to put the Society to work for you. □

For Pennsylvania Physicians Seeking Answers For Today...

...Now We Offer Even More.

We're Your Pennsylvania Medical Society.

No other organization offers so much to Pennsylvania physicians. Your Pennsylvania Medical Society is an active dynamic force, shaping the way you practice medicine. PMS also offers you an array of valuable services and information that can simplify many of your tasks and professional decisions. You can turn to us for answers.

Here are just a few of our many achievements and ongoing programs that benefit you.

In Legislative Action, PMS Has...

1 Established contacts with state government officials, making organized medicine, and its positions on the issues, known to key decisionmakers.

2 Implemented ongoing legislative monitoring by experts who examine hundreds of bills each year which could affect the medical profession.

3 Established the Society as a principal information resource and advocate for professional liability reform.

4 Organized PaMPAC, the Society's political action committee, to assist candidates who understand medical issues and who are helpful to organized medicine.

5 Played a key role in passage of a new Medical Practice Act with provisions to meet modern licensing and oversight needs. The Act now serves as a guidepost for professional standards in the health care professions.

6 Provided important support for a child passenger protection bill.

7 Advocated a bill to prohibit the sale of anatomical parts.

8 Worked to prevent podiatrists from defining themselves as physicians.

9 Helped defeat measures that would allow non-practitioners to practice medicine as a means of "cost containment."

10 Promoted the Cancer Control Act, including allocation of funds from cigarette taxes.

11 Successfully led opposition to legislated caps on medical facility capital investment.

12 Supported passage of protective rules shielding physicians from criminal liability when drawing blood under the drunk driving law.

In Regulatory Action, PMS Has...

13 Vigorously supported the simplification of the Medical Assistance Form.

14 Successfully pushed for an increase in the average MA fee schedule to 50% of the average usual billing charge and helped win an increase to 70% for office visits, emergency room treatment, and outpatient hospital fees.

15 Urged updating of the MA fee schedule to include 600 new procedures.

16 Challenged Blue Shield rules and regulations to assure due process for physicians.

In Communications, PMS Has...

17 Published "Pennsylvania Medicine" to bring Pennsylvania physicians the latest news on legal and political matters affecting them, as well as information on taxes, investments, insurance, and marketing/management advice.

18 Provided specialized newsletters with updates on reimbursement, medical liability and other concerns.

19 Initiated an intensive multi-media education campaign to present accurate information to the public in areas of specific concern to the profession and to counter negative publicity.

20 Increased contacts with the mass media to encourage balanced reporting on physicians' issues.

21 Provided speaker training for physicians who serve as public advocates for physician interests.

22 Offered a biannual medical reporters' seminar to acquaint medical writers with key issues.

23 Developed "HMOs and Your Medical Care," an educational booklet designed to answer patients' questions about HMOs.

For Hospital Medical Staffs, PMS Has . . .

24 Offered consultation services to assist hospital medical staffs in reviewing their bylaws.

25 Published a Medical Staff Bylaws Handbook.

26 Formed the Hospital Medical Staff Section within the Society to give medical staffs input into PMS decisionmaking.

27 Produced a "Joint Venture Participation Handbook" which outlines the legal, ethical, and logistical points for health care joint venturing.

On Issues Management, PMS Has . . .

28 Established a Task Force on Health Care Cost Containment to monitor measures enacted by the Commonwealth and to provide advise and input on physician interests.

29 Assigned a full-time professional staff person to oversee the cost containment issue and its effects on physicians.

30 Coordinated a series of informative seminars for physicians on the requirements of the new cost containment law.

31 Produced and made available a video-cassette designed to help physicians understand the requirements for compliance with the cost containment law.

32 Established a Task Force on Aging to deal with new and existing issues affecting our growing elderly population.

33 Implemented a program to boost participation by the public as potential organ donors.

34 Made available to physicians its newly updated "Do Not Resuscitate" guidelines.

35 Adopted an AIDS policy statement. Also published an information kit for physicians.

36 Appointed a special task force to promote the PMS-adopted reforms in the Professional Liability Initiative.

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37 Established the Marketplace Analysis program to provide up-to-date demographic information as well as listings of physicians, hospitals and HMOs for practice areas throughout Pennsylvania.

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39 Provided a toll-free telephone hotline to answer members questions on any medical issue. (1-800-228-7823)

40 Developed a patient satisfaction survey to provide feedback to physicians on patient attitudes toward the care they receive.

41 Produced "Planning For Your Retirement," a comprehensive handbook on financial planning, selling a practice, retirement fund distribution and much more.

42 Established the Pennsylvania Medical Society Liability Insurance Company—PMSLIC—which no offers top-rated protection to over 6,000 physicians.

43 Developed the Risk Management Program, an education program on how to avoid damaging suits.

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45 Formed the PMS Educational and Scientific Trust to promote medical and health education as well as educational research projects.

46 Established a Department For Specialty Societies to pool the resources of various specialties and provide administrative support for their activities.

47 Founded a Pennsylvania Medical Society Auxiliary, a powerful support arm of the Society whose membership is open to member physicians' spouses.

In Practice Management, PMS Has . . .

48 Conducted practice management courses throughout the year at several locations. Subjects include establishing a practice, understanding computers, collecting from third party payers and many others.

49 Published an informative guide to patient education materials.

50 Provided marketing assistance from the Society's practice management network.

51 Offered a "Marketing Guide For Physicians" to provide basic information on how to apply a marketing plan to your medical practice.

52 Produced a contracting guide with valuable advice on PPO and HMO contracting for physicians.

53 Researched and published an entire series of informative practice management primers on topics affecting physicians including "Guide to Creditors Rights," "Practice Mergers and Cost Sharing Arrangements," as well as "Medical Ethics," "Distribution of Drugs," and "Medical Records."

54 Offered contract seminars to help with all aspects of contract negotiation.

55 Developed the Community/Practice Opportunity Assessment package to help physicians evaluate their goals and to find the best locations for their career.

56 Produced "HMOs: Should You Participate?" as an overview of the current directions in alternative care delivery systems and what physicians should know before getting involved.

57 Made available "Practice Options For Today's Young Physicians" to help new medical careers get the best possible start.

In Money Management, PMS Has . . .

58 Sponsored a credit union for physicians, their families, and their employees, offering loans with attractive rates.

59 Maintained a variety of premium-saving group insurance plans to PMS members.

60 and much, much more.

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medical feature

Trauma triage: alphabet soup to numbers game

J. Stanley Smith Jr., MD

Quick and accurate assessment of injuries to accident victims is essential in treating trauma. A triage system must be simple enough to use on the scene, yet complex enough to avoid undertriage and excessive overtriage. Here Dr. Smith compares the severity grading systems and recommends which he finds to be the best.

Trauma is a lethal epidemic existing in our society that is very poorly controlled at this time. Currently, Pennsylvania is a national leader in trauma center accreditation due to the efforts of the Pennsylvania Trauma Systems Foundation. The ultimate goal of a trauma system is to get the right patient to the right place at the right time, but one of the major difficulties with trauma involves the definition of trauma and the definition of the trauma patient. Through Act 45 of 1985, Pennsylvania has legislated a trauma system including EMT's, paramedics, communication systems, 911 telephone numbers, trauma centers with their included staff and facilities, helicopter transport systems, transfer agreements, transfer protocols, etc. We seem to have identified the aspects of the right place and the right time, but who is the right person? We have established a very expensive system to be able to save lives, but on what population is it to be used? Certainly not everyone, and perhaps only 5 to 10 percent of all trauma victims. One of the most major aspects that stills looms in front of us is how to determine which victims fit into this category.

Because of these questions we've come to the concept of triage or sorting of patients based upon the severity of their injuries. Some of the difficulties of triage are in answering the following questions: for whom it is to be applied, by whom will it be applied, and what criteria will be used to determine the disposition of the patient. Ultimate triage is a system where all patients arrive at the appropriate center, without flooding the appropriate places with inappropriate victims.

Herein lie the concepts of undertriage and overtriage. Undertriage is failure to get the severely injured patients to the trauma center. This we certainly need to minimize. Failure to get a severely injured patient to a trauma center denies that patient the benefits of the trauma center and the trauma system that we have worked so hard to develop. The concept of overtriage means sending those patients who may look sick but who actually are not that sick to the trauma center and possibly overutilizing the trauma center with minor patients. This, as well, we need to minimize. Such a flood of patient overassessment could overburden the trauma centers and markedly increase

Revised Trauma Index

Scores	1	3	5	6
Region	Limbs Skin	Back only	Chest only	Head Abdomen Multiple
Type	Minor open wound	Single blunt impact 2° Burn	Major open wound 3° burn Stab	GSW SGW Multi blunt
Cardiovascular	SBP>100 P<100	SBP 80-100 P 100-140	SBP<80 P>140	No pulse
Respiratory	Chest pain 10 < RR < 25	25 < RR < 35	RR> 35 or<10 Retractions Aspiration	Apnea
CNS	Drowsy Disoriented Confused	Resp. to verbal	Resp. to pain only	Unresponsive

Total Score

Select only the highest in each category and add for total score
3-9 Minor 10-14 Moderate 15-19 Severe >20 Critical

If Trauma index≥15 transfer to Trauma Center

Key:
SBP = Systolic Blood Pressure
P = Pulse
GSW = Gunshot Wound
SGW = Shotgun Wound
RR = Respiratory Rate
Resp = Responds
CNS = Central Nervous System

Figure 1. Revised Trauma Index

Dr. Smith is assistant professor of surgery and chief of trauma services at University Hospital, The Milton S. Hershey Medical Center, Hershey. For reprints write: J. Stanley Smith Jr., MD, University Hospital, Office C-158, The Milton S. Hershey Medical Center, P.O. Box 850, Hershey, Pennsylvania 17033.

the cost of the entire system. Examining the issues of undertriage and overtriage helps us answer the question of "for whom?"; i.e., the accident patients.

But who should be doing trauma triage? Obviously, the first person or at least the people caring for the patient early on should be responsible for the triage of the patient. In our system, this includes quick response units, EMT's, or paramedics. They are the field responders, and any system that would be used for triage should be simple enough to be used by the field responders. While simplicity is important, the system should be somewhat sophisticated as well, because of the training of the individuals in the field. We need parameters that are easy to evaluate, readily available, and easy to communicate under field conditions. The shorter the list of parameters, the better.

Alas, here comes the alphabet soup. The alphabet soup refers to the nomenclature used by the various systems to grade severity. Originating with the Abbreviated Injury Score or AIS,[1] developed by the American Association for Automotive Medicine at the end of the 1960s, the idea of a severity grading scale was to be able to compare apples and oranges, ruptured spleens and subdural hematomas. The original concept behind the AIS scoring system, which was based on bioengineering and autopsy studies, was to assign a number value to injured organs that would represent equal amounts of severity or equal amounts of energy transfer in an accident.

The AIS system was followed by the Injury Severity Score or ISS, which was developed by Dr. Baker in an effort to compare the severity of multiple injuries from patient to patient.[2] This system takes the sum of the squares of the three highest injury values grouped into systems. When developed, the ISS was noted to coincide with death and disability as used in both England and the United States.

Both of these rating scales, however, have to do with grading the severity of injuries after the patient has reached the hospital and really are not as useful in the pre-hospital setting.

In 1971, Kirkpatrick and Youmans published an injury severity scaling system known as the Trauma Index that was able to grade severity based upon initial presentation, giving a prospective look at predicting the patient's course related to the length of stay and actual severity after admission. But this was based on a somewhat subjective assessment.[3] In 1974, Ogawa and Sugimoto extended the index to be used by ambulance attendants, and somewhat revised the original scaling system.[4] This particular index and severity scoring system has fairly much fallen by the wayside and now has been replaced by statistically more sophisticated scores.

One such statistically validated score, the Trauma Score, was developed by Drs. Champion and Sacco.[5] The Trauma Score was statistically related to the probability of death and was physiologically based. It rated the vital signs and neurological assessment using the Glasgow Coma Scale. Recently this scale was revised and some of the elements that seemed to be very difficult to measure in the field were dropped. The new rating scale is called the Revised Trauma Score.

Another physiologic score is the CRAMS Score,[6] developed by Dr. Gormican, an emergency department physician. It included a section for abdominal injury that added some anatomic element to the physiologic score. It was noted to be useful in predicting early operative intervention or mortality in trauma patients and was used prehospital by paramedics to determine triage dependent upon a certain value of the score.

A somewhat newer score, the Pre-Hospital Index, was developed and tested by Koehler et al., a group of emergency physicians.[7,8] Done as a prospective study and based upon physiologic variables, the Pre-Hospital Index basically uses the same variables as the Revised Trauma Score. It also has been evaluated statistically to relate the score to the need for emergency surgery or death.

Clearly, we have a number of acronyms that have been able to be used for triage in a pre-hospital setting and that are based on a numerical account of the patients physiological status.

The American College of Surgeons' Committee on Trauma developed an Appendix F to its Optimum Resources Document to apply to field triage.[9] It allowed sections on physiology and an area to account for the anatomy and the mechanism of injury factors that seem to increase the severity.

Kane and his group from Los Angeles decided to use a multivariate statistical analysis to determine the importance of each element from the various factors related to triage.[10] They looked at all the physiologic variables, the anatomic variables, and even the mechanism of injury variables. Their conclusion from their statistical analysis was that the Trauma Score was somewhat insensitive alone because it was purely physiologic. The CRAMS Score was slightly better because of the addition of some anatomic variables, and a checklist that required no calculations and seemed to be easier to use in the field was best.

Figure 2. Linear Relationship of Revised Trauma Index with Injury Severity Score

The main conclusion of the paper was that all triage techniques thus far seemed to be somewhat disappointing.

This brings us to our particular study. I have intuitively thought that the Trauma Index was a rather easy method to use for triage, and I have used it over the past decade even though it has somewhat fallen out of existence in the literature. Because of my interest, I collected Trauma Scores, Trauma Indexes, and Injury Severity Scores on a group of 2,340 patients prospectively. The Trauma Index (Figure 1) was determined on admission and from admission values, and was placed on a chart by means of a sticker immediately after the patient's arrival in the emergency department. The Injury Severity Score was determined at discharge based upon discharge diagnoses, and was assigned objectively by a computer. Comparison was then made between the Trauma Index and the Injury Severity Score. The comparison seemed to show initially what amounts to a linear relationship between the two, and indeed statistically relates to a correlation coefficient of .62, which means that the Trauma Index accurately predicts the Injury Severity Score greater than 60 percent of the time.

The second aspect of our study separated the deaths from the survivors to evaluate the Trauma Index for the prediction of death, length of stay, and disability. Analyzing the data statistically, we noted that at a cutoff point of 15 for the Trauma Index we had a sensitivity of 95 percent and a positive predictive value of 63 percent. More importantly, a Trauma Index of less than 15 correlated with a negative predictive value of 99 percent.

In looking at the disability status, we noticed that the Trauma Index did seem to be able to predict the deaths, which patients would be discharged home, and which patients would be transferred to rehabilitation facilities or other specialty care hospitals. It actually stratified these into three groups: discharged home, skilled nursing facility or rehabilitation center, and death.

In conclusion, if we want to minimize patients who are dying from going to non-trauma center hospitals, the Revised Trauma Index of 15 or greater allows only a 5 percent undertriage. Conversely, if we use an Injury Severity Score of less than 15 to determine minor injury, the RTI of 15 or greater allows only 37 percent overtriage. Because some overtriage is necessary to minimize undertriage and because most trauma system authors accept 50 percent for overtriage, I advocate the use of the Revised Trauma Index for triage in the field. □

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Analysis of patients undergoing breast biopsy

Jinan O. Bahia, MD Ann Lewandowski, MD Paul A. Wengert Jr., MD

Mammography is important in the evaluation of palpable breast masses and in the detection of nonpalpable breast lesions. The number of women undergoing screening mammography has increased dramatically over the past few years, and more cases of small, potentially curable, nonpalpable breast malignancies are being detected.[1,2,3] The need for percutaneous needle localization of nonpalpable, mammographically detected abnormalities has similarly increased.

This report reviews a series of 330 women who underwent breast biopsy at our institution during 1986. The objective is to assess the true positive rate for malignancy in palpable and nonpalpable breast lesions. Mammographic-pathologic correlation is made, and the benefits and limitations of mammography are discussed.

Table 1
Results of 330 Breast Biopsies

	Benign	Malignant	Total
Palpable Lesions	157 (69%)	70 (31%)	227
Nonpalpable Lesions	74 (72%)	29 (28%)	103
Total	231 (70%)	99 (30%)	330

Table 2
Malignancy Rate According to Age

Age	Palpable No. (% malig.)	Nonpalpable No. (% malig.)
30–39	1 (1%)	—
40–49	9 (13%)	4 (14%)
50–59	17 (24%)	6 (21%)
60–69	18 (26%)	12 (41%)
70–79	14 (20%)	7 (24%)
≥80	11 (16%)	—

Table 3
Histologic Subtypes of the Malignant Lesions Biopsied

Histologic Type	No. of Palpable (%)	No. of Nonpalpable (%)
Infiltrating Ductal CA	46 (66%)	22 (76%)
Infiltrating Lobular CA	18 (26%)	3 (10%)
Infiltrating Mucinous CA	4 (6%)	1 (4%)
Infiltrating Medullary CA	1 (1%)	—
In situ Ductal CA	—	3 (10%)
Malig. Large Cell Lymphoma	1 (1%)	—
Total	70	28

Table 4
Mammographic Findings of the Nonpalpable Lesions

Findings	No. of Lesions	No. (%) Malignant
Calcifications	34	7 (21%)
Density		
Mass	54	16 (30%)
Asymmetry	6	0 (0%)
Both	9	6 (67%)
Total	103	29

Materials and methods

Records of all patients undergoing breast biopsy at the Polyclinic Medical Center in Harrisburg from January 1 through December 31, 1986, were reviewed. During these 12 months, 330 breast biopsies were performed. Of these, 227 lesions were palpable and 103 were nonpalpable and were detected only by mammography. The nonpalpable breast lesions were localized prior to surgical biopsy using a hypodermic needle, hookwire or curved wire-needle system. At our institution, we do not use dye injection for localization and we do not perform ductography. Ninety-five patients underwent needle localization as outpatients and eight were inpatients. Eight patients underwent two separate localization procedures on the same or the opposite breast. A screen film technique is used for all mammographic studies performed at our institution.

No major complications occurred during the needle localization procedures. Four patients had fainting episodes that apparently were vasovagal reactions. Failure to localize clustered calcifications occurred in five cases, i.e., the clustered calcifications were not seen on the specimen radiograph or on pathologic examination; in one of these cases, the clustered calcifications were successfully localized on a second attempt. In another case, the cluster of calcifications was followed by periodic mammography over a 22-month period, and no significant mammographic change

The authors are from the Departments of Radiology and Surgery, Polyclinic Medical Center, Harrisburg. Direct any correspondence to Jinan O. Bahia, MD, Department of Radiology, Polyclinic Medical Center, 2601 North Third Street, Harrisburg, PA 17110; (717) 782-4250. *The authors acknowledge Cathy Deitz for her assistance.*

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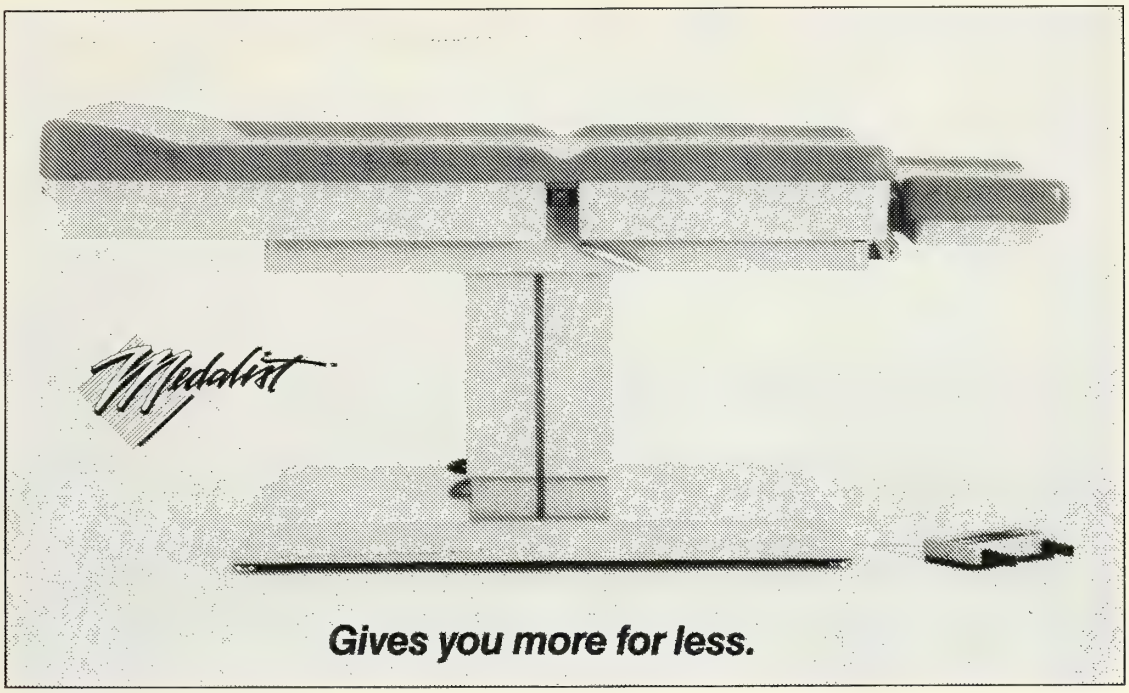

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was observed during this time interval. In a third case, the cluster of calcifications was believed to be intradermal. In one case, the localization wire was transected during surgery; however, the entire wire was included in the surgical specimen.

Specimen radiography, which is most useful for confirming the presence of clustered calcifications in the biopsy specimen, was performed on 43 of the 103 nonpalpable breast lesions biopsied. Noncalcified lesions are less readily confirmed by specimen radiography because the uneven tissue thickness and irregular shape of the specimen can obscure or mimic a soft tissue lesion.

Results

The women who were examined mammographically ranged in age from 13 to 96 (average 65) years. Of the 103 women with nonpalpable breast lesions, eight were younger than 40, 58 were 40 to 59 years of age, and 37 were over the age of 60.

Pathologic findings (palpable and nonpalpable breast lesions). The most common pathologic finding was fibrocystic disease of the breast, which was diagnosed in 135 (41%) of the biopsy specimens. The second and third most common were carcinoma, which was diagnosed in 99 (30%) of the specimens, and fibroadenomas, which were diagnosed in 46 (14%) of the biopsies. Other entities such as papilloma, lipoma, sebaceous cyst, fat necrosis, intramammary lymph node, and abscess cumulatively accounted for 50 (15%) of the specimens. Table 1 shows the incidence of malignancy among the 330 specimens biopsied. Twenty-eight percent of the nonpalpable and 31 percent of the palpable lesions were malignant; the remainder were benign. Table 2 shows the age distribution of patients presented with palpable and nonpalpable malignant lesions.

Table 3 shows the histologic subtypes of malignant lesions. The majority of both palpable and nonpalpable lesions were infiltrating ductal carcinomas. Two patients with nonpalpable malignancies had infiltrating ductal carcinomas that were multifocal in the same breast. Another nonpalpable lesion proved to be comedo type carcinoma, one was multifocal infiltrating ductal and lobular carcinoma, and one was recurrent carcinoma following lumpectomy, radiation therapy, and chemotherapy. One patient was diagnosed with bilateral ductal carcinoma; a palpable mass was present in one breast and a nonpalpable lesion in the contralateral breast.

Of the carcinomas, 100 percent of the palpable tumors were invasive on microscopic examination. Of the nonpalpable cancers, 26 (90%) were invasive and three (10%) were noninvasive by pathologic evaluation.

Tumor size. Of the nonpalpable mammographically detected lesions, 7 (24%) measured 0.5 cm or less, 9 (31%) were 0.6 to 1.0 cm, 9 (31%) were 1.1 to 1.5 cm, and 4 (14%) measured larger than 1.6 cm. Of the palpable tumors, none measured less than 0.5 cm, 11 (16%) measured between 0.6 and 1.0 cm, 8 (11%) were 1.1 to 1.5 cm, and 51 (73%) measured larger than 1.6 cm.

Mammographic findings. Table 4 shows the mammographic findings of the nonpalpable lesions.

Lymph node status. Axillary lymph nodes were surgically excised from 81 patients. In 20 of the 23 (87%) patients with nonpalpable cancers, the resected

axillary lymph nodes were free of metastatic tumor; in the remaining three (13%), the axillary lymph nodes contained metastatic tumor. Of the 58 patients with palpable lesions, 39 (67%) were found to have tumor-free lymph nodes and 19 (33%) were positive for metastasis.

Discussion

In the United States, one in 10 women develops breast cancer and at least one in six undergoes breast biopsy. The estimated number of new cases of invasive breast cancer in 1987 was 130,900. If the current survival rates apply, at least 35 percent of the women with invasive tumors ultimately will die of their disease.[4] The false negative rate for palpable cancer on mammography is estimated to be 10 to 15 percent. Although no absolute criteria can be used to decide the appropriate positive predictive value for mammographically detected nonpalpable lesions, it is believed that this ranges from 10 to 30 percent in most series.[5,6] In an earlier review of 60 cases of biopsied nonpalpable breast lesions diagnosied at Polyclinic between 1982 and 1985, a true positive rate of 12 percent was noted.

With the increasing use of screening mammography, the number of biopsies for suspected occult nonpalpable breast lesions has increased dramatically. At the Polyclinic Medical Center, 103 needle localizations were performed in 1986 compared to a total of 60 needle localizations performed during the preceding three years. With the increasingly aggressive approach to biopsy of breast lesions, an increase in the number of detected malignancies was noted: seven (12%) malignancies in 60 biopsies performed from 1982 to 1985, compared to 29 (28%) malignancies in 103 biopsies performed in 1986.

No significant difference in the true positive rate for malignancy between palpable (31%) versus nonpalpable (28%) lesions was recorded. Of the nonpalpable malignancies, three (10%) were noninvasive lesions and three (13%) had associated metastatic disease in the axillary lymph nodes. Of the palpable cancers, all (100%) were invasive lesions and 19 (33%) had associated metastatic disease in the axillary lymph nodes. Most (86%) of the nonpalpable malignant tumors ranged from 0.5 to 1.5 cm in size, while the majority (73%) of the palpable cancers were larger than 1.6 cm in size. This emphasizes the importance of screening mammography in detecting clinically occult tumors at earlier stages when the prognosis is significantly better. Needle localization is an effective and safe procedure with few (4%) minor complications and a low failure rate (5%).

Detection of both clustered calcifications and mass density on mammography seems to be the most reliable sign of malignancy in contrast to either clustered calcifications or mass density alone. The least reliable sign appears to be asymmetric density.

Forty-one percent of the nonpalpable malignant lesions were found in women 60 to 69 years old (Table 3), partly because of the higher accuracy of mammographic interpretation in elderly women with fatty breast tissue. Although few occult nonpalpable breast cancers were discovered in the 40 to 59 year old group, the number (10 patients or 14%) is still significant. No occult malignancy was detected in women below the age of 40 years. Seventy percent of the palpable malignancies were found in women between 50 to 79 years old, and only one case was found in a woman younger than 40 years. The most common type of cancer in both the palpable and nonpalpable groups was infiltrating ductal carcinoma (68%), followed by lobular carcinoma (21%).

In selected cases, a reasonable alternative to excisional biopsy is careful periodic mammographic follow-up.[7] In eight of the biopsied nonpalpable abnormalities, the radiologist recommended follow-up mammography rather than biopsy; none of these lesions was cancerous on pathologic evaluation. In three patients for whom follow-up mammography was advised initially, a mass or a cluster of calcifications had increased in size after a six-month interval and biopsy was recommended at that time. One case was found to be infiltrating comedo type carcinoma, and another was infiltrating lobular carcinoma; both had negative axillary lymph node biopsies. The third case was an infiltrating ductal carcinoma that had metastasized to one of the nine lymph nodes that were biopsied. This emphasizes the importance of obtaining follow-up mammograms if a biopsy is not initially recommended.

Benign intradermal lesions or calcifications can be mistaken for intramammary lesions. Confirmation of the intradermal location of benign skin deposits will avoid unnecessary biopsy procedures.[8,9] In our series, one case of sebaceous cyst, which appeared as an intramammary density on mammography, was referred for preoperative needle localization; its dermal location was suspected prior to needle placement and was confirmed using skin markers for localization. One of the cases of clustered calcifications that was not successfully localized was believed to be related to the intradermal location of the calcifications. Since that case, four additional cases of clustered calcifications appearing as suspicious intramammary microcalcifications on mammography were seen. One of these cases was referred for preoperative needle localization. The extramammary, intradermal location of these four cases was confirmed by mammography and surgical biopsy was avoided. The true incidence of clustered calcifications in the skin does not appear to be rare. With an increasing number of preoperative needle localization procedures for nonpalpable clustered microcalcifications, the differentiation of dermal deposits from intramammary lesions will become more important.

Conclusion

While there has been a significant increase in the number of surgical procedures for excision of nonpalpable breast lesions detected by screening mammography, our diagnostic accuracy also has improved. This study emphasizes the need for an aggressive screening program with a high index of suspicion to detect breast cancers in the early stages when the potential for cure is greatest. □

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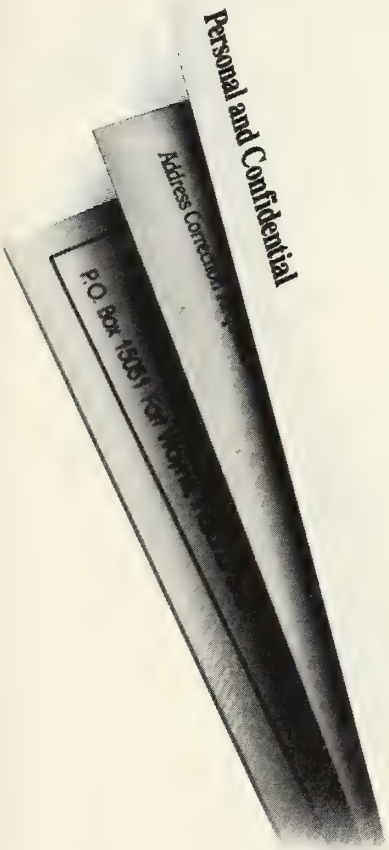

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Lymphocutaneous nocardiosis in Pennsylvania

Margaret Trexler Hessen, MD
Jerome Santoro, MD

Lymphocutaneous nocardiosis is an infrequently described presentation of primary cutaneous nocardia infection that mimics sporotrichosis. It was first described in 1920,[1] and subsequently at least 13 other cases, almost all from the southern states, have been reported in the literature.[2-7] We report two additional cases, both of which presented in Pennsylvania.

Case 1

A 64-year-old man, generally in good health, presented in April 1985 with an abscess on the dorsum of his right hand. He had been in Florida several weeks earlier and while there had handled domestic rabbits and sustained a small puncture from the claws of one of the rabbits. The wound failed to heal and finally developed into an abscess. A week prior to his presentation, he had been evaluated by his personal physician and started on cloxacillin 500 mg qid. Despite medication, the infection progressed, with increasing swelling and erythema. His temperature was 99° F orally. On examination, the dorsum of the right hand was edematous and erythematous. There was a 3.5 cm round area of fluctuance and induration with purulent drainage. Lymphangitic streaks with nodularity were noted (Figure 1), and his right axillary nodes were enlarged and tender, though mobile. The patient's white blood cell count was 12.8 x $10^3/mm^3$ with a left shift. A gram stain revealed a few polymorphonuclear cells but no organisms. An acid fast stain was negative. The patient was admitted to the hospital for incision and drainage, and empiric therapy with cefazolin 2 gm q8h and tetracycline 500 mg q6h was begun. Two days later, wound cultures were positive for *Nocardia* sp. The patient had not improved and therapy was switched to sulfamethoxazole 1.5 gm q4h. He improved and was discharged several days later. Therapy was continued for a total of 12 weeks, with complete resolution of the lesion. The final identification of the organism by the state laboratory was *Nocardia brasiliensis.*

Case 2

An 82-year-old man otherwise in fair health presented in March 1986 with an ulcerating lesion on the left calf. He had been in Florida, and about three weeks prior to presentation, he had punctured his hand and calf with a cactus needle. The lesion on the hand healed well; however, the puncture site at the calf had become erythematous and had spread to involve a large area. He had seen a dermatologist who had prescribed cephalexin 250 mg qid. Because he had failed to improve on that regimen, he was referred for an infectious disease consultation. At the time of his presentation to us, the patient had also noted new involvement of his anterior thigh, with areas of swelling and pain. On examination, his oral temperature was 99° F. On his left calf there was a 4 cm round, ulcerating lesion with heaped up edges and a few small pustules. There was scant drainage. Erythema extended outward from the lesion in a diameter of 15 cm. Examination of the anterior thigh revealed patches of erythema and tender nodules in a linear distribution between knee and groin (Figure 2). The patient's white blood cell count was 8.8 x $10^3/mm^3$ with a mild left shift. Gram and acid fast stains were negative. The patient was admitted to the hospital and begun empirically on cefazolin 1 gm q8h. The following day, wound cultures were positive for *Nocardia brasiliensis.* Therapy was switched to trimethoprim-sulfamethoxazole intravenous suspension 10 ml q8h with subsequent improvement. He was dis-

The authors are associated with the Lankenau and Chestnut Hill Hospitals, Philadelphia. Dr. Hessen is from the department of medicine at the Medical College of Pennsylvania and Dr. Santoro is from the department of medicine at Thomas Jefferson University.

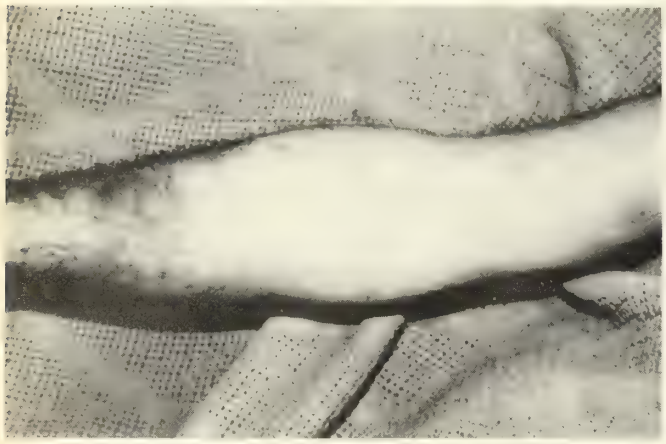

Figure 1. Patient 1 with nodular lymphangitis extending from forearm to upper arm. A linear band of nodular lesions connecting erythematous patches could be felt.

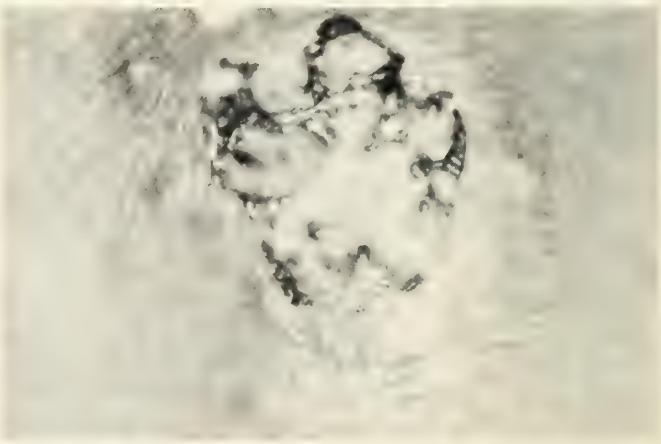

Figure 2. Pustular lesion on the calf of Patient 2 measuring approximately 4x4 cm. Note satellite lesions.

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Administer cautiously to allergic patients.
Pseudomembranous colitis has been reported with virtually all broad-spectrum antibiotics. It must be considered in differential diagnosis of antibiotic-associated diarrhea. Colon flora is altered by broad-spectrum antibiotic treatment, possibly resulting in antibiotic-associated colitis.
Precautions:
- Discontinue Ceclor in the event of allergic reactions to it.
- Prolonged use may result in overgrowth of nonsusceptible organisms
- Positive direct Coombs' tests have been reported during treatment with cephalosporins.
- Ceclor should be administered with caution in the presence of markedly impaired renal function. Although dosage adjustments in moderate to severe renal impairment are usually not required, careful clinical observation and laboratory studies should be made.
- Broad-spectrum antibiotics should be prescribed with caution in individuals with a history of gastrointestinal disease, particularly colitis.
- Safety and effectiveness have not been determined in pregnancy, lactation, and infants less than one month old. Ceclor penetrates mother's milk. Exercise caution in prescribing for these patients

Adverse Reactions: (percentage of patients)
Therapy-related adverse reactions are uncommon. Those reported include:
- Gastrointestinal (mostly diarrhea): 2.5%.
- Symptoms of pseudomembranous colitis may appear either during or after antibiotic treatment.
- Hypersensitivity reactions (including morbilliform eruptions, pruritus, urticaria, and serum-sickness-like reactions that have included erythema multiforme [rarely, Stevens-Johnson syndrome] and toxic epidermal necrolysis or the above skin manifestations accompanied by arthritis/arthralgia, and frequently, fever): 1.5%; usually subside within a few days after cessation of therapy. Serum-sickness-like reactions have been reported more frequently in children than in adults and have usually occurred during or following a second course of therapy with Ceclor. No serious sequelae have been reported. Antihistamines and corticosteroids appear to enhance resolution of the syndrome.
- Cases of anaphylaxis have been reported, half of which have occurred in patients with a history of penicillin allergy.
- As with some penicillins and some other cephalosporins, transient hepatitis and cholestatic jaundice have been reported rarely.
- Rarely, reversible hyperactivity, nervousness, insomnia, confusion, hypertonia, dizziness, and somnolence have been reported.
- Other: eosinophilia, 2%; genital pruritus or vaginitis, less than 1%, and, rarely, thrombocytopenia.

Abnormalities in laboratory results of uncertain etiology
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- Transient fluctuations in leukocyte count (especially in infants and children).
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charged 10 days later on oral trimethoprim-sulfamethoxazole, one double strength tablet bid. He received a total of three to four weeks of antibiotics. His course was complicated by mild but progressive renal insufficiency thought secondary to the antibiotics. After discontinuation of therapy, the lesions continued to resolve and his renal function returned to normal.

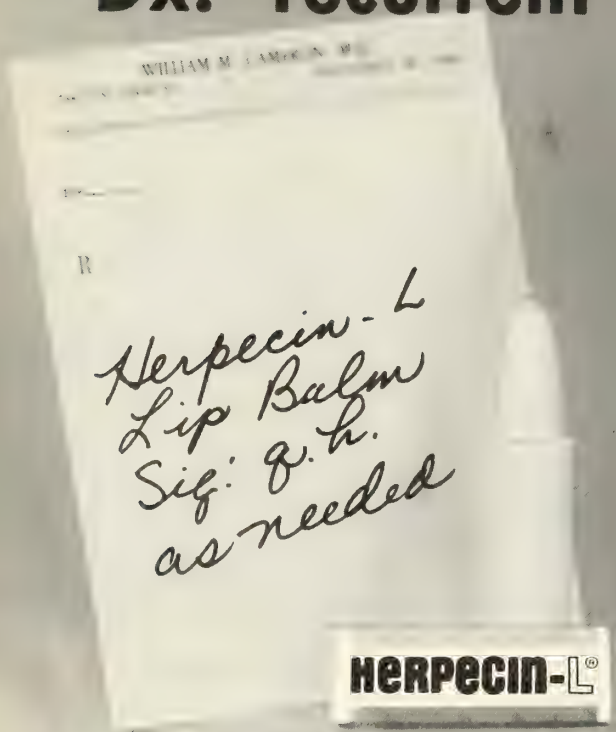
Discussion

Nocardia sp. are ubiquitous in nature, occurring in soil and in decaying vegetation. The organism is classed under the actinomycetes, or higher bacteria.[8] Microscopically, it usually appears as a slender branching filament that is weakly gram positive and weakly acid-fast. Coccobacillary forms may occasionally be seen. It grows well on Sabaraud's and other agars designed for fungal isolation; it can also be grown on blood agar, but it may take up to four weeks for the colonies to appear. The presence of carbon dioxide enhances growth. The colonies appear dry, rugate, and white or orange.

N. asteroides is the usual human pathogen in cases of pulmonary and disseminated disease; *N. brasiliensis* more commonly causes cutaneous disease, presenting either as "madura foot," a chronic suppurating condition most frequently described in Central and South America, or rarely as the lymphocutaneous syndrome seen in our patients. Unlike systemic nocardiosis, in which a significant number of patients have severe underlying disease, the cases of lymphocutaneous nocardiosis thus far described have occurred in otherwise healthy patients.

The pathogenesis in the lymphocutaneous syndrome is presumed to be direct inoculation followed by lymphangitic spread to proximal nodes. In the majority of cases, history of a wound from a thorn or wood splinter has been obtained as in our second patient. Several patients have reported only working in the garden, without noticeable trauma. Two patients gave a history of playing with cats and were presumed to have been inoculated by a cat scratch. To our knowledge, our first patient is the only reported case of inoculation by a rabbit. The rabbits to which our patient was exposed were housed in cages with dirt floors, and their claws presumably became contaminated with *Nocardia* from the cage floor. The time from inoculation to signs of disease is usually two to three weeks. The first sign of infection is often an erythematous papule, which may develop into a true pyoderma, as it did in our patients. Proximal lymphangitis and lymphadenitis ensue, and the involved nodes are swollen, tender, and erythematous. The clinical presentation is much like that of lymphocutaneous sporotrichosis; in fact, lymphocutaneous nocardiosis may occur more frequently than is recognized, as it may be mistaken for sporotrichosis if cultures are not done, and has been shown to respond to potassium iodide, the usual therapy for sporotrichosis. Other differential diagnoses for this presentation include histoplasmosis, blastomycosis, coccidioidomycosis, mycobacterial infection (e.g., *M. marinum*), tularemia, and cat scratch disease. The diagnosis may be made by microscopic examination and culture alone, but biopsy may be necessary. Microscopic examination of a gram stained or modified acid-fast stained smear may reveal branching filamentous rods as described above. Cultures should be processed as described earlier, and the laboratory should be asked to hold the cultures for four

Dx: recurrent herpes labialis



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CONTRAINDICATIONS: THEO-DUR is contraindicated in individuals who have shown hypersensitivity to theophylline or any of the tablet components

WARNINGS: Status asthmaticus should be considered a medical emergency and is defined as that degree of bronchospasm which is not rapidly responsive to usual doses of conventional bronchodilators. Optimal therapy for such patients frequently requires both *additional medication*, parenterally administered, and *close monitoring*, preferably in an intensive care setting

Although increasing the dose of theophylline may bring about relief, such treatment may be associated with toxicity. The likelihood of such toxicity developing increases significantly when the serum theophylline concentration exceeds 20 mcg/ml. Therefore, determination of serum theophylline levels is recommended to assure maximal benefit without excessive risk

Serum levels above 20 mcg/ml are rarely found after appropriate administration of recommended doses. However, in individuals in whom theophylline plasma clearance is reduced *for any reason*, even conventional doses may result in increased serum levels and potential toxicity. Reduced theophylline clearance has been documented in the following readily identifiable groups: 1) patients with impaired renal or liver function, 2) patients over 55 years of age, particularly males and those with chronic lung disease, 3) those with cardiac failure from any cause, 4) neonates, and 5) those patients taking certain drugs (macrolide antibiotics and cimetidine). Decreased clearance of theophylline may be associated with either influenza immunization or active infection with influenza

Reduction of dosage and laboratory monitoring is especially appropriate in the above individuals. Less serious signs of theophylline toxicity (i.e. nausea and restlessness) may occur frequently when initiating therapy, but are usually transient, when such signs are persistent during maintenance therapy, they are often associated with serum concentrations above 20 mcg/ml. Unfortunately, however, serious side effects such as ventricular arrhythmias, convulsions or even death may appear as the first sign of toxicity without any previous warning. Stated differently, *serious toxicity is not reliably preceded by less severe side effects*

Many patients who require theophylline may exhibit tachycardia due to their underlying disease process so that the cause/effect relationship to elevated serum theophylline concentrations may not be appreciated

Theophylline products may cause dysrhythmia and/or worsen pre-existing arrhythmias and any significant change in rate and/or rhythm warrants monitoring and further investigation

The occurrence of arrhythmias and sudden death (with histological evidence of necrosis of the myocardium) has been recorded in laboratory animals (minipigs, rodents and dogs) when theophylline and beta agonists were administered concomitantly, although not when either was administered alone. The significance of these findings when applied to human usage is currently unknown

PRECAUTIONS: THEO-DUR TABLETS SHOULD NOT BE CHEWED OR CRUSHED

General: Theophylline half-life is shorter in smokers than in non-smokers. Therefore, smokers may require larger or more frequent doses. Morphine and curare should be used with caution in patients with airway obstruction as they may suppress respiration and stimulate histamine release. Alternative drugs should be used when possible. Theophylline should not be administered concurrently with other xanthine medications. Use with caution in patients with severe cardiac disease, severe hypoxemia, hypertension, hyperthyroidism, acute myocardial injury, cor pulmonale, congestive heart failure, liver disease, in the elderly (especially males) and in neonates. In particular, great caution should be used in giving theophylline to patients with congestive heart failure. Frequently, such patients have markedly prolonged theophylline serum levels with theophylline persisting in serum for long periods following discontinuation of the drug. Individuals who are rapid metabolizers of theophylline, such as the young, smokers, and some non-smoking adults, may not be suitable candidates for once-daily dosing. These individuals will generally need to be dosed at 12 hour or sometimes 8 hour intervals. Such patients may exhibit symptoms of bronchospasm near the end of a dosing interval, or may have wider peak-to-trough differences than desired

Use theophylline cautiously in patients with history of peptic ulcer. Theophylline may occasionally act as a local irritant to the G.I. tract although gastrointestinal symptoms are more commonly centrally mediated and associated with serum drug concentrations over 20 mcg/ml

Information for Patients: The physician should reinforce the importance of taking only the prescribed dose and time interval between doses. THEO-DUR tablets should not be chewed or crushed. When dosing THEO-DUR on a once daily (q24h) basis, tablets should be taken whole and not split. As with any controlled-release theophylline product, the patient should alert the physician if symptoms occur repeatedly, especially near the end of the dosing interval

DRUG INTERACTIONS: **Drug-Drug**: Toxic synergism with ephedrine has been documented and may occur with some other sympathomimetic bronchodilators. In addition, the following drug interactions have been demonstrated

Drug	Effect
Theophylline with lithium carbonate	Increased excretion of lithium carbonate
Theophylline with propranolol	Antagonism of propranolol effect
Theophylline with cimetidine	Increased theophylline blood levels
Theophylline with troleandomycin, erythromycin	Increased theophylline blood levels

Drug-Food: *THEO-DUR 100 mg Sustained Action Tablets* have not been adequately studied to determine whether their bioavailability is altered when given with food. Available data suggest that drug administration at the time of food ingestion may influence the absorption characteristics of theophylline controlled-release products resulting in serum values different from those found after administration in the fasting state

A drug-food effect, if any, would likely have its greatest clinical significance when high theophylline serum levels are being maintained and/or when large single doses (greater than 13 mg/kg or 900 mg) of a controlled-release theophylline product are given

THEO-DUR (200, 300, and 450 mg) Sustained Action Tablets. The rate and extent of absorption of theophylline from THEO-DUR 200 mg, 300 mg, and 450 mg tablets when administered fasting or immediately after a moderately high fat content breakfast is similar

Drug-Laboratory Test Interactions: When plasma levels of theophylline are measured by spectrophotometric methods, coffee, tea, cola beverages, chocolate, and acetaminophen contribute falsely high values

Carcinogenesis, Mutagenesis, and Impairment of Fertility: Long-term animal studies have not been performed to evaluate the carcinogenic potential, mutagenic potential, or the effect on fertility of xanthine compounds

Pregnancy: Category C—Animal reproduction studies have not been conducted with theophylline. It is not known whether theophylline can cause fetal harm when administered to a pregnant woman or can affect reproduction capacity. Xanthines should be given to a pregnant woman only if clearly needed

Nursing Mothers: It has been reported that theophylline distributes readily into breast milk and may cause adverse effects in the infant. Caution must be used if prescribing xanthine to a mother who is nursing, taking into account the risk-benefit of this therapy

Pediatric Use: Safety and effectiveness of THEO-DUR administered
1. Every 24 hours in children under 12 years of age, have not been established
2. Every 12 hours in children under 6 years of age, have not been established

ADVERSE REACTIONS: The most consistent adverse reactions are usually due to overdose and are
1. *Gastrointestinal*: nausea, vomiting, epigastric pain, hematemesis, diarrhea
2. *Central nervous system*: headaches, irritability, restlessness, insomnia, reflex hyperexcitability, muscle twitching, clonic and tonic generalized convulsions
3. *Cardiovascular*: palpitation, tachycardia, extrasystoles, flushing, hypotension, circulatory failure, ventricular arrhythmias
4. *Respiratory*: tachypnea
5. *Renal*: albuminuria, increased excretion of renal tubular and red blood cells, potentiation of diuresis
6. *Other*: rash, hyperglycemia and inappropriate ADH syndrome

OVERDOSAGE. **Management**: If potential oral overdose is established and seizure has not occurred
A. Induce vomiting
B. Administer a cathartic (this is particularly important if sustained-release preparations have been taken)
C. Administer activated charcoal

If patient is having a seizure
A. Establish an airway
B. Administer oxygen
C. Treat the seizure with intravenous diazepam: 0.1 to 0.3 mg/kg up to 10 mg
D. Monitor vital signs, maintain blood pressure and provide adequate hydration

Post Seizure Coma
A. Maintain airway and oxygenation
B. If a result of oral medication, follow above recommendations to prevent absorption of the drug, but intubation and lavage will have to be performed instead of inducing emesis, and the cathartic and charcoal will need to be introduced via a large bore gastric lavage tube
C. Continue to provide full supportive care and adequate hydration while waiting for drug to be metabolized. In general, the drug is metabolized sufficiently rapid so as not to warrant consideration of dialysis, however if serum levels exceed 50 mcg/ml charcoal hemoperfusion may be indicated

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weeks. Histological examination of biopsy specimens reveals granulomatous changes; the organisms may be seen if stained appropriately (Brown-Brenn modification of the gram stain or Kinyoun modification of the Ziehl-Neelson acid fast stain).

Sulfadiazine has been used successfully in the past;[9] currently, trimethoprim-sulfamethoxazole is usually considered to be the drug of choice.[10] Other antibiotics such as the aminoglycosides and beta-lactam compounds are active *in vitro* but have not been fully evaluated *in vivo*. Surgical debridement may also be of help.

Conclusion

Cutaneous nocardiosis is most often seen as a chronic suppurating disease of the tropics and semi-tropics, including the southern United States. However, because we often see patients who have travelled in the south (the Florida Board of Tourism estimates that nearly two million Pennsylvanians travel to and from Florida yearly[11]), and because the disease may present occasionally in other forms in temperate areas as well, the diagnosis of nocardiosis should be considered when a patient presents with a nonhealing ulcerating or granulomatous lesion. The diagnosis can usually be made easily if appropriate cultures are obtained. Sulfonamide therapy is usually successful. □

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Hemangiosarcoma of the spleen

Matthew Hahner, MD
John H. Updegrove, MD
William K. Harlan, MD
Joseph L. Curry, MD

Hemangiosarcoma of the spleen is a rare disease; 64 cases have been described previously in the English literature. Usually, it is rapidly fatal with most cases demonstrating metastatic disease at the time of diagnosis. It was first described by Langhans in 1879.[1] The classical microscopic findings were described by DeNavesquez in 1936.[2] Edsman described the arteriographic findings of malignant tumors of the spleen in 1954.[3] Autry and Weitzner collected 50 cases from the English literature in 1974.[4] Publication of 14 additional cases have been identified since that time.[5-13]

Case report

E.S., a 53-year-old female, was admitted to the Easton Hospital in April 1983, suffering from the abrupt onset of severe pain in the left lower anterior chest. The pain began while the patient was sleeping; it was sharp in nature, was not influenced by respiration, and did not radiate. There was no recent history of trauma or respiratory infection. She denied symptoms of coronary artery insufficiency. She had noted no cough or hemoptysis and was afebrile.

On physical examination, she was tachypneic, yet auscultation revealed normal breath sounds with no rales or wheezing. A bruit could be heard in the left lower posterior axillary line during both systole and diastole. There was tenderness and resistance to palpation in the upper left abdomen. Her complete blood count revealed no indication of leukocytosis or anemia. The urinalysis, serum electrolytes, and serum amylase determinations were normal. Her chest x-ray revealed an area of density compatible with pneumonic consolidation in the lower lobe of the left lung. Tomography of this area revealed in-

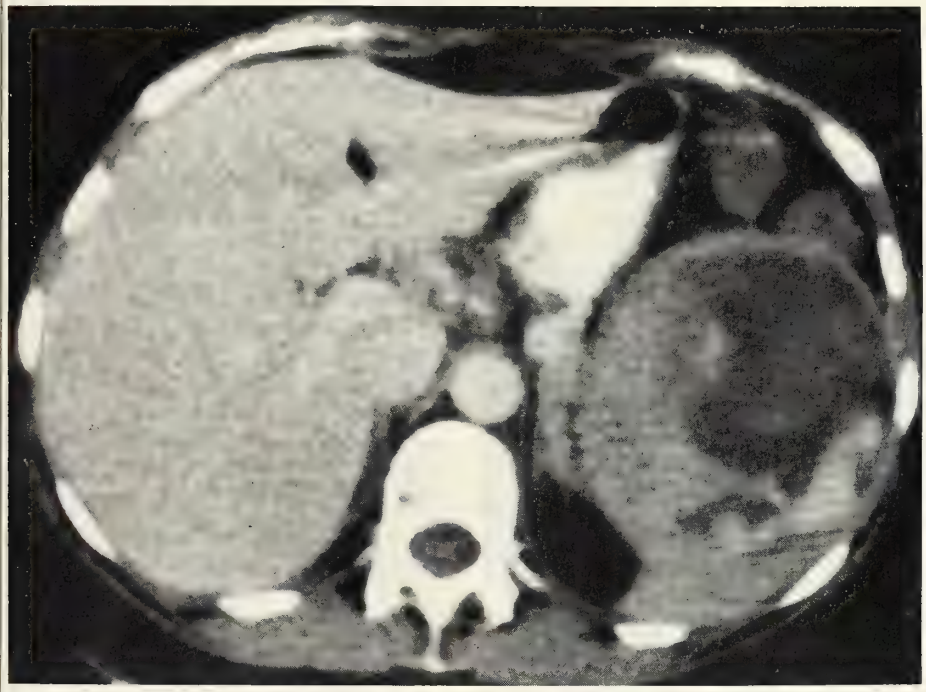

Figure 1. CT scan—mass lower pole of spleen.

The authors are on the staff of the Easton Hospital, Easton. For reprints, write John H. Updegrove, MD, Director of Surgical Education, Easton Hospital, Easton, PA 18042. *The authors acknowledge Wilfred Salcedo, MD, for his aid in the microscopic interpretation of the splenic tumor and the preparation of the slides reproduced in this article.*

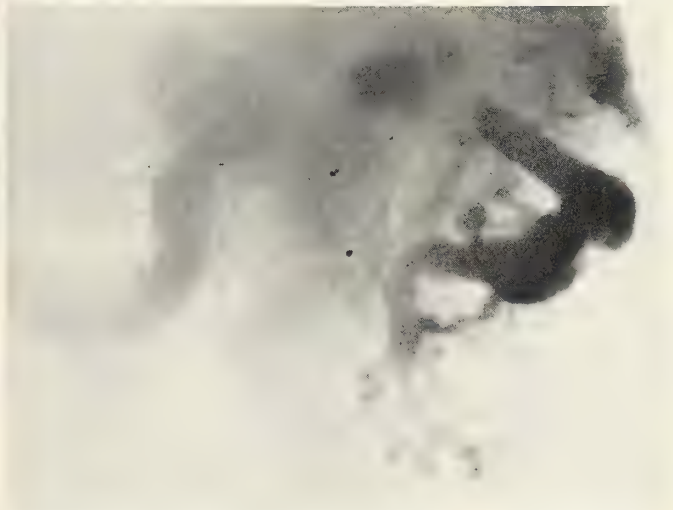

Figure 2. Selective coeliac angiography showing intrasplenic aneurysms.

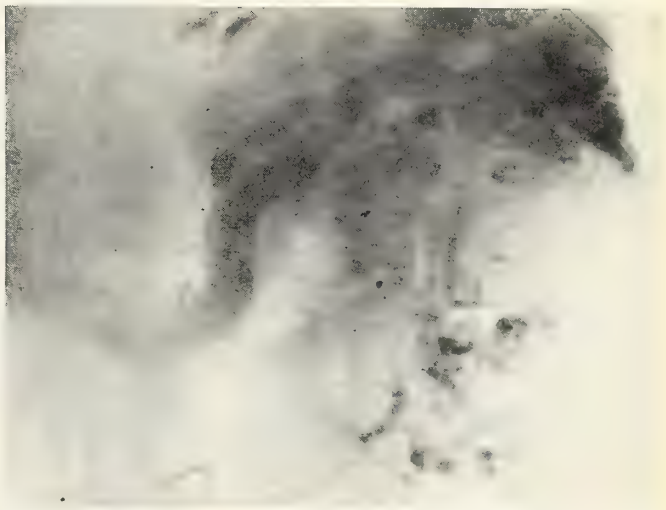

Figure 3. Selective coeliac angiography showing delayed emptying.

creased density in the posterior medial aspect of the base with unusual vascularity of the area of consolidation. The possibility of an arteriovenous malformation was considered. Her electrocardiogram and echocardiogram were normal. A TC99 sulphur colloid liver spleen scan demonstrated a normal liver but suggested enlargement of the spleen, with little functioning tissue in the inferior pole. The CT scan of the abdomen revealed a 10 cm mass, extending from the lower portion of the spleen (Figure 1), which contained irregular areas of varying density after infusion of contrast medium. Vascular channels within the lesion were suspected, and the low density areas were thought to represent areas of necrosis or hematoma. Prominent vascular structures were noted medial to the upper portion of the mass. Selective celiac artery angiography revealed significant splenomegaly with numerous intrasplenic aneurysms of varying sizes (Figure 2). These filled gradually and remained filled over a prolonged length of time (Figure 3). Many areas of the spleen were devoid of vessels, suggesting hemorrhagic occlusion in the presence of a presumed vascular abnormality.

The presence of a splenic neoplasm was suspected and, after the administration of anti-pneumococcal vaccine, a laparotomy was performed. The spleen was enlarged, and an accessory spleen was encountered. No evidence of metastatic disease was identified within the abdomen. The spleen and the accessory spleen were resected. The patient experienced an uncomplicated recovery and was discharged from the hospital one week later. The consolidation in the left lung did not appear on subsequent chest x-rays.

Table 1
Age at Diagnosis

0–20	4
20–40	15
40–60	28
60 and over	15

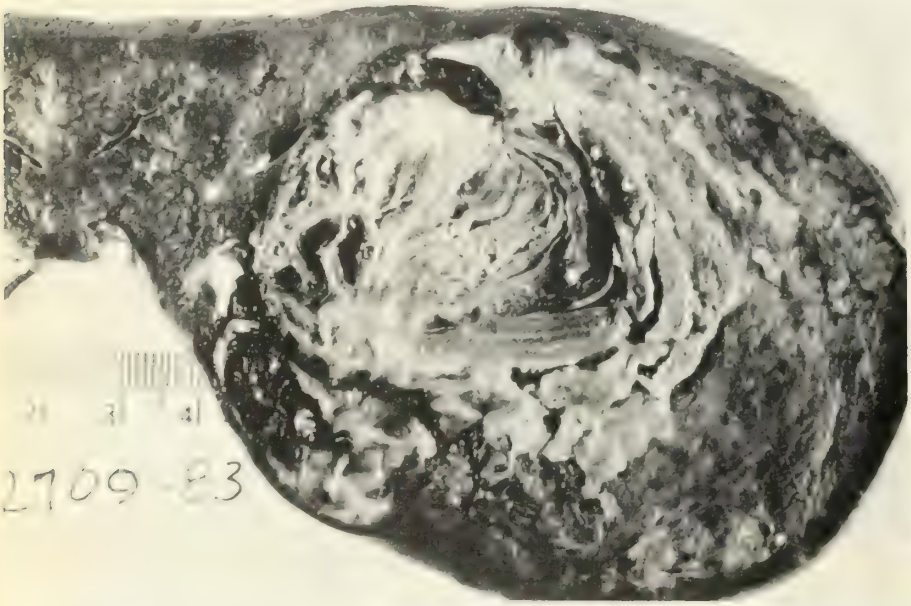

Figure 4. Spleen—hemorrhagic necrosis with dilated thrombosed vessels.

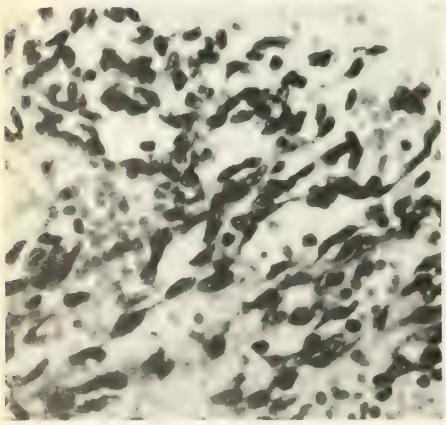

Figure 5. Spleen—spleen showing vascular channels lined by prominent tufted endothelial cells (400x).

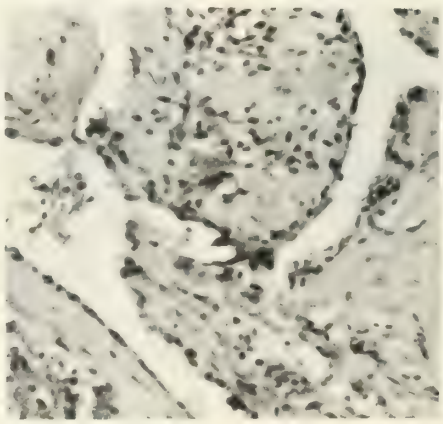

Figure 6. Spleen—showing AV malformation (25x).

Pathology

The spleen weighed 470 gms and measured 15x10x7 cm. It was pear-shaped with a bulbous fluctuant enlargement of the inferior two-thirds of the organ. The capsule was intact. The cut surface showed hemorrhagic necrosis involving the bulbous portion associated with focally dilated blood vessels, many of which were occluded by organizing blood clot (Figure 4). The superior segment showed no gross abnormality. Histologically, areas of anastomosing vascular channels lined by tufted endothelial cells were present (Figure 5). Occasional mitoses were noted. In other areas, the vascular abnormality was composed of dilated tangles of arteries and veins. These features are diagnostic of angiosarcoma and arteriovenous malformation (Figure 6). The accessory spleen contained normal splenic tissue.

Because of the poor prognosis in this disease as cited in the literature, an adjunctive program of chemotherapy was instituted. The patient received Vincristine, Cyclophosphamide, and Doxorubicin at three-week intervals for ten cycles over seven months, between May 17, 1983, and December 12, 1983. The total doses of the agents used were: Vincristine, 10 mg; Cyclophosphamide, 6,400 mg; and Doxorubicin, 520 mg. She was readmitted March 5, 1984, suffering from a spontaneous right pneumothorax. She was treated conservatively with success but subsequently was readmitted March 26, 1984, with right pneumonia, which was treated with antibiotics. The right lung cleared completely and the patient remains well to this date. The infiltrate noted in the left lung never recurred.

Comment

Hemangiosarcoma of the spleen is a disease predominently of middle age (Table 1). It is usually associated with apparent splenic and hepatic enlargement. Left abdominal pain and tenderness, cachexia, and anemia commonly are noted. The anemia may be profound and is felt to represent a microangiopathic hemolytic anemia. Damaged

red blood cells and hemolysis result from passage through the irregular vascular endothelium and fibrous strands of the tumor.[14]

Metastasis was noted in 54 of the 64 reported cases at the time each patient was seen initially for medical care. Those sites most commonly involved include the liver, bone, lymph nodes, and lungs. The tumor usually is rapidly fatal with death occurring within six months in 80 percent[11] and within 13 months in 98 percent of cases followed. In 17 cases, spontaneous rupture of the spleen occurred; only one patient is reported to have lived more than four months thereafter.[4] A wide variety of chemotherapeutic agents and combinations of agents have been used unsuccessfully in an effort to control the tumor. The total number of cases treated by one regime, however, has been small.

Significant survival in seven cases without metastases at the time of surgery has been reported. One patient survived two years,[15] one three years,[13] one four years,[7] and one five years[16] before each died of recurrent disease. Only two cases are described as being free of disease in long term followup study—one two years and one four years postoperatively.[17,18] Because of the long interval since documentation (56 and 46 years), the ultimate fate of these patients cannot be ascertained.

Hemangiosarcoma of the liver has been associated with exposure to ionizing radiation from the disposition of Thorotrast in the liver of those patients in whom this substance was used in vascular contrast studies.[19,20] Reports incrimating PVP[21,22] and arsenic[23] have also been published. No etiologic agents are known to be associated with the development of splenic hemangiosarcoma. Sordillo,[6] however, did report two cases in women in which the tumor developed after radiation treatment following mastectomy for carcinoma of the breast. He also reported a third case in which the tumor developed following repeated fluoroscopic studies of the GI tract in a young child.

Obviously, early diagnosis represents the only opportunity for long term survival in patients with this disease. The symptoms of lassitude, fever, weight loss, and anemia have been associated with late stages of the disease. Left abdominal pain is the only symptom that could alert the clinician to the presence of this tumor before metastasis. The presence of a bruit led to definitive diagnostic procedures. Survival of five years is presumably correlated with early diagnosis. The spleen in this case weighed only 470 gms, while the average weight of spleens removed in reported cases of hemangiosarcoma is well over 1,000 gms. The correct diagnosis was suspected from the interpretation of the CT scan and proven by the characteristic angiographic appearance of hemangiosarcoma. □

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William M. Almasy, MD, Radiology, 104 Ellen Ln., Morgantown WV 20505

Pedro A. Ballester, MD, Anesthesiology, Magee Womens Hosp., Pittsburgh 15213

Robert A. Barefoot, MD, McKeesport Hosp., 1500 Fifth Ave., McKeesport 15132

Mary E. Bracken, MD, Internal Med., 3437 Fifth Ave., Apt. 503, Pittsburgh 15213

David S. Buck, MD, Radiology, Route 6, Box 88-A, Morgantown WV 26505

Alfred J. Burgo, MD, Internal Med., 5700 Munhall Rd., Apt 9, Pittsburgh 15217

Johanna M. Devryer, MD, Internal Med., 3459 Fifth Ave., Pittsburgh 15213

Francisco S. Escobar III, MD, Gen. Surg., 1235 Smokeywood Dr., Swissvale 15218

David H. Frankel, MD, Internal Med., 5948 Phillips Ave., Pittsburgh 15217

Mark L. Franklin, MD, 5820 Elwood St., Apt. 24, Pittsburgh 15232

Seth Gottlieb, MD, Internal Med., 100 Bryn Mawr Ct., Pittsburgh 15221

Michael F. Hagerty, MD, Cardiovascular Diseases, Allegheny Gen. Hosp., 490 East North Ave., Suite 203, Pittsburgh 15212

Suzanne E. Herbener, MD, Psychiatry, 88 South Grandview Ave., Pittsburgh 15205

Rock A. Heyman, MD, Neurology, 673 Sloop Rd., Pittsburgh 15237

Alan K. Hodgdon, MD, Univ. of Pittsburgh, 113 Lothrop Hall, Pittsburgh 15261

Dieter F. Hoffmann, MD, Otolaryngology, Shadyside Hosp., Pittsburgh 15232

Becky L. Jackson, MD, Internal Med., 562 East End Ave., First Floor, Pittsburgh 15221

David C. Jude, MD, Ob/Gyn, 460 William St., Pittsburgh 15211

Elizabeth S. Kinn, MD, Pediatrics, 446 Lincoln Ave., Pittsburgh 15202

Donald G. Klinestiver Jr., MD, Internal Med., 1312 West North Ave., Pittsburgh 15233

Louis E. Leff, MD, Internal Med., Medical Arts Bldg., Suite 30, 3708 Fifth Ave., Pittsburgh 15213

Paul A. Liefeld, MD, Orthopedic Surg., Ten Allegheny Ctr., Pittsburgh 15212

Michael R. Matheson, MD, Diagnostic Radiology, Shadyside Hosp. Diag Imag, 5230 Centre Ave., Pittsburgh 15232

Julia T. Mathos, DO, Family Practice, McKeesport Hosp. Family Practice, 1500 Fifth Ave., McKeesport 15132

Thor C. Mathos, DO, Family Practice, 3300 Stewart St., McKeesport 15132

Joshua D. McDavid, MD, Psychiatry, 120 Ruskin Ave., Apt 707, Pittsburgh 15213

Ruth B. Michael, MD, Family Practice, R.D.6, 5680 Munhall Rd., Pittsburgh 15217

Ricci A. Minella, MD, Internal Med., 99 Green Bryr Dr., Pittsburgh 15220

Gregory L. Molter, DO, Internal Med., 1757 Sample Rd., Allison Park 15101

Robert C. Nerhood, MD, Ob/Gyn, Allegheny Gen. Hosp., 320 East North Ave., Pittsburgh 15212

Daniel K. Norden, MD, Internal Med., 5700 Bunker Hill St., Apt. 704, Pittsburgh 15206

Lisa A. Osberg, MD, Internal Med., 3918 Nantasket St., Pittsburgh 15207

Virginia Pineiro, MD, 545 South Aiken St., Apt. 16, Pittsburgh 15232

Robert C. Reiser, MD, Emergency Med., 5297 Spring Valley Dr., Whitehall 15236

Michelle I. Rossi, MD, Internal Med., 935 South Braddock Ave., Pittsburgh 15221

Martin L. Rothberg, MD, Cardiovascular Surg., Univ. of Pittsburgh, 1084 Scaife Hall, Dept. of Surg., Pittsburgh 15261

Debra N. Rubinstein, MD, Ob/Gyn, 5909 Hobart St., Pittsburgh 15217

Jon Rudnick, MD, Occupational Med., CNG Tower, Medical Dept., Pittsburgh 15222

Eric L. Safyan, MD, Hematology, 222 Vernon Dr., Pittsburgh 15228

William I. Shaw, MD, Radiology, Sewickley Valley Hosp., Sewickley 15143

Robert F. Sigworth, MD, Internal Med., 1618 Denniston Ave., Pittsburgh 15217

Demetrios G. Skedros, MD, Otolaryngology, 6018 Walnut St., Apt. Three, Pittsburgh 15206

Danny A. Smith, MD, Internal Med., 227 South Mullvale, Apt. Two, Pittsburgh 15224

David J. Stapor, MD, Orthopedic Surg., 575 Coal Valley Rd., Suite 314, Clairton 15025

Lawrence X. Sullivan, MD, Thoracic Surg., 532 South Aiken Ave., Suite 507, Pittsburgh 15232

Marcia A. Timko, MD, Anesthesiology, 6360 Morrowfield Ave., First Floor, Pittsburgh 15217

Richard H. Tupler, MD, Diagnostic Radiology, 240 Shadowlawn, Mt. Lebanon 15216

Michelle C. Ultmann, MD, Pediatric Endocrinology, 806 College Ave., Apt. C-6, Pittsburgh 15232

Frank T. Vertosick Jr., MD, Neurological Surg., 3459 Fifth Ave., Pittsburgh 15213

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Kenneth M. Zangwill, MD, 5437 Ellsworth Ave., Apt. 302, Pittsburgh 15232

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William E. Prenatt, MD, Family Practice, 855 Sebring Rd., Beaver 15009

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Richard B. Foster, MD, Radiology, Guthrie Clinic Limited, Guthrie Square, Sayre 18840

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Daniel J. Fernicola, MD, 1000 Walnut St., Apt. 1806, Philadelphia 19107
Andrew S. Fireman, MD, 2715 Cranston Rd., Philadelphia 19131
Richard G. Florentine, MD, Internal Med., 2100 Delancey St., Apt. 1-F, Philadelphia 19103
Stephen C. Frohwein, MD, Internal Med., 221 Church St., Apt. 3, Philadelphia 19106
Lonnie E. Fuller Jr., MD, Internal Med., 2808 West Queen Ln., Philadelphia 19129
Rex Ghassemi, MD, 1801 Buttonwood St., Apt. 1106, Philadelphia 19130
Meryl G. Goldhaber, MD, Internal Med., 231 North Third St., Philadelphia 19106
Susan C. Goldman, MD, 1100 South Broad St., Apt. 407-B, Philadelphia 19146
Pamela R. Gunn, MD, 69 East Logan St., Philadelphia 19144
Daniel G. Hartman, MD, 7337 Bowman St., Philadelphia 19129
Adam C. Hauser, MD, 1530 Spruce St., Apt. 503, Philadelphia 19102
John A. Hemlick, MD, Internal Med., 325 North 15th St., Apt 203, Philadelphia 19102
Ellen J. Hirsh, MD, 1703 Green St., Apt. 6, Philadelphia 19130
Helen W. Ho, MD, 269 South Ninth St., Apt. 501, Philadelphia 19107
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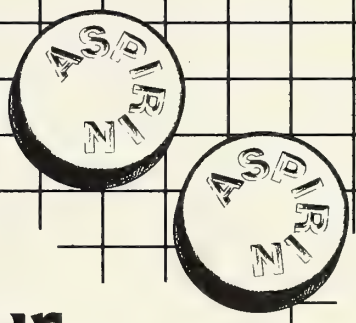

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New drugs of 1987—Part III

Daniel A. Hussar, PhD

This article concludes our review of the 17 new therapeutic agents marketed in 1987. See the September and October issues for Parts I and II.

Fibrinolytic agent

Alteplase, recombinant

Alteplase, recombinant (Activase—Genentech) is a form of the body's natural tissue plasminogen activator that is produced by recombinant DNA technology. Also designated as t-PA, rt-PA, and TPA, alteplase is a glycoprotein of 527 amino acids, and represents an important advance in the treatment of acute myocardial infarction.

Alteplase is indicated for the management of acute myocardial infarction in adults for the lysis of thrombi obstructing coronary arteries, the improvement of ventricular function, and the reduction of the incidence of congestive heart failure. Like streptokinase (Kabikinase, Streptase) and urokinase (Abbokinase), alteplase promotes the conversion of plasminogen to plasmin, which is fibrinolytic. However, the action of alteplase is more specific in that it binds to fibrin in a thrombus ("clot-selectivity") and converts the entrapped plasminogen to plasmin, but has a relatively limited effect on the free circulating plasminogen.

Treatment with alteplase should be initiated as soon as possible after the onset of symptoms of an acute myocardial infarction. Lysis of coronary artery thrombi has been demonstrated in about 70 percent of patients treated within six hours of the onset of symptoms, and improvement of ventricular function and reduction of the incidence of congestive heart failure have been documented in patients treated within four hours of the onset of symptoms. Ideally, treatment with alteplase should be started in a specialized cardiac care unit; however, to reduce the risks associated with excessive delays in initiating therapy, it has been recommended that appropriate candidates be treated in community hospital emergency rooms.

Clinical studies suggest that alteplase is more effective than streptokinase although some consider streptokinase, when administered less than three hours after the onset of symptoms, to be equally effective. The comparison of these two agents also focuses on a difference in the product costs, with the cost of a dose of streptokinase being significantly less than that of alteplase (approximately $2300). Although the cost of alteplase is high, some data suggest that it may be possible to discharge patients treated with this agent from the hospital sooner, thereby resulting in an overall cost reduction in the hospital treatment of myocardial infarction.

The clinical experience with alteplase has involved the use of formulations prepared by two different manufacturing methods and a question had been raised whether the activity of the two formulations was the same. However, additional study has shown the newer formulation, the one that is now marketed, to be equally effective.

Heparin has usually been administered concomitantly with and following intravenous infusions of alteplase to maintain the patency of catheters and to reduce the risk of rethrombosis. The extent to which heparin contributes to the effectiveness of alteplase, and to the risk of bleeding, is not known.

Although alteplase has less of an effect on free circulating plasminogen than do streptokinase and urokinase, it has caused serious bleeding reactions and the appropriate precautions must be taken. The new agent is contraindicated in patients with active internal bleeding, history of cerebrovascular accident, recent (within two months) intracranial or intraspinal surgery or trauma, intracranial neoplasm, arteriovenous malformation, or aneurysm, known bleeding diathesis, or severe uncontrolled hypertension. There are also a number of other situations in which bleeding constitutes a significant hazard and the benefits of alteplase therapy must be weighed against the potential risks.

The type of bleeding reactions associated with thrombolytic therapy can be divided into two general categories: 1. internal bleeding involving the gastrointestinal tract, genitourinary tract, retroperitoneal or intracranial sites; and 2. superficial or surface bleeding, observed mainly at invaded or disturbed sites (e.g., arterial punctures, sites of recent surgical intervention). As fibrin is lysed during alteplase therapy, bleeding from recent puncture sites may occur; thus, thrombolytic therapy requires careful attention to all potential bleeding sites. Intramuscular injections should be avoided.

There has been concern about the risk of intracranial bleeding with alteplase therapy. The incidence of this problem was about 1.3 percent when the drug was administered in a dose of 150 mg,

Daniel A. Hussar, PhD, is the Remington Professor of Pharmacy at the Philadelphia College of Pharmacy and Science, Philadelphia.

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BRIEF SUMMARY

CONTRAINDICATIONS
There are no known contraindications to the use of sucralfate

PRECAUTIONS
Duodenal ulcer is a chronic, recurrent disease. While short-term treatment with sucralfate can result in complete healing of the ulcer, a successful course of treatment with sucralfate should not be expected to alter the post-healing frequency or severity of duodenal ulceration.

Drug Interactions: Animal studies have shown that simultaneous administration of CARAFATE (sucralfate) with tetracycline, phenytoin, digoxin, or cimetidine will result in a statistically significant reduction in the bioavailability of these agents. The bioavailability of these agents may be restored simply by separating the administration of these agents from that of CARAFATE by two hours. This interaction appears to be nonsystemic in origin, presumably resulting from these agents being bound by CARAFATE in the gastrointestinal tract. The clinical significance of these animal studies is yet to be defined. However, because of the potential of CARAFATE to alter the absorption of some drugs from the gastrointestinal tract, the separate administration of CARAFATE from that of other agents should be considered when alterations in bioavailability are felt to be critical for concomitantly administered drugs

Carcinogenesis, Mutagenesis, Impairment of Fertility: Chronic oral toxicity studies of 24 months' duration were conducted in mice and rats at doses up to 1 gm/kg (12 times the human dose). There was no evidence of drug-related tumorigenicity. A reproduction study in rats at doses up to 38 times the human dose did not reveal any indication of fertility impairment. Mutagenicity studies were not conducted

Pregnancy: Teratogenic effects. Pregnancy Category B. Teratogenicity studies have been performed in mice, rats, and rabbits at doses up to 50 times the human dose and have revealed no evidence of harm to the fetus due to sucralfate. There are, however, no adequate and well-controlled studies in pregnant women. Because animal reproduction studies are not always predictive of human response, this drug should be used during pregnancy only if clearly needed

Nursing Mothers: It is not known whether this drug is excreted in human milk. Because many drugs are excreted in human milk, caution should be exercised when sucralfate is administered to a nursing woman

Pediatric Use: Safety and effectiveness in children have not been established.

ADVERSE REACTIONS
Adverse reactions to sucralfate in clinical trials were minor and only rarely led to discontinuation of the drug. In studies involving over 2,500 patients treated with sucralfate, adverse effects were reported in 121 (4.7%)

Constipation was the most frequent complaint (2.2%). Other adverse effects, reported in no more than one of every 350 patients, were diarrhea, nausea, gastric discomfort, indigestion, dry mouth, rash, pruritus, back pain, dizziness, sleepiness, and vertigo.

OVERDOSAGE
There is no experience in humans with overdosage. Acute oral toxicity studies in animals, however, using doses up to 12 gm/kg body weight, could not find a lethal dose. Risks associated with overdosage should, therefore, be minimal

DOSAGE AND ADMINISTRATION
The recommended adult oral dosage for duodenal ulcer is 1 gm four times a day on an empty stomach.

Antacids may be prescribed as needed for relief of pain but should not be taken within one-half hour before or after sucralfate

While healing with sucralfate may occur during the first week or two, treatment should be continued for 4 to 8 weeks unless healing has been demonstrated by x-ray or endoscopic examination

HOW SUPPLIED
CARAFATE (sucralfate) 1-gm tablets are supplied in bottles of 100 (NDC 0088-1712-47) and in Unit Dose Identification Paks of 100 (NDC 0088-1712-49). Light pink scored oblong tablets are embossed with CARAFATE on one side and 1712 bracketed by C's on the other. Issued 1/87

Reference:
1. Eliakim R, Ophir M, Rachmilewitz D: *J Clin Gastroenterol* 1987; 9(4) 395-399

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but considerably lower (0.4%) when a dose of 100 mg was used. Therefore, a dose of 150 mg should not be used.

Although heparin is usually used in conjunction with alteplase, it also contributes to the risk of bleeding. Similarly the vitamin K antagonists [e.g., warfarin (Coumadin)] and agents that alter platelet function [e.g., aspirin, dipyridamole (Persantine)] may also increase the possibility of bleeding if administered before, during, or after alteplase therapy.

Other adverse reactions experienced by some of the patients treated with alteplase include nausea and/or vomiting, hypotension, and fever. Because, these reactions are frequent sequelae of myocardial infarction, they may or may not be attributed to the drug therapy.

Mild hypersensitivity reactions (e.g., urticaria) have been occasionally observed with alteplase therapy, but there have been no reports of serious allergic reactions. Although sustained antibody formation in patients receiving one dose of alteplase has not been documented, there is no experience with readministration of the drug and it should be undertaken with caution.

The coronary thrombolysis produced by alteplase may result in arrhythmias associated with reperfusion. These arrhythmias are not different from those often seen in the ordinary course of acute myocardial infarction and may be managed with standard antiarrhythmic measures. It is recommended that antiarrhythmic therapy be available when infusions of alteplase are administered.

Alteplase is administered by intravenous infusion. The recommended dose is 100 mg, adminstered as 60 mg the first hour (of which 6 to 10 mg is administered as a bolus over the first 1 to 2 minutes), 20 mg over the second hour, and 20 mg over the third hour. For smaller patients (less than 65 kg), a dose of 1.25 mg/kg administered over three hours, as described above, may be used. Following administration the drug is cleared rapidly from the plasma, metabolized in the liver, and excreted in the urine. Within 10 minutes after administration, about 80 percent of a dose has been cleared from the blood. The brief duration of action contributes to a lesser risk of serious adverse reactions than with streptokinase and urokinase, and may facilitate secondary interventions such as invasive hemodynamic monitoring or cardiac catheterization.

Alteplase is supplied in vials containing 20 mg (11.6 million IU) and 50 mg (29 million IU) of the drug. It is packaged with the diluent (Sterile Water for Injection) that is to be used in reconstituting the medication. The product literature should be consulted for the specific guidelines regarding reconstitution and further dilution. No other medication should be added to infusion solutions containing alteplase.

Alteplase is presently indicated only for the treatment of acute myocardial infarction. Other potential uses (e.g., pulmonary embolism, deep-vein thrombosis, and peripheral artery thrombosis) are being investigated.

Antifibrinolytic agent
Tranexamic acid

Tranexamic acid (Cyklokapron—KabiVitrum), a synthetic amino acid analog of lysine, is an antifibrinolytic agent that inhibits fibrinolysis by competitively inhibiting plasminogen activation. At higher concentrations, it is also a noncompetitive inhibitor of plasmin. The actions of tranexamic acid are most similar to those of aminocaproic acid (Amicar); however, the new drug is about 10 times more potent *in vitro*.

Tranexamic acid is a designated orphan drug and is indicated in patients with hemophilia for short term use (2 to 8 days) to reduce or prevent hemorrhage and reduce the need for blood factor replacement therapy during and following tooth extraction. The oral mucosa contains a high concentration of plasminogen activators that are released when the mucosa is traumatized during oral surgery. These activators can dissolve the fibrin clot, resulting in bleeding and potentially serious complications in hemophilia patients. The use of tranexamic acid reduces bleeding after tooth extraction and also decreases the need for factor replacement. In some studies the hospital stay of the patients receiving tranexamic acid was reduced, resulting in cost savings.

The use of tranexamic acid is contraindicated in patients with subarachnoid hemorrhage as it has been suggested that the drug may cause cerebral edema and cerebral infarction in such patients. The drug is also contraindicated in patients with defective color vision, because this prohibits measuring one endpoint that should be followed as a measure of toxicity. The basis for this contraindication is the reports of retinal degeneration in animal studies. Al-

though there have been no reports of retinal changes in humans, some patients have experienced visual abnormalities including disturbances of color vision. Therefore, if patients are to be treated for longer than several days, an ophthalmological examination, including visual acuity, color vision, eyeground, and visual fields, is advised before and at regular intervals during the course of treatment.

The adverse reactions reported with the use of tranexamic acid include gastrointestinal effects (nausea, vomiting, diarrhea) that may subside when the dosage is reduced, and giddiness. Hypotension has been reported with intravenous administration of the drug when the injection was given too rapidly. To avoid this response, the solution should not be injected more rapidly than 1 ml per minute.

Tranexamic acid is administered intravenously (10 mg/kg) together with factor replacement therapy immediately before surgery, or orally in a dose of 25 mg/kg three to four times on the day before surgery. Following dental extraction, the recommended dosage is 25 mg/kg orally or 10 mg/kg intravenously (when oral administration is not feasible) three to four times daily for two to eight days. The dosage should be re-

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Wednesday, April 19, 1989

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duced in patients with renal insufficiency because of the risk of accumulation. Solutions for intravenous use should not be mixed with blood or solutions containing penicillin.

Because tranexamic acid is more potent than aminocaproic acid, the oral dosage regimen for the new agent may be more convenient (since a lesser number of tablets need be administered) and patient compliance may be enhanced.

Tranexamic acid is available as tablets in a 500 mg potency and ampules containing the drug in a concentration of 100 mg/ml.

Analgesic/anesthetic

Alfentanil hydrochloride

Alfentanil hydrochloride (Alfenta—Janssen) is an opioid analgesic that is most similar in its properties and uses to fentanyl (Sublimaze) and sufentanil (Sufenta). The new agent is indicated as: 1. an analgesic adjunct given in incremental doses in the maintenance of general anesthesia with barbiturate/nitrous oxide/oxygen; 2. an analgesic administered by continuous infusion with nitrous oxide/oxygen in the maintenance of general anesthesia; and 3. as a primary anesthetic agent for the induction of anesthesia in patients undergoing general surgery in which endotracheal intubation and mechanical ventilation are required.

Alfentanil has a more rapid onset of action than fentanyl and a shorter duration of action than fentanyl and sufentanil. These properties make it particularly useful for short surgical procedures, but more frequent intravenous injections or continuous infusion are required for longer procedures. In these longer procedures, alfentanil may provide advantages over fentanyl of a more rapid response to bolus doses or changes in infusion rate, as well as more rapid recovery when the procedure is completed.

The risk of accumulation of alfentanil is low. As doses are repeated or as the duration of administration is increased, the dissipation of its effects becomes more dependent on elimination, thus increasing the possibility of a more prolonged effect.

Skeletal muscle rigidity of the chest wall, trunk, and extremities is one of the most common adverse reactions associated with the use of alfentanil. The incidence and severity of muscle rigidity are usually dose-related and the administration of the drug at anesthetic induction dosages (above 130 ug/kg) will consistently produce muscular rigidity with an immediate onset that occurs earlier than that experienced with other opioid analgesics. The incidence of muscle rigidity may be reduced by the appropriate use of a neuromuscular blocking agent.

The development of respiratory depression represents an extension of a known pharmacological effect of the opioid analgesics, and delayed respiratory depression and respiratory arrest have been reported with the use of alfentanil. The monitoring of the patient must be continued well after surgery is completed because of the possibility of delayed respiratory depression, and caution must be exercised in patients with pulmonary disease or potentially compromised respiration.

Cardiovascular effects such as bradycardia, hypotension, and arrhythmias have also been associated with the use of alfentanil and some studies suggest that the new agent may be more likely than fentanyl to cause hypotension. Other adverse reactions attributed to the use of alfentanil as well as other opioid analgesics include nausea, vomiting, and dizziness. Comparative studies suggest that the incidence of gastrointestinal effects with alfentanil is lower than that for fentanyl.

When alfentanil is administered in combination with other central nervous system (CNS) depressants such as barbiturates, tranquilizers, opioid analgesics, or inhalation general anesthetics, both the magnitude and duration of the CNS and cardiovascular effects may be increased and the dose of one or both agents should be reduced.

Like the other opioid analgesics, alfentanil can produce dependence and has the potential for being abused. It is included in Schedule II under the provisions of the Controlled Substances Act.

On a weight basis, alfentanil is less potent than fentanyl and sufentanil. The dosage should be individualized in each patient according to body weight, physical status, underlying pathological condition, use of other drugs, and type and duration of surgical procedure and anesthesia. In one study the dose of alfentanil required to produce anesthesia was 40 percent lower in geriatric patients than in healthy young patients; thus, the dosage should be appropriately reduced in elderly and debilitated patients. Because alfentanil is almost completely metabolized in the liver to inactive metabolites, its plasma clearance may be reduced and postoperative recovery prolonged in patients with compromised liver function and in geriatric patients.

Alfentanil hydrochloride injection for intravenous use is available in ampules containing the equivalent of 500 ug of alfentanil base in each milliliter.

Antiemetic

Nabilone

Nabilone (Cesamet—Lilly) is a synthetic cannabinoid that is very similar in its properties and use to dronabinol (Marinol), the principal psychoactive substance in marijuana. Both agents are indicated for the treatment of nausea and vomiting associated with cancer chemotherapy in patients who have failed to respond adequately to conventional antiemetic treatments.

Nabilone and dronabinol are comparable in effectiveness, and both agents are more effective than prochlorperazine (Compazine) in preventing nausea and vomiting; however, the incidence of adverse reactions with prochlorperazine is lower. Although nabilone is effective in the treatment of most patients with severe gastrointestinal symptoms refractory to conventional therapy, there are some patients for whom the drug does not provide sufficient control, necessitating the consideration of other alternative agents such as metoclopramide (Reglan). The comparative efficacy of nabilone and metoclopramide has not been adequately studied, nor has the effectiveness of the use of nabilone in combination with other antiemetic agents.

Nabilone is highly abusable and can produce both physical and psychological dependence. It is controlled under Schedule II of the Controlled Substances Act. Although limited data suggest that nabilone may be associated with a lower incidence of euphoria than dronabinol, the two agents are generally considered to be similar in their potential to produce cannabis-like effects.

The adverse reactions most often reported with nabilone involve the central nervous system. Drowsiness and vertigo were experienced by approximately 50 percent of the patients in the placebo-controlled studies and less frequently reported effects include ataxia, euphoria, sleep disturbance, dysphoria, headache, disorientation, and depersonalization. The drug should be used with caution in patients with current or pre-

vious psychiatric disorders because the symptoms of these disease states may be unmasked by the use of cannabinoids.

Patients for whom nabilone is prescribed should be warned not to operate machinery or a motor vehicle, or engage in other potentially hazardous activities. The use of alcoholic beverages should be avoided because of the likelihood of additive central nervous system depression and therapy must be monitored closely when nabilone is used in patients who are also being treated with other agents having a central nervous system depressant action.

Other adverse reactions associated with the use of nabilone include dry mouth, visual disturbance, and hypotension. Because nabilone may cause tachycardia and orthostatic hypotension, it should be used with caution in the elderly and in patients with hypertension or heart disease.

Nabilone is extensively metabolized to a number of metabolites, some of which are pharmacologically active. One or more of the metabolites has a terminal elimination half-life that exceeds that of nabilone and, with repeated use, the metabolites may accumulate at concentrations in excess of that of the parent drug. The major excretory pathway is the biliary system.

Nabilone is administered orally and the usual adult dosage is 1 or 2 mg twice daily. On the day of chemotherapy, the initial dose should be given one to three hours before the antineoplastic agents are administered. To reduce the occurrence of side effects, it is recommended that treatment be initiated with the lower starting dose and increased as necessary. A dose of 1 or 2 mg the night before chemotherapy may be useful in patients who experience anticipatory nausea and vomiting. The maximum recommended daily dose is 6 mg given in divided doses three times daily.

Nabilone capsules are available in a 1 mg potency.

Bronchodilator

Ipratropium bromide

Ipratropium bromide (Atrovent—Boehringer Ingelheim) is a synthetic quaternary ammonium compound that is chemically related to atropine. It has been marketed for use by oral inhalation as a bronchodilator for maintenance treatment of bronchospasm associated with chronic obstructive pulmonary disease, including chronic bronchitis and emphysema.

The ability of atropine and related compounds to cause bronchodilation has been known for many years. However, the drugs' systemic anticholinergic effects and the introduction of sympathomimetic agents as an alternative treatment for the management of bronchospasm limited interest in the use of anticholinergics for this purpose. Renewed interest in the use of these agents as bronchodilators was stimulated by the observations that quaternary ammonium compounds such as ipratropium are poorly absorbed, and that, when administered by inhalation, they are unlikely to cause adverse effects. These findings have resulted in the marketing of ipratropium as an anticholinergic bronchodilator to be administered by inhalation.

Ipratropium works via the parasympathetic pathway and inhibits bronchial smooth muscle contraction by cholinergic blockade, whereas sympathomimetic agents decrease bronchoconstriction by stimulating adrenergic receptor sites. The bronchodilation that follows the inhalation of ipratropium is primarily a local, site-specific effect and not a systemic one.

In the clinical studies of ipratropium, some patients with chronic bronchitis experienced greater and longer lasting bronchodilation with the new agent than did patients receiving the sympathomimetic agent, metaproterenol (Alupent, Metaprel), by inhalation. These studies confirm the importance of the parasympathetic pathway in controlling bronchomotor tone, and some investigations further suggest that this pathway is more prominent in patients with chronic bronchitis and emphysema than in those with asthma or in healthy individuals.

Ipratropium is as effective or more effective than other agents in the management of chronic bronchitis and emphysema and may be considered a "first-line" maintenance therapy for these disorders. However, it is not currently indicated in the treatment of asthma. Studies of its role in the management of asthma are being conducted and, at least for the present, the use of ipratropium for this condition probably should be reserved for patients whose conditions are poorly controlled or who experience significant side effects with other medications.

Ipratropium is well tolerated by most patients and is not likely to cause the cardiovascular (e.g., tachycardia), musculoskeletal (e.g., tremor), and central nervous system effects some patients experience with the sympathomimetic agents and theophylline. Therefore, it can be used advantageously in patients in whom the development of such effects may cause complications. The adverse reactions reported most often with ipratropium include respiratory effects [cough (5.9%), exacerbation of symptoms (2.4%)], central nervous system effects [nervousness (3.1%), dizziness (2.4%), headache (2.4%)], gastrointestinal effects [nausea (2.8%), GI distress (2.4%)], cardiovascular effects [palpitations (1.8%)], oral-laryngeal effects [dry mouth (2.4%), irritation from aerosol (1.6%)], and ophthalmic effects [blurred vision (1.2%)]. Although systemic anticholinergic effects occur uncommonly, caution should be exercised in patients with narrow-angle glaucoma, prostatic hypertrophy, or bladder-neck obstruction. Patients should be warned against spraying the aerosol into their eyes as temporary blurring of vision may result.

It should be emphasized to patients that ipratropium is not to be used to manage acute episodes of bronchospasm in which a rapid response is required.

The onset of action of ipratropium occurs within 15 minutes and the peak effect is reached in one to two hours. The duration of action ranges from three to four hours in most patients, and up to six hours in some patients.

The usual dosage of ipratropium is two inhalations (36 mcg) four times a day. Patients may take additional inhalations as required, but the total number of inhalations should not exceed 12 in 24 hours. Instructions for administering the medication accompany the inhaler and should be given to the patient. If the presence of sputum reduces the effectiveness of the drug, the patient should try to clear the chest as completely as possible before inhaling ipratropium. This will permit deeper penetration of the drug into the lungs and enhance efficacy.

Ipratropium is indicated in patients 12 years of age and older. Safety and effectiveness in younger children have not been established.

Ipratropium bromide inhalation aerosol is supplied as a metered dose inhaler with mouthpiece. Each 14-gram vial provides sufficient medication for 200 inhalations. Each actuation delivers 18 mcg of the drug from the mouthpiece.

Agent for intraoperative miosis
Flurbiprofen sodium

Flurbiprofen sodium (Ocufen—Allergan) is a nonsteroidal anti-inflammatory drug that is unique with respect to its use and route of administration. A phenylalkanoic acid derivative that is related to ibuprofen (Motrin), the new agent is indicated for ophthalmic use for the inhibition of intraoperative miosis.

Miosis often occurs during intraocular surgery and it is thought to be due, at least in part, to the release of prostaglandins that constrict the iris sphincter independently of cholinergic mechanisms. Miosis interferes with cataract surgery as well as certain other intraocular procedures in which the maintenance of pupil dilation (mydriasis) is important. Mydriasis is usually maintained by a topical parasympatholytic agent or phenylephrine (Neo-Synephrine); however, these agents do not always provide the degree of mydriasis desired. The ability of flurbiprofen to inhibit prostaglandin synthesis and thereby inhibit miosis by a different mechanism of action will be of value in reducing the complications associated with surgery. Although there have been investigations of the topical and oral use of nonsteroidal anti-inflammatory drugs in other ocular inflammatory disorders, the labeled indications for flurbiprofen are limited, at present, to the inhibition of intraoperative miosis.

The use of flurbiprofen is contraindicated in patients with herpes simplex keratitis as the drug may exacerbate this condition. Otherwise, the drug is well tolerated, with the most frequent adverse reactions being transient burning and stinging upon instillation and other minor symptoms of ocular irritation. Unlike the topical corticosteroids that are commonly used in the management of ocular inflammation, flurbiprofen does not increase intraocular pressure or cause cataracts; however, like the corticosteroids it may delay wound healing.

A potential exists for cross sensitivity with aspirin and other nonsteroidal anti-inflammatory drugs and caution should be exercised in the treatment of individuals having a history of sensitivity to one of these agents. In consideration of the systemic absorption that occurs after the ophthalmic administration of flurbiprofen, it is also recommended that the drug be used with caution in patients with bleeding tendencies, because of the potential for this class of drugs to increase bleeding time.

The recommended dosage of flurbiprofen is one drop every half hour beginning two hours before surgery for a total of four drops. The ophthalmic solution contains flurbiprofen sodium in a concentration of 0.03 percent.

An oral dosage form of flurbiprofen is being evaluated for conditions associated with pain and/or inflammation. However, the ophthalmic solution is the only dosage form available in the United States at the present time.

Topical corticosteroid
Mometasone furoate

Mometasone furoate (Elocon—Schering) is a nonfluorinated intermediate-potency topical corticosteroid. Exhibiting the anti-inflammatory, antipruritic, and vasoconstrictive actions that are characteristic of this class of drugs, the new agent is indicated for the relief of the inflammatory and pruritic manifestations of corticosteroid-responsive dermatoses (e.g., psoriasis, atopic dermatitis).

In studies comparing mometasone with other intermediate-potency topical steroids, the new agent has been reported to be as effective or more effective than betamethasone valerate (Valisone), fluocinolone acetonide (Synalar), and triamcinolone acetonide (Aristocort, Kenalog). In these studies mometasone was applied once a day whereas the formulations of the other topical steroids were applied two or three times daily. The effectiveness of mometasone in a once-daily dosing regimen is noteworthy as greater convenience and compliance may be associated with less frequent administration. However, the extent to which this represents an advantage over other topical steroids remains to be clarified as no comparative studies have been conducted in which the other steroids were also applied once daily.

Mometasone is well tolerated and the overall incidence of local side effects with both the cream and ointment formulations is approximately 5 percent. Most of these effects are only mild to moderate in severity and include burning, tingling/stinging, pruritus, and signs of skin atrophy. The new agent was judged in the clinical studies to be comparable to hydrocortisone in its effects on adrenal suppression and its potential to cause skin thinning.

Although systemic effects were not identified to be a problem in the investigations of mometasone, appropriate precautions should be taken with respect to the potential for hypothalamic-pituitary-adrenal (HPA) axis suppression and problems such as manifestations of Cushing's syndrome. Children may absorb proportionally larger amounts of topical corticosteroids, and may be more susceptible to these systemic effects, because they have a larger skin surface area to body weight ratio than do adult patients. Other factors that may result in an increased absorption and risk of systemic effects include application of the steroid over large surface areas, prolonged use, use in areas where the epidermal barrier is disrupted, and the use of occlusive dressings.

A thin film of mometasone cream or ointment is applied to the affected skin area once daily. It is recommended that occlusive dressings not be used. Both the cream and ointment formulations contain the drug in a 0.1 percent concentration.

New indications and dosage forms

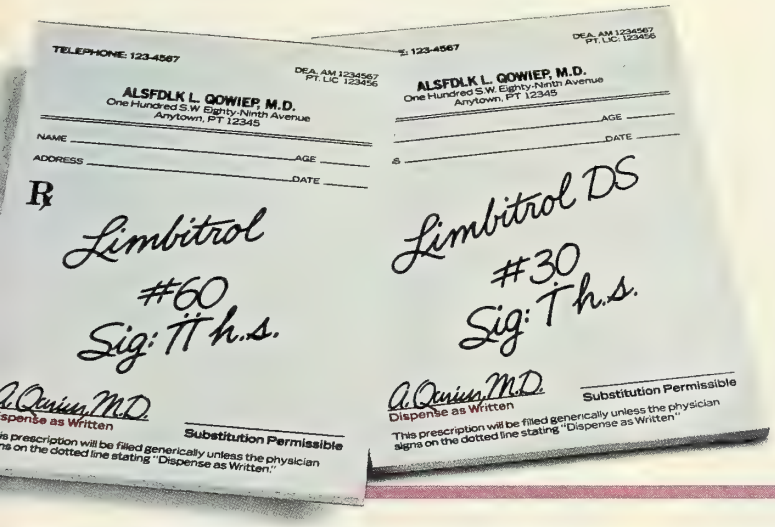
In addition to the new therapeutic agents that were marketed for the first time in 1987, a number of previously available agents now have expanded indications for use and/or are marketed in new dosage forms. Selected examples are noted in Table 7.

Table 7 Selected New Indications and Dosage Forms

Generic Name	Trade Name	New Indication	New Dosage Form
Famotidine	Pepcid		Suspension
Ketoconazole	Nizoral	Cutaneous candidiasis and seborrheic dermatitis (for the cream formulation)	
Ketoprofen	Orudis	Mild to moderate pain; dysmenorrhea	
Naproxen	Naprosyn	Juvenile arthritis	Suspension
Naproxen sodium	Anaprox	Juvenile arthritis	
Nystatin	Mycostatin		Pastilles

In moderate depression and anxiety

- 74% of patients experienced improved sleep after the first *h.s.* dose[1]
- First-week improvement in somatic symptoms[1]
- 50% greater improvement with Limbitrol in the first week than with amitriptyline alone[2]



Protect Your Prescribing Decision: Specify "Do not substitute."

Limbitrol® Ⓘⓥ

Each tablet contains 5 mg chlordiazepoxide and 12.5 mg amitriptyline (as the hydrochloride salt)

Limbitrol® DS Ⓘⓥ

Each tablet contains 10 mg chlordiazepoxide and 25 mg amitriptyline (as the hydrochloride salt)

References: 1. Data on file, Hoffmann-La Roche Inc., Nutley, NJ. 2. Feighner VP, *et al: Psychopharmacology 61*:217-225, Mar 22, 1979.

Limbitrol® Ⓘⓥ
Tranquilizer—Antidepressant
Before prescribing, please consult complete product information, a summary of which follows:

Contraindications: Known hypersensitivity to benzodiazepines or tricyclic antidepressants; concomitant use with MAOIs or within 14 days of monoamine oxidase inhibitors (then initiate cautiously, gradually increasing dosage until optimal response is achieved); during acute recovery phase following myocardial infarction.

Warnings: Use with caution in patients with history of urinary retention or angle-closure glaucoma. Severe constipation may occur when used with anticholinergics. Closely supervise cardiovascular patients. Arrhythmias, sinus tachycardia, prolongation of conduction time, myocardial infarction and stroke reported with tricyclic antidepressants, especially in high doses. Caution patients about possible combined effects with alcohol and other CNS depressants and against hazardous occupations requiring complete mental alertness (*e.g.*, operating machinery, driving).

Usage in Pregnancy: **Use of minor tranquilizers during the first trimester should almost always be avoided because of increased risk of congenital malformations. Consider possibility of pregnancy when instituting therapy.**

Withdrawal symptoms of the barbiturate type have occurred after discontinuation of benzodiazepines (see Drug Abuse and Dependence).

Precautions: Use cautiously in patients with a history of seizures, in hyperthyroid patients, those on thyroid medication, patients with impaired renal or hepatic function. Because of suicidal ideation in depressed patients, do not permit easy access to large quantities of drug. Periodic liver function tests and blood counts recommended during prolonged treatment. Amitriptyline may block action of guanethidine or similar antihypertensives. When tricyclic antidepressants are used concomitantly with cimetidine (Tagamet), clinically significant effects have been reported involving delayed elimination and increasing steady-state concentrations of the tricyclic drugs. Use of Limbitrol with other psychotropic drugs has not been evaluated; sedative effects may be additive. Discontinue several days before surgery. Limit concomitant administration of ECT to essential treatment. See Warnings for precautions about pregnancy. Should not be taken during the nursing period or by children under 12. In elderly and debilitated, limit to smallest effective dosage to preclude ataxia, oversedation, confusion or anticholinergic effects. Inform patients to consult physician before increasing dose or abruptly discontinuing this drug.

Adverse Reactions: Most frequent: drowsiness, dry mouth, constipation, blurred vision, dizziness, bloating. Less frequent: vivid dreams, impotence, tremor, confusion, nasal congestion. Rare: granulocytopenia, jaundice, hepatic dysfunction. Others: many symptoms associated with depression including anorexia, fatigue, weakness, restlessness, lethargy.

Adverse reactions not reported with Limbitrol but reported with one or both components or closely related drugs: *Cardiovascular:* Hypotension, hypertension, tachycardia, palpitations, myocardial infarction, arrhythmias, heart block, stroke. *Psychiatric:* Euphoria, apprehension, poor concentration, delusions, hallucinations, hypomania, increased or decreased libido. *Neurologic:* Incoordination, ataxia, numbness, tingling and paresthesias of the extremities, extrapyramidal symptoms, syncope, changes in EEG patterns. *Anticholinergic:* Disturbance of accommodation, paralytic ileus, urinary retention, dilatation of urinary tract. *Allergic:* Skin rash, urticaria, photosensitization, edema of face and tongue, pruritus. *Hematologic:* Bone marrow depression including agranulocytosis, eosinophilia, purpura, thrombocytopenia. *Gastrointestinal:* Nausea, epigastric distress, vomiting, anorexia, stomatitis, peculiar taste, diarrhea, black tongue. *Endocrine:* Testicular swelling, gynecomastia in the male, breast enlargement, galactorrhea and minor menstrual irregularities in the female, elevation and lowering of blood sugar levels, and syndrome of inappropriate ADH (antidiuretic hormone) secretion. *Other:* Headache, weight gain or loss, increased perspiration, urinary frequency, mydriasis, jaundice, alopecia, parotid swelling.

Drug Abuse and Dependence: Withdrawal symptoms similar to those noted with barbiturates and alcohol have occurred following abrupt discontinuance of chlordiazepoxide; more severe seen after excessive doses over extended periods; milder after taking continuously at therapeutic levels for several months. Withdrawal symptoms also reported with abrupt amitriptyline discontinuation. Therefore, after extended therapy, avoid abrupt discontinuation and taper dosage. Carefully supervise addiction-prone individuals because of predisposition to habituation and dependence.

Overdosage: Immediately hospitalize patient. Treat symptomatically and supportively. I.V. administration of 1 to 3 mg physostigmine salicylate may reverse symptoms of amitriptyline poisoning. See complete product information for manifestation and treatment.

How Supplied: *Double strength (DS) Tablets,* white, film-coated, each containing 10 mg chlordiazepoxide and 25 mg amitriptyline (as the hydrochloride salt), and *Tablets,* blue, film-coated, each containing 5 mg chlordiazepoxide and 12.5 mg amitriptyline (as the hydrochloride salt)—bottles of 100 and 500; Tel-E-Dose® packages of 100; Prescription Paks of 50.

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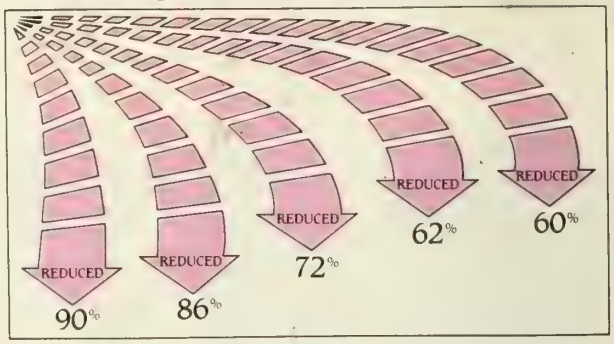
And The Weeks That Follow

- 74% of patients experienced improved sleep after the first *h.s.* dose[1]
- First-week reduction in somatic symptoms[1]

Caution patients about the combined effects of Limbitrol with alcohol or other CNS depressants and about activities requiring complete mental alertness, such as operating machinery or driving a car. In general, limit dosage to the lowest effective amount in elderly patients.

Percentage of Reduction in Individual Somatic Symptoms During First Week of Limbitrol Therapy*



*Patients often presented with more than one somatic symptom.

Limbitrol®

Each tablet contains 5 mg chlordiazepoxide and 12.5 mg amitriptyline (as the hydrochloride salt) (IV)

Limbitrol® DS

Each tablet contains 10 mg chlordiazepoxide and 25 mg amitriptyline (as the hydrochloride salt) (IV)

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Please see summary of product information inside back cover.

Pennsylvania Medicine®

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Volume 91, No. 12 DECEMBER 1988

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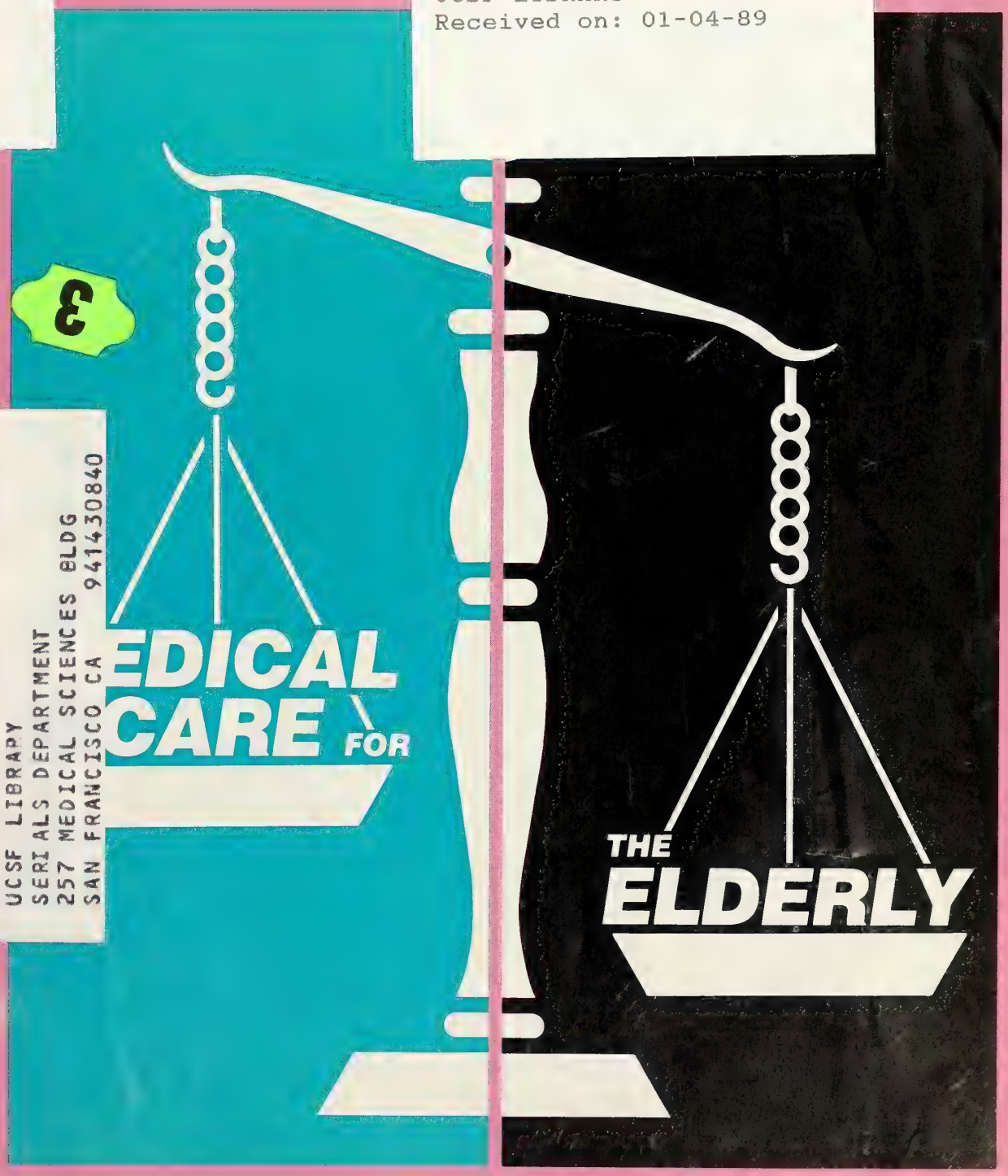

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References: **1.** Greenblatt DJ, Allen MD, Shader RI: *Clin Pharmacol Ther 31*:355-361, Mar 1977 **2.** Kales JD, *et al: Clin Pharmacol Ther 12*:691-697, Jul-Aug 1971 **3.** Kales A, *et al: Clin Pharmacol Ther 18*:356-363, Sep 1975. **4.** Kales A, *et al: Clin Pharmacol Ther 19*:576-583, May 1976. **5.** Kales A, *et al: Clin Pharmacol Ther 32*:781-788, Dec 1982. **6.** Frost JD Jr, DeLucchi MR *J Am Geriatr Soc 27*:541-546, Dec 1979 **7.** Dement WC, *et al: Behav Med 5* 25-31, Oct 1978 **8.** Kales A, Kales JD: *J Clin Psychopharmacol 3*:140-150, Apr 1983 **9.** Tennant FS, *et al:* Symposium in the treatment of sleep disorders, teleconference, Oct 16, 1984

DALMANE® (flurazepam HCl/Roche)®

Before prescribing, please consult complete product information, a summary of which follows:

Indications: Effective in all types of insomnia characterized by difficulty in falling asleep, frequent nocturnal awakenings and/or early morning awakening, in patients with recurring insomnia or poor sleeping habits; in acute or chronic medical situations requiring restful sleep. Objective sleep laboratory data have shown effectiveness for at least 28 consecutive nights of administration. Since insomnia is often transient and intermittent, prolonged administration is generally not necessary or recommended. Repeated therapy should only be undertaken with appropriate patient evaluation.

Contraindications: Known hypersensitivity to flurazepam HCl; pregnancy. Benzodiazepines may cause fetal damage when administered during pregnancy. Several studies suggest an increased risk of congenital malformations associated with benzodiazepine use during the first trimester. Warn patients of the potential risks to the fetus should the possibility of becoming pregnant exist while receiving flurazepam. Instruct patients to discontinue drug prior to becoming pregnant. Consider the possibility of pregnancy prior to instituting therapy.

Warnings: Caution patients about possible combined effects with alcohol and other CNS depressants. An additive effect may occur if alcohol is consumed the day following use for nighttime sedation. This potential may exist for several days following discontinuation. Caution against hazardous occupations requiring complete mental alertness (*e.g.*, operating machinery, driving). Potential impairment of performance of such activities may occur the day following ingestion. Not recommended for use in persons under 15 years of age. Withdrawal symptoms of the barbiturate type have occurred after discontinuation of benzodiazepines (see Drug Abuse and Dependence).

Precaution: In elderly and debilitated patients, it is recommended that the dosage be limited to 15 mg to reduce risk of oversedation, dizziness, confusion and/or ataxia. Consider potential additive effects with other hypnotics or CNS depressants. Employ usual precautions in severely depressed patients, or in those with latent depression or suicidal tendencies, or in those with impaired renal or hepatic function. Inform patients to consult physician before increasing dose or abruptly discontinuing flurazepam HCl.

Adverse Reactions: Dizziness, drowsiness, lightheadedness, staggering, ataxia and falling have occurred, particularly in elderly or debilitated patients. Severe sedation, lethargy, disorientation and coma, probably indicative of drug intolerance or overdosage, have been reported. Also reported: headache, heartburn, upset stomach, nausea, vomiting, diarrhea, constipation, GI pain, nervousness, talkativeness, apprehension, irritability, weakness, palpitations, chest pains, body and joint pains and GU complaints. There have also been rare occurrences of leukopenia, granulocytopenia, sweating, flushes, difficulty in focusing, blurred vision, burning eyes, faintness, hypotension, shortness of breath, pruritus, skin rash, dry mouth, bitter taste, excessive salivation, anorexia, euphoria, depression, slurred speech, confusion, restlessness, hallucinations, and elevated SGOT, SGPT, total and direct bilirubins, and alkaline phosphatase, paradoxical reactions, *e.g.*, excitement, stimulation and hyperactivity.

Drug Abuse and Dependence: Withdrawal symptoms similar to those noted with barbiturates and alcohol have occurred following abrupt discontinuance of benzodiazepines; more severe seen after excessive doses over extended periods; milder after taking continuously at therapeutic levels for several months. After extended therapy, avoid abrupt discontinuation and taper dosage. Carefully supervise addiction-prone individuals because of predisposition to habituation and dependence.

Dosage: Individualize for a maximum beneficial effect. *Adults:* 30 mg usual dosage, 15 mg may suffice in some patients. *Elderly or debilitated patients:* 15 mg recommended initially until response is determined.

Supplied: Capsules containing 15 mg or 30 mg flurazepam HCl.

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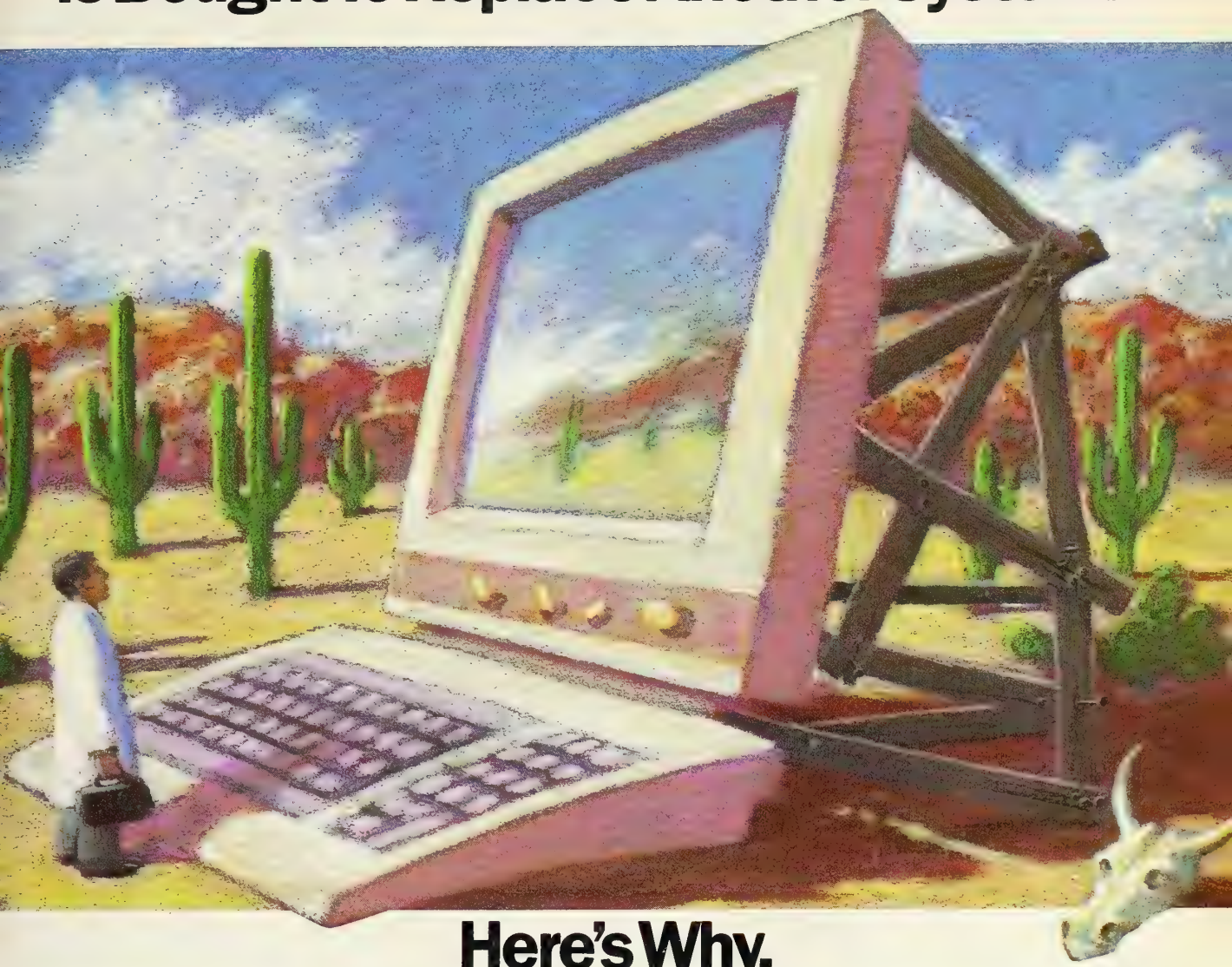

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SOCIETY SCORES VICTORY IN TORT REFORM EFFORT

A very important first step in reform of medical liability legislation was taken in the Pennsylvania House of Representatives November 16. During an action packed evening, HB 2520, redefining the term "expert witness," came up for a vote. An effort to kill the amended bill by recommitting it failed 112 to 83. Representative Scot Chadwick, the chief sponsor of HB 1834, which contains the entire PMS liability reform program, then offered amendments from the PMS proposal. The House went on to adopt the bill overwhelmingly. In addition to the expert witness proposal, the amended bill included PMS language on frivolous lawsuits, punitive damages, informed consent, statute of limitations, CAT Fund involvement in certain cases, and the 1006 committee. In three days of intense lobbying, PMS officials and legislative action team members, with the support of the Civil Justice Coalition, played a significant role in the surprising success in which the PMS position was upheld by a majority of 29 votes, as compared with one year ago, when the PMS position was voted down by 20 votes. Time ran out this session before the Senate could act on the amended legislation.

SOCIETY SUES TO REDUCE 66% CAT FUND SURCHARGE

The filing of a legal challenge to the 1989 surcharge of the Medical CAT Fund was directed by the Society's Board of Trustees on December 1. The suit was to be filed by December 5. The Medical Professional Liability Catastrophe Loss (CAT) Fund announced the surcharge in the Pennsylvania Bulletin dated November 26. The Fund filed for a 70 percent surcharge on October 3. PMS examined the filing and concluded that 55.4 percent was adequate. Insurance Commissioner Constance B. Foster approved the 66 percent surcharge on all policies effective during 1989. The 1988 surcharge is at 61 percent.

AMA INTERIM MEETING TO SET RBRVS POLICY

AMA policy on the Resource Based Relative Value Study will be the main order of business at the AMA House of Delegates' 1988 Interim Meeting in Dallas December 4-7. On November 13, representatives from state, county, and specialty medical societies met with AMA leaders to discuss the RBRVS. From that meeting came a list of recommendations to be addressed by the AMA House. Numerous resolutions on the RBRVS also were submitted. A special reference committee hearing is scheduled to discuss the subject. A full contingent of Pennsylvania delegates will present 11 resolutions. The PMS Board, at the direction of the House of Delegates, approved a position for the Pennsylvania AMA delegation that supports the RBRVS with the following provisions: that implementation depend on better definition of CPT-4 Codes, better pre- and post-service work evaluation, and consideration of service, regional, and liability variations in practice costs; that an indemnity reimbursement system that preserves the rights of physicians to bill for services provided including balance billing be maintained; and that implementation be gradual.

PMS MEMBERS URGED TO CARE FOR POOR

At its 1988 meeting, the House of Delegates voted that PMS members should care for the underinsured at fees commensurate with insurance coverage and/or family income, and for the uninsured whose family income is below poverty level ($11,650 for a family of four) at no charge. President Gerald L. Andriole, MD, sent a letter to members last month urging compliance with the recommendations.

PMS MEMBERSHIP TOPS 20,000

For the first time in the Society's history, PMS membership has exceeded 20,000. As of November 7, 1988, membership in the Society totalled 20,001.

THREE STRAINS OF FLU PREDICTED FOR SEASON

The Pennsylvania Department of Health has predicted three strains of influenza for the upcoming season. The appropriate vaccine has been prepared for the strains, A/Taiwan (H1N1), A/Sichuan (H3N2), and B/Victoria. The health department recommends that individuals in high risk groups — those over age 65, those with serious lung or heart disease, residents of nursing homes or chronic care facilities, and those with kidney disease, anemia, or asthma — be immunized.

BOARD OF TRUSTEES SELECTS EXECUTIVE VICE PRESIDENT

The PMS Board of Trustees chose a new executive vice president November 20. Roger F. Mecum will succeed EVP John F. Rineman, who retires August 1. Mecum is currently executive director of the Wayne County Medical Society, Detroit, Michigan, and heads several of its subsidiaries.

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Moderator: William S. Frankl, MD

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Case Presentation

5:00 p.m.
Echocardiographic Assessment of Left Ventricular Function
Gerald Scharf, MD

5:30 p.m.
Transesophageal Echocardiography
Krishnaswamy Chandrasekaran, MD

6:00 p.m.
Refreshments

Thursday, January 12, 1989

4:00 p.m.
Case Presentation

5:00 p.m.
Treatment of Large Vessel Peripheral Vascular Disease
David Naide, MD

5:30 p.m.
Laser Treatment of Large Vessel Peripheral Vascular Disease
Teruo Matsumoto, MD

6:00 p.m.
Refreshments

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president's page

PMS update

Gerald L. Andriole, MD

Welcome to a new venture! I propose to utilize this publication each month to keep in contact with all members of PMS, to keep the general membership apprised of "what is going on in PMS."

The focus will not be unilateral. I expect these communications to stimulate, or even inflame, our members to respond and give freely of their thoughts. It will be a dialogue, if you will, so that everybody will be better informed, and less inclined to exclaim "they don't know what is going on." We have lots of talent. One of my main jobs and concerns is to marshall this talent and use it solely for the benefit of our society. When you respond, and I hope it is in the form of correspondence, be assured that your thoughts will be read and digested, either to be used or filed, but in any event to be given a fair appraisal. So welcome to Andriole's commentary and may the best ideas come forth.

My concerns for the Society in the forthcoming year are the recommendations I made to the House of Delegates on October 21. They include the nursing shortage in Pennsylvania; AIDS and HIV infections; a caveat about the Health Care Cost Containment Council, particularly the MedisGroups data; the finances of the Society, including a proposal for a three year financial plan and an investment committee; the recent communications audit; and several other issues. Each of these will be discussed and evaluated at a meeting of the Board of Trustees, in December it is hoped. Ask your district trustee about the issues and do not hesitate to express your feelings. This is the true spirit of involvement and makes everybody more accountable to their responsibilities.

Shortly after we can evaluate properly all the results and political meanings of the recent general elections, a report will be prepared to address our political strategies and how these strategies bode for organized medicine at the state and national levels. Again, in this matter, involvement by many will give direction to our legislative lobbyists and Council on Governmental Relations. We need participation and we need strong, authentic background information on which to act. The RVS studies currently are being discussed and dissected both at the AMA level and within our Council of Medical Economics. Everyone can participate to the degree of assuring full understanding of this potentially divisive issue. PMS will address this issue at many levels and we welcome your input. Above all, I personally want to prevent any internecine maliciousness. We can as a family of doctors calmly assess all aspects of this possibly bitter problem and make a reasoned decision acceptable to most of our members.

These kinds of problems are what I intend to address in my monthly column. If you think it is a good idea, or even if you don't, let me hear from you. I have promised to keep the cause of the individual dues-paying member paramount during my presidential year; keep faith with me by your participation and criticism. I can ask no more.

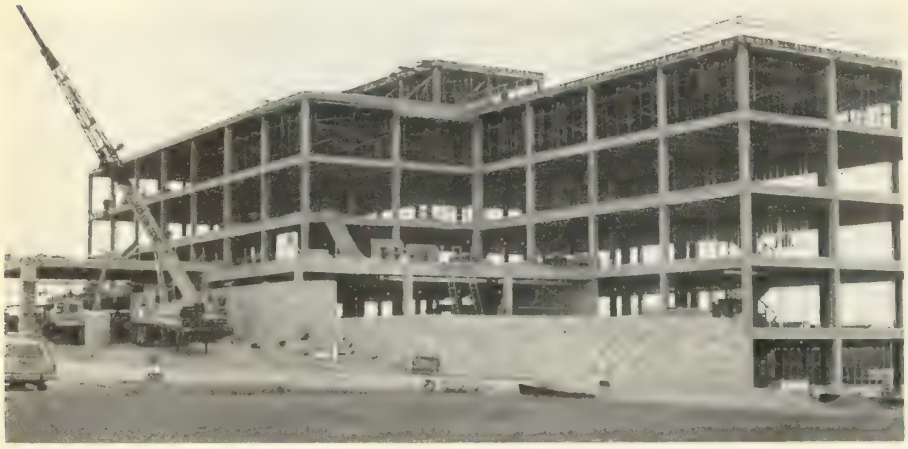
Thank you for spending your time reading these thoughts. I'll be back to you next month.

In this holiday season, greetings to all and best wishes for the New Year.

Delegates approve dues increase for 1989

Patricia L. Hogg

Pennsylvania Medical Society members will be paying more for their membership in 1989. After heated discussion at the 1988 annual meeting, the PMS House of Delegates approved a dues increase.



As of October 20, 1988, construction of the Society's new headquarters was ahead of schedule. The building is to be ready for occupancy by August 1989.

The increase raises full active dues paying membership to $410, up $110 from $300 in 1988. Dues for all other categories of membership will be prorated. Student dues will remain at $5.

In other actions, the PMS House supported unified membership with the American Medical Association (see accompanying article), and adopted positions on tort reform, medical care cost containment, indigent care, the Medicare Overcharge Measure, third party payors, and public health.

Dues

The 1989 dues increase balances a budget of nearly $7.5 million. Projected expenses for 1989 total nearly $7.4 million.

While dues are up $110, members will be paying only an extra $55. For the past three years, members have paid a

AMA unified membership campaign to begin immediately

The Pennsylvania Medical Society's 1988 House of Delegates voted during its annual meeting for membership unification with the American Medical Association. Adoption of this policy means that physicians joining the State Society would be required to join the AMA.

Concern with the AMA's less than 50 percent physician membership and with the perception that the AMA's weakness prevents effective representation in legislative matters precipitated the move for unification.

Beginning immediately, the AMA and PMS will undertake a membership education drive to inform PMS members about the advantages of AMA membership and the advantages of unification to PMS and to physicians as a whole. Only 44 percent of physicians belong to the AMA.

The deciding vote on unification will come before the PMS House next year. In 1989, delegates will decide whether or not to change the bylaws to mandate AMA membership. A two-thirds vote is needed to change the bylaws.

Presently, PMS members must belong to both the county and state medical societies.

Advantages to PMS are political and economic. If unification is passed, at least two delegates would be added to the Pennsylvania AMA Delegation. The delegation would then be the third largest behind California and New York.

Financially, the AMA has assured PMS a 100 percent rebate on any dues revenue loss resulting from unification for the first two years of unified membership. For years three, four, and five, the AMA would give PMS 80 percent, 60 percent, and 40 percent reimbursement for dues lost. Every year after the fifth year, PMS would receive a membership development grant.

The county societies would receive similar reimbursement.

PMS would also receive an increase in commission payments on AMA dues, for approximately $40,000 annually.

Estimated payments to PMS and its component county medical societies could total $2,809,000 ($2,035,000 to PMS, $774,000 to counties).

PMS members, excluding students and residents, would get 10 percent off AMA dues, which presently amounts to $40. All categories of PMS dues exempt members will be honored by the AMA. Should AMA dues rise in the year of unification, PMS members would be exempt from the increase.

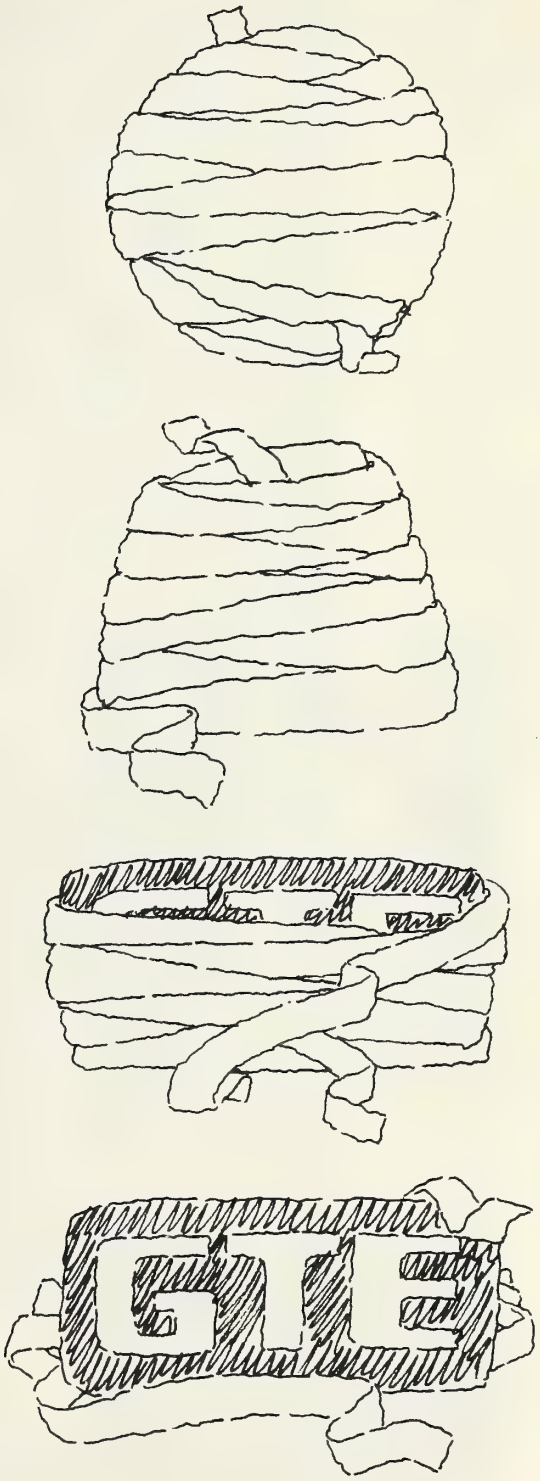
The numerical loss in PMS membership is projected at 1,000 during the first year of unification. Membership is expected to rebound soon afterwards.

Presently, 12,589 of the 18,795 PMS members belong to the AMA. In addition, 5,310 non-PMS members belong to the AMA. Pennsylvania membership in the AMA totals 17,899.

Other states that have unified in the last two years are Virginia, Kansas, Mississippi, and Delaware. Virginia had the greatest membership loss. It prepared its members the least for unification, and political problems in the state added to the losses.

Over the next year, articles, editorials, and advertisements will appear in state and county publications, speakers from the AMA and PMS will address county groups, hospital staffs, and others, and audiovisual presentations will be available to promote unification.

The PMS Board, the AMA delegation, and the Council on Membership recommended unification to the House.



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$55 mandatory assessment annually for a public education campaign. This year there are no assessments.

The 1989 dues increase is only the second increase in the past eight years. In 1987 dues went up $25 for full active dues paying members, and proportionally for other categories of membership.

In 1989, more than 70 percent of the Society's revenue will come from dues; almost 30 percent will come from non-dues sources including rental income at $455,000, which will be paid by new headquarter tenents PMSLIC and KePRO; PENNSYLVANIA MEDICINE at $440,000; and investment interest from the Contingency Reserve Fund at $300,000.

Substantially increased sources of revenue from the 1988 budget are computer software sales, practice management programs, and an AMPAC grant. Negotiations have been completed to sell the Society's data processing software system to the Medical Society of New York. Other state societies have shown interest in the PMS system for its processing capabilities and county network. Revenues from practice management programs are up because staff has taken over more administrative duties for the programs. The $60,000 AMPAC grant will be used to establish a key contact program at the federal level.

On the expense side, spending is up significantly in two areas—mortgage payments and depreciation expenses.

Mortgage payments, at $570,000, are up because the Society is building a new headquarters. The new building will house PMS as well as its subsidiaries, PMSLIC and KePRO. Finance Committee Chairman Martin A. Murcek, MD, pointed out that within 10 years it will cost no more to be in the new building than if the Society had stayed at the present site. He said that the new building site provides space for expansion and will increase the Society's assets as equity increases.

Funding for depreciation also was added to the 1989 budget. In 1988, the Society did not fund depreciation. This year the PMS House allocated $275,000 for replacement of furniture, equipment, and vehicles in the event of an accident.

The House also approved funding for a new task force. The Aging Task Force will work with the Department of Aging in educating physicians and the elderly about conflicting prescribed medications.

Bylaws

Several bylaws changes made by the 1988 House of Delegates have eliminated the exclusion of references to osteopathic physician members. The House voted to amend the bylaws change appearing in the Official Call and providing for insertion of the word "osteopathic" in the language referring to the Medical Staff Section and to voting delegates of the House by deleting the word "allopathic."

The House also directed the Standing Committee on Bylaws to draft for consideration in 1989 additional language changes in reference to osteopathic and allopathic.

Another bylaws change made the immediate past president and the chairman of the PMS Board of Trustees ex officio members of the Committee to Nominate Delegates and Alternate Delegates to the AMA without the right to vote.

For the fourth year straight, James A. Raub, MD, was elected Speaker of the House.

Uncontested, Jonathan E. Rhoads Jr., MD, was reelected Vice Speaker of the House.

Two bylaws changes affect the PMS Board of Trustees. One permits any voting trustee to be elected as a PMS Board of Trustees officer. The other forbids any physician to serve concurrently on the PMS Board and the Judicial Council.

According to another bylaws change, resident physicians no longer will receive a year of free PMS membership only during their first year in residency. Residents now will receive free their first year of PMS membership, regardless of their year in residency.

The House also voted to permit the Educational and Scientific Trust to use monies in the Educational Fund for students other than children of living or deceased PMS members, as is the present practice, and to delete the section in the bylaws referring to legal counsel.

The House did not approve the discontinuation of Board representation at PMS council meetings, and the deletion of the section in the Bylaws relating to publication of Board actions.

Professional liability

The PMS House voted to continue the Society's efforts toward meaningful tort reform through the Council on Governmental Relations, the Task Force on Professional Liability, and the coalitions the Society has developed.

To offer protection for the defense in professional liability suits, the House referred to the PMS Board for study a resolution calling for taxation of attorney fees in frivolous liability suits.

Professional liability remains the Society's number one priority in 1989.

Cost containment

In the area of medical care cost containment, the delegates adopted the recommendations of the president and president elect to continue monitoring the activities of the Pennsylvania Health Care Cost Containment Council. In particular, the House voted to continue to emphasize quality of care as an important component of cost containment.

The House also instructed the PMS Board to explore the merits of a public awareness program that would inform the public about regulatory expenses that reduce the value of the health care dollar.

Indigent care

Considerable testimony was heard on

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the need for the Pennsylvania Medical Society to take immediate action to assure timely, humane, appropriate, and necessary care for the state's medically indigent. The House voted to encourage PMS members to serve the underinsured at fees commensurate with insurance coverage and/or family income, and the uninsured whose family income is below poverty level at no charge.

The House also mandated the Society to monitor closely the Health Care Cost Containment Council's plans for the care of the medically indigent.

In response to the state's introduction of a case management program for two categories of Medical Assistance patients—those who are identified by conditions such as high risk pregnancy, newborns requiring extraordinary care, AIDS, and sickle cell anemia, and those who use inpatient psychiatric services—the PMS House opposed the creation or implementation of a program that permits individuals assigned as case managers to make treatment decisions that affect the health care of a patient, unless such decisions are made in collaboration with the patient's physician. Such decisions must be within the scope of the case manager's license and be held accountable to the case manager. The AMA delegation is to take this resolution to the AMA.

The delegates referred to the PMS Board a proposal that calls on PMS to approve of a system whereby qualified retired and semi-retired physicians and any interested practicing physicians could render care to the underserved and underinsured.

Medicare Overcharge Measure

At the recommendation of the president, the PMS House renewed the pledge and agreed to continue to support the policy that the only condition for medical licensure in Pennsylvania be a physician's training and ability to practice medicine.

In a related matter, the House voted that the Society should take steps to assure that the State Board of Medicine send immediate and discreet notice to PMS of any adverse action taken against a physician's license.

Third parties

The increasing threat physicians perceive from third party payors spurred numerous proposals dealing with this type of reimbursement.

The House mandated development of a mechanism to respond to the increasingly aggressive third party payor posture toward physicians. The House also voted to promote the reverse flow of benefit explanations in all electronic billing systems, especially the Medicare system.

Delegates called on the Society to seek legislative and/or regulatory changes that would require all insurers in Pennsylvania who provide payment for physicians' services to provide payment for outpatient pre-operative consultations under the basic policy. They also mandated PMS to advise physicians to discuss fees for elective services or procedures with patients before performing such services or procedures if they do not participate in a patient's health insurance plan.

In the area of Medicare, delegates voted to support requiring Medicare to pay physicians who accept assignment directly whether or not Medicare is a primary or secondary insurer. The AMA delegation is to request similar action at the national level by the AMA.

The House also voted to urge manufacturers and suppliers of medical equipment and services to make clear to clients that equipment and services are reimbursable through Medicare only if deemed medically necessary by their physicians in accordance with Medicare rules.

In response to unreasonable delays in Medicaid reimbursement, the House called on the Society to begin immediate dialogue with the Department of Public Welfare.

The House also voted to promote better coordination of reimbursement policies between Blue Cross and Blue Shield plans.

Delegates ordered the pursuit of legislative and/or regulatory changes to require all insurers in Pennsylvania who pay for physicians' services to develop and institute a system of payment for supplies and materials used in outpatient procedures in the physician's office. The AMA delegation is to introduce a resolution at the national level urging immediate dialogue with HCFA on this matter.

Public health

In the area of public health, the House of Delegates considered a PMS public education fund, drug abuse, AIDS, cigarettes and tobacco, immunization, mammography, medications, and nuclear arms.

The House voted to keep the remaining $450,000 from the public relations assessment in a separate account earmarked for public education programs. The delegates agreed that the Society has an ethical and fiscal obligation to use the assessed funds exclusively for PMS public education efforts.

The House referred to the Board the recommendation of the president elect to form a coalition of concerned organizations for the benefit of public health. A resolution calling for the creation of a PMS Health Risk Awareness Task Force was referred to the PMS Board, as was a resolution asking the AMA to help the American Agenda organization create a health policy committee or subcommittee.

In the area of drug abuse, the House referred to the Board the recommendation of the president elect that PMS cosponsor a drug congress with other organizations.

The House also reaffirmed its commitment on AIDS by reaffirming its priority status and by determining to continue the Society's AIDS education efforts. The delegates voted to support mandatory reporting of HIV infection, contact tracing, and liability protection for physicians who inform sexual partners of HIV-infected persons.

On the issues of tobacco and smoking, the House voted to seek the support of the Pennsylvania Pharmaceutical Association in working to eliminate the sale of tobacco products in Pennsylvania pharmacies. The House also voted to inform physicians of all magazines that do not accept tobacco advertising and to provide for physicians' waiting rooms posters stating "All of the Magazines in this Waiting Room Have Voluntarily Banned Tobacco Advertisements." A resolution renewing the Society's support for a total ban on tobacco advertising in the print media and calling for an amendment to the Federal Tobacco Education Act that would require the Surgeon General's warning to fill 25 percent of the space of an advertisement also passed the House.

In support of the Pennsylvania Chapter of the American Academy of Pediatrics, the House voted to seek legislation that would assure that affordable immunizations are available for every child in Pennsylvania. In light of the present rabies epidemic, the House decided to urge the Department of Public

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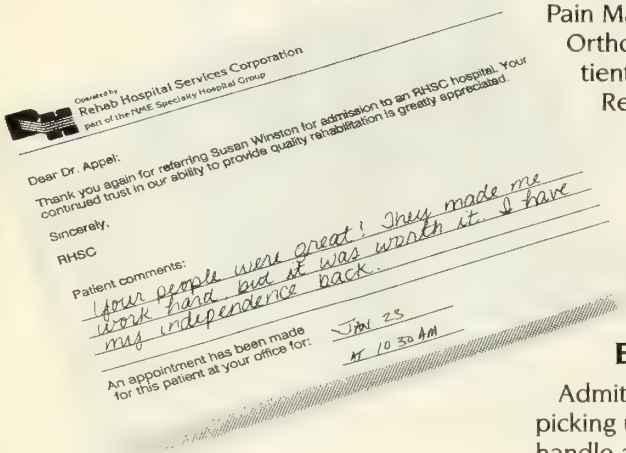
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Health to provide rabies immunization through primary care settings.

Delegates voted to make efforts to assure that every health care provider performing mammography in Pennsylvania meet the safety standards of the American College of Radiology.

To protect patients using medications, the House voted that PMS lobby the state legislature to require that medications used in hospitals be approved by the Drugs, Devices and Cosmetics Board prior to use. The House also called on the AMA delegation to ask the AMA to support a legal mechanism for immediate recall of defectively manufactured or improperly labelled medications. The House reaffirmed its desire to see strict enforcement of the Drug Substitution Law, and mandated PMS to inform pharmacists of physicians' desire that manufacturers' expiration dates be affixed on all prescription labels.

The House also voted to support the resumption of negotiations with the Soviet Union toward a comprehensive nuclear test ban treaty.

Other issues

In other matters, the House took action on the nursing shortage and registered care technologists, society structure and policy, the relative value scale, joint ventures and hospital satellites, and accreditation and licensing requirements.

On recommendation of the president elect, the House voted to begin dialogue with nurses' organizations to help solve the nursing shortage in Pennsylvania.

Addressing Society structure and policy, the House referred to the Board recommendations and resolutions calling for: the immediate study of an installment payment plan for PMS dues; a study of the electoral process for AMA delegates and PMS trustees; the establishment of a retired physicians section; the formation of a special committee on professionalism; the formation of a permanent investment committee; the study of the Society's communications with county medical societies; the development of a three-year financial plan with a review each year; the selection of and regular meeting with an auditor; and the establishment of a PMS affiliates committee to share ideas and information between PMS and its subsidiaries.

The delegates voted that PMS recommend that hospital satellite staff be required to be members of the parent hospital staff. The delegates also decided to ask the AMA to adopt the policies that a patient should be informed of any economic relationship existing between a referral source and the referred entity, and that medical staffs be encouraged to establish oversight committees to review all joint venture contracts between the hospital or its subsidiaries and any member(s) of its medical staff that encompasses the provision of professional physician services.

The House called on PMS to develop a statement that satisifies both Act 66 of 1988, which requires physicians to divulge any economic tie to a referral entity, and the AMA ethical guidelines on physicians' economic interests for inclusion on physicians' prescription pads or order forms.

Addressing problems of accreditation, the PMS House voted to ask the AMA to instruct its members on the Joint Commission on Accreditation of Health Care Organizations that efforts must be made to reduce administrative excesses imposed on health care providers while maintaining the defined role of the self-governing medical staff.

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New PMS officers take charge

The annual rollover and election of officers of the Pennsylvania Medical Society took place at the Society's 1988 meeting in Philadelphia October 21–23.

Gordon K. MacLeod, MD, Pittsburgh, won uncontested the office of vice president. In 1991, he will hold the position of president of the Society.

Gerald L. Andriole, MD, president elect, was installed as the 139th president of the State Society Saturday, October 22. J. Joseph Danyo, MD, vice president, moved into the position of president elect.

Dr. MacLeod, an internist in private practice and clinical professor of medicine at the University of Pittsburgh School of Medicine, is chairman of the Society's Committee on Long Range Assessment. Most recently, the committee prepared a report on the long term effects medical education and training will have on patient care in Pennsylvania.

Dr. MacLeod graduated from the University of Cincinnati College of Medicine in 1960. He did his internship at Boston City Hospital, Boston, MA, and his residencies at Massachusetts General Hospital and Boston Veterans Administration Hospital, Boston, MA. In 1966, he earned his board certification in internal medicine.

He has been a member of PMS and the Allegheny County Medical Society since 1975. He has belonged to the American Medical Association since 1965. Currently, he serves on the Allegheny Health Care Conference Committee, the Board of Directors, and the Committee on Third Party Reimbursement for the ACMS. At the state level he serves as a delegate to the AMA and on the Committee on KePRO Oversight. For the AMA, Dr. MacLeod sits on the editorial board of *JAMA*, and is chairman of the Advisory Committee on Radiation and Other Environmental Emergencies.

Newly elected as vice president is Gordon K. MacLeod, MD.

J. Joseph Danyo, MD, rose to president elect during the 1988 meeting.

Dr. MacLeod also is a fellow of the American College of Physicians and the College of Physicians in Philadelphia, and a member of the American Society of Internal Medicine and the Pittsburgh Academy of Medicine.

In 1979, he served as Pennsylvania secretary of health. In that position, he managed the health aspects of the accident at Three Mile Island and the polio outbreak among the Amish.

The House also elected six trustees, five of whom were reelected. Newly elected was University of Pennsylvania School of Medicine student John S. Kuo. He will serve as the medical student trustee. Reelected to three-year terms on the Board were Betty L. Cottle, MD, Sixth District; Irving Williams III, MD, Seventh District; Walter M. Greissinger, MD, Tenth District; Victor F. Greco, MD, Twelfth District; and Martin A. Murcek, MD, specialty societies.

Dr. Cottle, a 1949 graduate of New York University School of Medicine, is a board certified anesthesiologist in Hollidaysburg. She has served in numerous positions for the Blair County Medical Society, including secretary and as a member of the board of directors. Presently, she is chairman of two PMS committes—on Organization and Oper-

The PMS Board of Trustees reelected Robert N. Moyers, MD, as chairman.

John H. Hobart, MD, was reelected vice chairman of the PMS Board of Trustees.

Reelected secretary of the PMS Board was David L. Miller, MD.

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ation of the Board and Conflict of Interest. She also serves on the PMS Finance Committee and sits on the PMSLIC Board of Directors. At the AMA level, she chairs the Council on Constitution and Bylaws.

A Lewisburg anesthesiologist, Dr. Williams graduated from the University of Buffalo School of Medicine in 1959. He is chairman of the PMS Committee on Public Relations, and a member of the Executive Committee and the Committee on Organization and Operation of the Board. He has served as president, secretary, and on the board of directors for the Union County Medical Society. He also serves as a delegate to the AMA.

Dr. Greissinger earned his medical degree at the University of Erlangen (West Germany) in 1961 and a masters in public health at the School of Hygiene and Public Health Administration of Johns Hopkins University in 1968. He chairs the PMS Medical Assistance Medical Subcommittee and serves on the Finance and Building committees for PMS.

A board certified thoracic surgeon in Drums, Dr. Greco chairs the Commission on Cancer and serves on the Commission of Public Relations and as 12th District Councilor for the Luzerne County Medical Society. At the state level, he chairs the Publications Committee and the Subcommittee for Blue Cross and Blue Shield Relations and is a member of the Committee on Public Relations and of the PMSLIC Board of Directors. He also serves as an alternate delegate to the AMA.

Dr. Murcek, a board certified pediatrician specializing in allergies, practices in Greensburg. He graduated from the University of Pittsburgh School of Medicine in 1958. Currently, he serves as chairman of the PMS Interspecialty and Finance committees and on the Building, Executive, Organization and Operation of the Board, Management Advisory, and Medical Benevolence committees. He also is a member of the PMS Task Force on AIDS and of the committee to respond to PMSLIC/member complaints. For the Westmoreland County Medical Society, Dr. Murcek is a member of the Nominating Committee and the Committee on Food and Drug. He also is past president of the Pennsylvania Allergy Association and a member of the American Academy of Allergy and Immunology.

Reelected as speaker and vice speaker of the House of Delegates were James A. Raub, MD, Sewickley, and Jonathan E. Rhoads Jr., MD, York. Uncontested winners of vacancies on the Committee to Nominate Delegates and Alternates to the AMA were Richard P. Kennedy, MD, East Stroudsburg; Matthew Marshall Jr., MD, Pittsburgh; and Paul J. Poinsard, MD, Philadelphia. In runoff elections, both Raymond C. Grandon, MD, Harrisburg, and Joseph M. Stowell, MD, Altoona, won seats on the PMS Judicial Council.

Election results for delegates to the American Medical Association follow. Elected for two-year terms: R. William Alexander, MD, (Berks County); Doris G. Bartuska, MD, (Philadelphia County); Joseph B. Blood Jr., MD, (Bradford County); Betty L. Cottle, MD, (Blair County); James B. Donald-

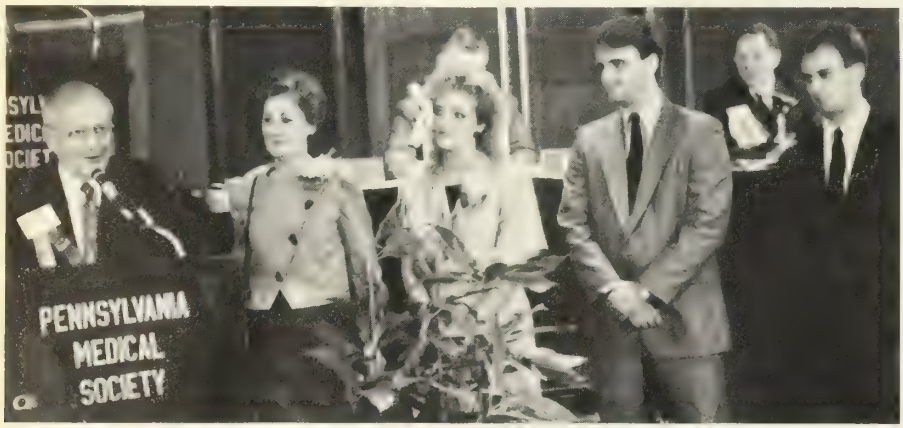
Rineman receives highest PMS honor

For the first time in PMS history a layman has received the Pennsylvania Medical Society's Distinguished Service Award. John F. Rineman, executive vice president of the State Society, was presented with the Society's highest honor during the 1988 meeting of the PMS House of Delegates in Philadelphia October 22.

Donald E. Harrop, MD, Phoenixville, then president of the Society, presented Rineman with only the 13th distinguished service award ever bestowed by the Society.

Rineman became executive director of PMS in 1969, succeeding Lester Perry whom he had served as assistant executive director, public relations director, and staff assistant for radio and television. He has served the Society for almost 35 years.

Under his leadership, the Society has grown to include 19,500 members, 60 county medical societies, 25 specialty societies, and a professional staff of 86. Rineman also was instrumental in establishing the Pennsylvania Medical Society Liability Insurance Company (PMSLIC) and the Keystone Peer Review Organization (KePRO), both subsidiaries of PMS, in implementing a full time Impaired Physician Program, and in completing two major building projects.



John F. Rineman, executive director of the Pennsylvania Medical Society, received the Society's Distinguished Service Award October 22. Rineman is the first nonphysician to receive the award.

A graduate of the Milton Hershey School and of Boston University, he also has served in professional and community organizations. He served as president of the American Association of Medical Society Executives and the Pennsylvania Society of Association Executives, and on the boards of the Hershey Trust and the Milton Hershey School.

Rineman was joined in the presentation by his wife Ruby and children, Valerie, Tim, and Mark.

Other recipients of the distinguished service award include: Jonas E. Salk, MD; John H. Gibbon Jr., MD; James Z. Appel, MD; Eugene P. Pendergrass, MD; Russell B. Roth, MD; Jonathan E. Rhoads, MD; John P. Hubbard, MD; Henry L. Bockus, MD; Baruch S. Blumberg, MD; William Y. Rial, MD; Thomas E. Starzl, MD; and George E. Farrar Jr., MD.

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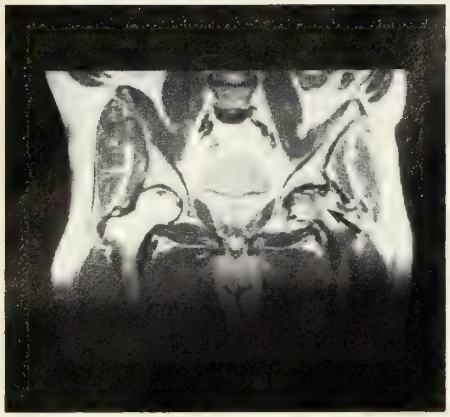

Figure A

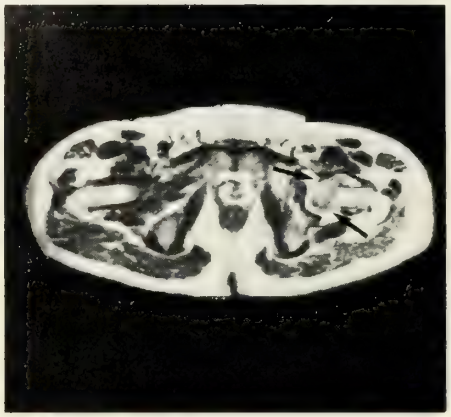

Figure B

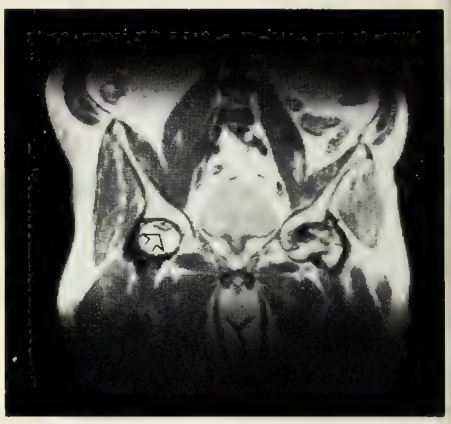

Figure C

HISTORY: This patient is a 50 year old male presenting with left hip and leg pain. There was no history of trauma. The radiographs of the left hip suggest advanced avascular necrosis (AVN). Radionuclide bone scan revealed non-specific generalized increased radioactivity involving the entire left hip, and the right hip was normal.

SCAN: Both hips were imaged in axial and coronal projections. The left hip has multiple findings consistent with advanced AVN, such as: (a) irregular low signal areas mixed with high signal areas involving the superoanterior left femoral head [Fig. A], (b) irregularity and flattening of the articular surface of the femoral head indicating fracture and collapse of the articular surface, (c) large effusion in the joint capsule [Fig. B]. The right hip reveals early changes of AVN, characterized by a low signal intensity margin around a central area of increased signal intensity involving the superoanterior femoral head [Fig. C]. No associated fracture, collapse, or evidence of joint effusion is demonstrated in the right hip.

MRI HIGHLIGHTS: The advantage of MRI in this study is twofold: (1) MRI corroborated radiographic findings of advanced AVN in the left hip, and, (2) MRI disclosed the incidental finding of early AVN in the right hip which was not clinically or radiographically evident. MRI is the most sensitive imaging technique for early detection of AVN, increasing the success of surgical treatment (core decompression). Although the clinical symptoms may be unilateral, the process may be bilateral; occult lesions are most likely to be missed by bone scintigraphy and CT scan. Radiographic changes are not evident until marked bone destruction has occurred.

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son, MD, (Philadelphia County); Charles A. Heisterkamp III, MD, (Lancaster County); Donald E. Parlee, MD, (Bucks County); Howard A. Richter, MD, (Delaware County); and Donald H. Smith, MD, (Northampton County); elected to a partial term: Irving Williams III, MD, (Union County).

Election results for alternate delegates to the AMA follow. Elected to two-year terms: Richard D. Baltz, MD, (Dauphin County); James B. Couch, MD, (Philadelphia County); Donald G. Ferguson, MD, (Allegheny County); Joseph F. Girone, MD, (Philadelphia County); Victor F. Greco, MD, (Luzerne County); Thomas J. Kardish, MD, (Bucks County); Robert L. Lasher, MD, (Erie County); John S. Parker, MD, (Westmoreland County); and Roberta L. Schneider, MD, (Montgomery County); elected to partial terms: Jay L. Funkhouser, MD, (Beaver County); George F. Buerger Jr., MD, (Allegheny County); and Lewis T. Patterson, MD, (Dauphin County).

A complete directory of the Society's new officers and council and committee members will be published in the January 1989 issue.

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'Family' is theme of Dr. Andriole's term

Throughout his inaugural address before the 1988 House of Delegates in Philadelphia October 21, Gerald L. Andriole, MD, president of the Pennsylvania Medical Society, stressed the importance for physicians to act as a family.

"The theme of my administration shall be 'our doctors are our family,'" Dr. Andriole said. "Families have certain qualities: loyalty, concern, courage, unity. Family ties strengthen in times of trouble. And I believe that we, the family of medicine, should strive for those qualities as we work on behalf of our fellow physicians—our brothers and sisters, if you will."

Dr. Andriole, a urologist from Hazleton, is the 139th president of PMS. He took the oath of office at inauguration ceremonies Saturday, October 22.

In his speech, Dr. Andriole emphasized the need for PMS to protect and defend its members who are practicing in an unstable environment where public confidence in the medical profession is eroding. He challenged the delegates to see that members are recognized for their efforts.

In particular, he talked about public health, cost containment, defense of the medical profession, nursing, relative value scale, and Society operations.

Public health

He called on the Society to show interest in the public health, with particular reference to drug abuse, AIDS, and public relations.

He recommended to the House that PMS "seize the opportunity to be a leader in the fight against drug abuse in Pennsylvania" and form a drug congress in cooperation with other concerned organizations. This coalition would study the drug problem and try to find solutions, he said.

In the area of AIDS, Dr. Andriole vowed to maintain and challenge the Society's Task Force on AIDS. He said that knowledge is our best weapon against the incurable disease, and promised that the Society will do all it can to educate the public.

He recommended that AIDS continue to be a priority of the Society and urged continuation of the Society's educational efforts. He also recommended that PMS support mandatory reporting of HIV infection, contact tracing, and liability protection for physicians who inform sexual partners of HIV-infected persons. "We must oppose misguided efforts to ostracize people with AIDS, or to impose broad HIV testing on persons not at risk," he said.

Dr. Andriole encouraged PMS to be more active with other groups in public health. He said the Society needs to form coalitions for the betterment of public health. He recommended that PMS appoint a group to form such a coalition of concerned organizations.

PMS President Gerald L. Andriole, MD, spoke of the "family of physicians" in his inaugural address to the 1988 House of Delegates.

Cost containment

Dr. Andriole also expressed concern with cost containment efforts. He urged the delegates to be cautious about the Pennsylvania Health Care Cost Containment Council's chosen data collection system, MedisGroups. "The public should look to physicians to interpret the data—not politicians, businessmen, or labor leaders. We cannot have pencil pushers in back rooms dictating medical care for our patients," he said.

He recommended that PMS monitor and interpret the data released by the cost containment council, and stressed that PMS should work to assure quality of care amid all efforts to contain medical costs.

Defense of the profession

Third party payment systems have put physicians on the defensive, Dr. Andriole said. Physicians must work longer and harder to comply with "complex and bewildering rules" and to avoid being penalized. "Today's third party payment system is exhausting the practicing physician," Dr. Andriole said. "Worse, that very system gives doctors a disincentive for honesty. Paradoxically, it rewards cleverness and other means of geting away with less than honest practices."

He recommended that PMS form a special committee on professionalism to uphold the profession's ideals and defend it from unfair attacks and to heal relations between physicians and hospitals.

Nursing

Concern about the nurses shortage should be a real concern for physicians, Dr. Andriole said. "Nurses are our indispensable partners in health care," he said. "Nurses account for 85 percent of the actual care of the hospital inpatient."

To alleviate the shortage, Dr. Andriole recommended that PMS establish communications with nurses' organizations, and that the Society support the reopening of diploma nursing schools for those who cannot afford BA programs, but who want to become part of the health care delivery system.

Relative value scale

In September, the Harvard Resource Based Relative Value Study was released to the Health Care Financing Administration for study. Hospitals, physicians, third parties, government agencies, organized medicine—everyone—wants to know what the RBRVS is, how it works, and what it may do to the medical profession. Dr. Andriole assured the delegates that as PMS learns about the RBRVS, members will be informed.

He also cautioned the delegates not to let the RBRVS divide physicians. "The AMA recognizes that this issue could be very divisive to the medical

profession. It's crucial that we seize the initiative and not allow anyone to divide and conquer us," he said.

He recommended that the Council on Medical Economics and the Interspecialty Committee study jointly and monitor closely the resource based relative value scale.

Society operations

The role of county medical societies has changed, according to Dr. Andriole. He said that membership in the county societies used to require qualifications, and that the county societies used be educators. These functions now are handled by hospitals. Dr. Andriole suggested that the county societies be used as communications conduits between PMS and member physicians.

He recommended that PMS study communications possibilities with the county societies and that a report on the options and costs of improving communications be given to the Board.

Dr. Andriole also noted the Society's lack of comprehensive financial planning. He spoke of closer physician supervision of the Society's financial affairs. Improved financial management is needed to better use the Society's resources on behalf of members and to avoid sudden financial difficulties, he said.

Dr. Andriole recommended that PMS form a permanent investment committee to oversee the Society's portfolio management; to report and advise the Board on major sources of revenue or expenses; to oversee the Society's real estate management; and to oversee the finances, assets, and dividends of PMS subsidiaries.

He also recommended that through the investment committee, PMS mandate a three-year financial plan to be reviewed each year, so that finances are always projected three years.

To facilitate interaction between PMS and its subsidiaries, Dr Andriole recommended that the PMS Board establish a PMS affiliates committee, consisting of the chairman of the PMS Board of Trustees and the chief executives of PMS, KePRO, and PMSLIC, to share information on developments and plans of each affiliate and to exchange ideas to promote cross-fertilization and aid in problem solving. Dr. Andriole also recommended that the Board study and report at the 1989 meeting what the best means is to assure communication and cooperation between the subsidiaries and PMS.

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PMS in good shape, Dr. Harrop reports

In his farewell address at the 1988 meeting of the Pennsylvania Medical Society's House of Delegates, Donald E. Harrop, MD, immediate past president, reported on the state of the Society.

"I can tell you firsthand that the Pennsylvania Medical Society is in good shape—both internally and externally," he said.

Dr. Harrop told the delegates of his activities during his tenure as president of PMS. He said that he and his wife Joan set two goals when he took the oath of office: first, to represent physicians well; second, to have fun.

"We have definitely accomplished the latter. It is up to you to judge if we have fulfilled the former," he said.

Dr. Harrop addressed long range planning, AMA representation, PMS subsidiaries, and legislative matters.

He commended the Long Range Assessment Committee for its recently released report on medical education. He urged the delegates to read the report, and advised that the recommendations outlined in the report be referred to the PMS Board for action and report back at the 1989 meeting.

The recommendations of the committee follow: that PMS continue to analyze physician production and distribution in Pennsylvania; that all solutions to U.S. production of physicians take foreign medical graduates into account; and that PMS work with the state legislature to improve physician distribution in underserved areas.

Dr. Harrop also recommended that PMS form a committee to study the AMA delegation electoral process, so that PMS delegates can be better informed of candidates' effectiveness and work before voting.

Donald E. Harrop, MD, immediate past president, bid farewell to the House as his tenure as president neared its end.

"I have seen marked improvement in the effectiveness of our AMA delegation in the past year. But there is still room for improvement," Dr. Harrop said.

He admitted frustration with the rejection of recent recommendations to improve the electoral process.

Dr. Harrop reported on the Society's three subsidiaries—the Educational and Scientific Trust, PMSLIC, and KePRO.

He praised the Educational and Scientific Trust for its scholarship program and its report on the coroner's system in Pennsylvania. He lauded PMSLIC for its leadership among physician-owned, physician-operated malpractice insurance carriers, and KePRO for its work to protect physicians from unreasonable governmental interference.

In legislative matters, Dr. Harrop reminded the delegates of the importance of the upcoming election. He urged each delegate to vote and to make sure his family, friends, and patients vote. He urged membership in PaMPAC, the Pennsylvania Medical Political Action Committee, and AMPAC, the American Medical Political Action Committee. Only 20 percent of PMS members belong to PaMPAC and AMPAC, he said.

Dr. Harrop recommended that the House renew the pledge that the only condition for licensure in Pennsylvania be a physician's training and ability to practice medicine. He urged that PMS continue its efforts toward meaningful tort reform through the Council on Governmental Relations and existing coalitions. He advised that PMS continue to monitor closely the Pennsylvania Health Care Cost Containment Council's plan for Pennsylvania's medically indigent, and insist on the release of meaningful data.

In conclusion, Dr. Harrop cautioned the delegates: "Beware the messenger bearing gifts of gold. . .When we talk about the future—RBRVS, mandatory assignment, or whatever—remember my admonition. The forces trying to control you will try with 'gold' and with dividing and conquering. Don't let it happen."

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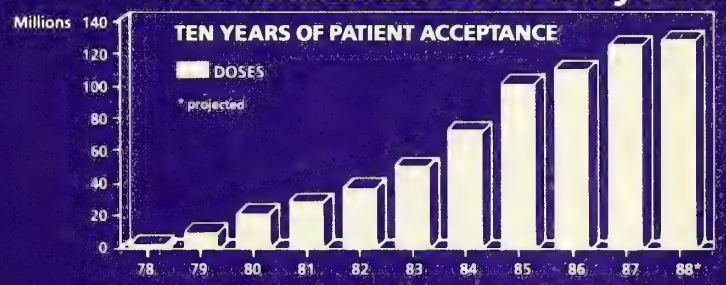

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1. Data on file, Knoll Pharmaceuticals
2. Hopkinson JH III. *Curr Ther Res* 24:503-516, 1978
3. Beaver WT. *Arch Intern Med*, 141:293-300, 1981.

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Respiratory Depression: At high doses or in sensitive patients, hydrocodone may produce dose-related respiratory depression by acting directly on brain stem respiratory centers. Hydrocodone also affects centers that control respiratory rhythm, and may produce irregular and periodic breathing. If significant respiratory depression occurs, it may be antagonized by the use of naloxone hydrochloride. (see ADVERSE REACTIONS: Respiratory Depression)
Head Injury and Increased Intracranial Pressure: The respiratory depressant effects of narcotics and their capacity to elevate cerebrospinal fluid pressure may be markedly exaggerated in the presence of head injury, other intracranial lesions or a preexisting increase in intracranial pressure. Furthermore, narcotics produce adverse reactions which may obscure the clinical course of patients with head injuries.
Acute Abdominal Conditions: The administration of narcotics may obscure the diagnosis or clinical course of patients with acute abdominal conditions.
PRECAUTIONS:
Special Risk Patients: As with any narcotic analgesic agent, VICODIN should be used with caution in elderly or debilitated patients and those with severe impairment of hepatic or renal function, hypothyroidism, Addison's disease, prostatic hypertrophy or urethral stricture. The usual precautions should be observed and the possibility of respiratory depression should be kept in mind.
Information for Patients: VICODIN, like all narcotics, may impair the mental and/or physical abilities required for the performance of potentially hazardous tasks such as driving a car or operating machinery; patients should be cautioned accordingly.
Cough Reflex: Hydrocodone suppresses the cough reflex, as with all narcotics; caution should be exercised when VICODIN is used postoperatively and in patients with pulmonary disease.
Drug Interactions: Patients receiving other narcotic analgesics, antipsychotics, antianxiety agents, or other CNS depressants (including alcohol) concomitantly with VICODIN may exhibit an additive CNS depression. When combined therapy is contemplated, the dose of one or both agents should be reduced.
The use of MAO inhibitors or tricyclic antidepressants with hydrocodone preparations may increase the effect of either the antidepressant or hydrocodone.
The concurrent use of anticholinergics with hydrocodone may produce paralytic ileus.
Usage in Pregnancy: Pregnancy Category C. Hydrocodone has been shown to be teratogenic in hamsters when given in doses 700 times the human dose. There are no adequate and well-controlled studies in pregnant women. VICODIN should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus.
Nonteratogenic effects: Babies born to mothers who have been taking opioids regularly prior to delivery will be physically dependent. The withdrawal signs include irritability and excessive crying, tremors, hyperactive reflexes, increased respiratory rate, increased stools, sneezing, yawning, vomiting, and fever. The intensity of the syndrome does not always correlate with the duration of maternal opioid use or dose. There is no consensus on the best method of managing withdrawal. Chlorpromazine 0.7 to 1.0 mg/kg q6h, and paregoric 2 to 4 drops/kg q4h, have been used to treat withdrawal symptoms in infants. The duration of therapy is 4 to 28 days, with the dosage decreased as tolerated.
Labor and Delivery: As with all narcotics, administration of VICODIN to the mother shortly before delivery may result in some degree of respiratory depression in the newborn, especially if higher doses are used.
Nursing Mothers: It is not known whether this drug is excreted in human milk. Because many drugs are excreted in human milk and because of the potential for serious adverse reactions in nursing infants from VICODIN, a decision should be made whether to discontinue nursing or to discontinue the drug, taking into account the importance of the drug to the mother.
Pediatric Use: Safety and effectiveness in children have not been established.
ADVERSE REACTIONS:
Central Nervous System: Sedation, drowsiness, mental clouding, lethargy, impairment of mental and physical performance, anxiety, fear, dysphoria, dizziness, psychic dependence, mood changes.
Gastrointestinal System: Nausea and vomiting may occur; they are more frequent in ambulatory than in recumbent patients. The antiemetic phenothiazines are useful in suppressing these effects; however, some phenothiazine derivatives seem to be antianalgesic and to increase the amount of narcotic required to produce pain relief, while other phenothiazines reduce the amount of narcotic required to produce a given level of analgesia. Prolonged administration of VICODIN may produce constipation.
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Respiratory Depression: (See WARNINGS.)
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The usual adult dosage is one or two tablets every four to six hours as needed for pain. The total 24 hour dose should not exceed 8 tablets.

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GERIATRIC MEDICINE: THE ROLE OF THE INTERNIST

Joel D. Posner, MD, Medical Director, Philadelphia Geriatric Center & Director, Division of Gerontology, Medical College of Pennsylvania

9:30 a.m.—CLINICAL ROUNDS

Alan Adler, MD, Director, General Internal Medicine, Hahnemann University
Joel D. Posner, MD

11:00 a.m.—CASE PRESENTATION

URINARY INCONTINANCE IN THE ELDERLY

Joel D. Posner, MD

NOON—LUNCH

MEDICAL SEMINAR SERIES PROGRAM

1:00 p.m.

PSYCHIATRIC DISTURBANCE AND PSYCHOPHARMACOLOGY IN THE ELDERLY

Norman Sussman, MD, Clinical Associate Professor, Department of Psychiatry, NYU School of Medicine & Director, Pharmacology Service, Bellevue Hospital Center

1:30 p.m.

DIABETES TREATMENT: SPECIFIC REQUIREMENTS FOR THE ELDERLY

Kenneth L. Minaker, MD, Assistant Professor of Medicine, Department of Medicine, Harvard Medical School & Senior Associate in Medicine, Beth Israel Hospital/VA Medical Center

2:00 p.m.

ARTHRITIS AND OSTEOPOROSIS: CONDITIONS OF AGING?

Vincent J. Zarro, MD, PhD, Director, Division of Clinical Pharmacology & Associate Professor of Medicine and Pharmacology, Hahnemann University

2:30 p.m.

PAIN MANAGEMENT: ANALGESICS AND COMBINATIONS TO USE AND NOT TO USE IN THE ELDERLY

G. John DiGregorio, MD, PhD, Director, Division of Toxicology & Professor, Department of Pharmacology, Hahnemann University

3:00 p.m.

THE AGING KIDNEY: DISEASES AND DRUG DOSING CHANGES IN THE ELDERLY

Michael F. Michelis, MD, Professor of Clinical Medicine, New York Medical College & Chief, Nephrology Section, Lenox Hill Hospital

3:30 p.m. PANEL DISCUSSION

4:00 p.m. ADJOURN

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special feature

Future need for geriatricians verified

Fred H. Rubin, MD

Statistics show that the population is getting older. More elderly are living longer. An increasing number of health care professionals is needed to care for the aged. This article details the growing demand for properly trained academic and clinical geriatricians.

In considering geriatric education and manpower needs for physicians, this report reviews the recommendations of several national organizations, the current status of physician training in Pennsylvania, the problems with geriatric fellowships, and trends for the next ten years. As our population ages, both in Pennsylvania and across the nation, physicians knowledgeable in geriatric medicine will become increasingly in demand. The rapidly expanding database about health and disease in old age requires that even physicians who have cared for elderly patients for many years be updated in recent developments.

The stimulus pushing the health system toward care of the elderly is demographic. Pennsylvania is the second oldest state in the nation in terms of percent of the population over age 65, at 14.6 percent. And 20 percent of our citizens, representing nearly 2.4 million people, are already over age 60. By absolute numbers of elders, we're the fourth oldest state, with 1.74 million people over age 65.[1] These numbers are based on 1986 data from the U.S. Senate Special Committee on Aging. The state of Pennsylvania projects a 10 percent increase in the number of persons over age 60 by the year 2000, with a much greater increase in the numbers of people over age 85 and of people in need of assistance with personal care.[2]

The implications of an aging society are that these people will need not only more care, but better care. Physicians will need to learn new skills to meet the special needs of the elderly. These skills will include techniques of multidimensional assessment, principles of long term care in institutions and in the community, coordination of services along a continuum of care, management of psychiatric disorders prevalent in the elderly, recognition of atypical or nonspecific presentations of disease, management of patients with multiple coexisting problems, awareness of pharmacologic problems with aging, and management of difficult legal and ethical issues. The focus of medical care for the elderly will be on functional status and management of chronic problems rather than on cure of acute illnesses.

Table 1
Manpower Needs in Geriatric Medicine

1978	Institute of Medicine: Beeson Report
1980	Rand Study: Kane et al.
1984	National Institute on Aging: Report on Education and Training in Geriatrics and Gerontology
1987	Institute of Medicine: Academic Geriatrics for the Year 2000
1987	National Institute on Aging: Personnel for Health Needs of the Elderly Through Year 2020

Table 2
IOM Recommendations—1987

1. Double the current rate of training of academic geriatricians, to at least 200–250 per year.
2. Establish "centers of excellence" for faculty training.
3. Campaign to attract medical students, residents, fellows, and practicing physicians into geriatric medicine.
4. Identify public and private funding for training programs.

Dr. Rubin is director of the Geriatrics Program at Shadyside Hospital, Pittsburgh.

Presently, most old people, like most young people, have adequate access to doctors. The problem is that key aspects of their care are either being ignored or being inadequately provided. Some people, especially those who need help with activities of daily living, do not see doctors as often as they should.

The goals of geriatric education for physicians are three. First, to produce academic leaders. Second, to increase the knowledge base and the clinical skills of primary care physicians, who will continue to provide the bulk of medical care to the aged. Third, to identify a vaguely-defined consultant clinician who will be better trained in geriatric medicine than most internists or family practitioners and who will spend most of his time in direct patient care.

Although geriatrics as a distinct field within medicine was first proposed by Nascher more than 80 years ago, its proponents have been few in the United States until the past 15 years or so. England, by contrast, has recognized geriatric medicine since the 1930s. Geriatric medicine was incorporated into its National Health Service right from its inception.

Table 1 lists the five major reports on geriatric manpower that have been issued in this country. The 1978 report[3] concluded that all physicians needed to know more about care of the elderly, but that a separate specialty was not necessary. The 1980 report[4] concluded that specially trained geriatricians were necessary, but avoided the issue of board certification. Kane et al., reported that geriatricians should expand beyond the academic medical center to provide both consultative and primary care to the elderly. They predicted that approximately 8,000 geriatricians would be needed by 1990 and about 10,000 by the

year 2010. The 1984 NIA report[5] focused only on medical schools and suggested that 600 faculty geriatricians would be needed by 1990, and 1,300 by the year 2000. Kane had recommended 1,500 faculty by 1990.

The 1987 Institute of Medicine report[6] has been widely circulated since a pre-publication summary of the full document appeared in the *New England Journal of Medicine*.[7] The Institute's recommendations are summarized in Table 2. When this report was written in late 1986, it was estimated that 128 fellows would complete geriatric training in June 1987, including 93 in medicine and 35 in psychiatry. The Institute's first recommendation is to double that number to meet projected manpower needs. The second recommendation is based on a belief that high-powered programs are a more efficient way to produce academic leaders. The "center of excellence" concept differs from the view hospital marketing people take. This idea is a relative "ivory tower" dedicated primarily to education and research rather than to service delivery. The third recommendation acknowledges the reality that geriatric medicine is not very popular among students and house officers. Although it certainly is gaining status rapidly, as of the 1986 academic year only 4 percent of medical students signed up for electives in geriatrics. At the CME level, only 1 percent of courses focus on geriatrics. For the combined years 1984–85, only 8,000 of our nation's nearly half a million physicians attended at least one day of a geriatrics CME course.[8]

Table 3 lists the recommendations of the National Institute on Aging issued last year.[9] These are similar to the recommendations of the Institute of Medicine, which were published six months earlier. The NIA agreed with the IOM that about 2,000 academic leaders, along with 400–500 academic geropsychiatrists, would be needed nationwide by 1990. And they recommended an additional 14,000–25,000 consulting geriatricians who would be chiefly in clinical rather than academic settings by the year 2000.

Table 3
NIA Recommendations—1987

1. Expand the number of fellowship programs.
2. Increase exposure to geriatric medicine during residency training, especially in family practice, internal medicine, and psychiatry.
3. Additional intensive short term programs in geriatrics to encourage mid-career shifts.
4. More geriatric experiences for medical students, including required clerkships.
5. Expand CME programs for current practitioners.
6. Establish "centers of excellence" to provide leadership.

To complete the cycle, the Rand group published an update last December of its 1980 report.[10] Instead of 2,000 academicians, the new report calls for 7,000, as well as 13,000 consultants, for a total of 20,000 geriatricians by the year 2000. Presently, there are about 1,100 self-identified geriatricians in the country, according to the American Medical Association Masterfile.

Table 4 shows the rapid growth in geriatric fellowship programs in the United States in the 1980s. As of 1987, 74 programs in medicine were training 242 fellows, while 29 programs in psychiatry were training 53 fellows. By now these numbers have increased—at least five to 10 new programs in medicine alone have been started. By next year, more programs and fellows will

Table 4
Growth in Fellowship Programs

	Geriatric Medicine		Geropsychiatry	
Academic Years	No. of Programs	No. of Positions	No. of Programs	No. of Positions
1980	25	67	11	20
1981	25	75	12	19
1984	45	136	17	46
1985	48	176	21	52
1986	66	204.5	27	58
1987*	74	242	29	53

*Estimated.

Adapted from Reference 8.

have been added. However, there still are problems. Despite the demographic imperative, not enough young doctors want to be geriatricians. Many programs have not filled all their positions, and many graduates of fellowships have not become academic leaders as hoped. In fact, relatively few have achieved significant academic status, somewhat akin to the situation facing general internists in academia.

In Pennsylvania, there are currently seven fellowship programs, three in medicine and four in psychiatry. They are located at the Medical College of Pennsylvania, the University of Pennsylvania, the University of Pittsburgh, and Jefferson Medical College. They have a total of 19 positions.

Beck and colleagues at UCLA conducted a survey in 1987 of graduates of geriatric fellowship programs.[11] They polled 413 physicians, or about 90 percent of all fellowship graduates. They found that 64 percent of the internists/family practitioners completed a two-year program versus only 40 percent of the psychiatrists; that one-third do not visit nursing homes; that one-half do not make house calls; that two-thirds have academic appointments, but average only 10 percent of their time doing research; that more than 50 percent of their time is spent on direct patient care; and that they spend more time than usual with their patients, half of whom are over age 75. Clearly, we are producing clinical consultants rather than researchers. There is nothing wrong with this, but if the strategy is to produce leaders who will produce an ever-increasing pyramid of future geriatricians, then the strategy is not working. Here in Pennsylvania, the Geriatric Education Center estimates that only 9 percent of medical school faculty are involved in teaching geriatrics to any degree at any level of training, and only 4 percent are involved in geriatric research.[12]

Another problem is that most of the fellowship programs have not yet demonstrated academic strength. The UCLA group reviewed the official guidelines for fellowships, assigned a point scale for each guideline, and rated all of the programs.[13] As of 1986, out of a possible 33 points, only eight medical and five psychiatry programs scored 16 or better, which was the threshold for a solid program. This represented only 12 percent of the medicine and 18 percent of the psychiatry programs. The calls we are hearing for "centers of excellence" may be somewhat related to concern for the quality of existing programs.

Below the fellowship level, most internal medicine, family practice, and psychiatry residencies offer at least token electives in geriatrics, but few require rotations. House officers rarely spend time in geriatrics. And while most medical schools offer geriatric electives, which are seldom popular, only a handful require any exposure to geriatric medicine. Boston University is unique in that it requires all fourth-year students to spend time on the Home Medical Service, making house calls to homebound elders. In contrast, the students at the University of Pittsburgh School of Medicine are required only to spend a few hours on geriatrics as part of a larger lecture series.

Turning from academia to community practice, the AMA Masterfile identifies in Pennsylvania 66 physicians who call geriatrics their primary specialty and an additional 98 who call it a secondary specialty. In 1985, the Health Policy Institute of Pittsburgh found 10 primary geriatricians in 10 counties of western Pennsylvania.[14] Five of these physicians were over age 65, six were employed by the state or federal government, and four were foreign medical graduates.

In April 1988, a certifying examination in geriatric medicine was offered for the first time. It was a joint project of the American Board of Internal Medicine and the American Academy of Family Practice. All candidates were required to be already board certified in either internal medicine or family practice. They were not required to have completed a geriatric fellowship; four years of post-residency clinical practice was considered an acceptable alternative. Although only about 1,000 physicians have either done a geriatric fellowship or primarily call themselves geriatricians, more than 4,000 signed up for the exam.

This is in contrast to Canada, where after five years of offering a similar exam, only 42 physicians have successfully taken it. Having taken both exams, I believe the Canadian exam is considerably more difficult. My impression is that the American exam was aimed at the practicing internist or family practitioner who has experience in care of the elderly and who has taken additional CME training. It was not aimed at the academic geriatrician. I expect that successful candidates will become the future consultant geriatricians described in the NIA report. The exam will have little effect on the numbers of academic leaders.

If we apply the Rand projections to the state of Pennsylvania, by the year 2000 we will need 500 academic and 850 clinical geriatricians here. This is eight times the present number of geriatricians. The current training system is unlikely to produce these needed people unless the recommendations we have seen already are rapidly implemented. Moreover, it is not enough to train only geriatricians. Virtually, all physicians are involved in the care of the elderly and need to be better educated about the special problems they present. Exposure to geriatrics should be required for all students and house officers.

Finally, doctors do not practice medicine in a vacuum. We work collaboratively with other health professionals, who also need more geriatric education. And we must all remember that health care is only a part of the rapidly-changing social and economic reality of our aging patients. □

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Neurosurgery in patients over age 65

Leonard F. Hirsh, MD
Brian Dalton, MD

Here we review neurosurgical procedures in patients over age 65. We look at what procedures are typically performed, common complications and risks of surgery in the elderly, and average length of hospitalization.

As our population ages an increasing number of older patients will require neurosurgical intervention. Although the techniques, risks, and benefits of other surgical procedures in an elderly population have been well documented, little information is available in the English literature concerning neurologic surgery. This report is a retrospective study of 100 consecutive major neurosurgical procedures performed on patients over 65 years of age.

Materials and methods

One hundred sequential neurosurgical procedures performed by a single surgeon at one hospital on patients over 65 years of age were retrospectively reviewed. Peripheral nerve surgical procedures and cranial stereotaxic biopsies were excluded. The hospital, Crozer-Chester Medical Center, Chester, is a 422-bed community hospital, with all modern neurodiagnostic and neuroradiographic techniques available. An affiliate of Hahnemann University, the medical center has been designated as a level two trauma center.

All 100 procedures were carried out under general anesthesia. Both elective and emergency operations were included. Each patient's sex, age, diagnoses, operative procedures, coexisting systemic diseases, mortality, complications, and length of hospital stay were tabulated.

Table I
Sex and Age Distribution

Sex
59 males, 41 females

Age Ranges Age Span	Number of Patients
65–69	38
70–74	27
75–79	20
80–84	10
85–89	4
90–94	1

Table II
Procedures and Diagnoses

Spine	
Lumbar laminectomy for disc or spondylosis	22 (3 soft disc)
Cervical laminectomy for disc or spondylosis	10
Laminectomy for tumor	9 (7 metastatic)
Posterior or anterior cervical fusion for trauma	2
Vascular	
Carotid endarterectomy	11
Superficial temporal/middle cerebral artery anastomosis	1
Cranium	
Craniotomy for tumor	14
Craniotomy for aneurysm	6
Craniotomy for subdural hematoma	13 (11 acute or subacute)
Craniotomy for cerebral/cerebellar hematoma	3
Burr hole evacuation of chronic subdural hematomas	1
Craniotomy for trigeminal microvascular decompression	1
Miscellaneous	
Ventriculoperitoneal shunt for normal pressure hydrocephalus	6
Lumbar peritoneal shunt for normal pressure hydrocephalus	1

Results

The patients' sex and ages are listed in Table I. The various diagnoses and surgical procedures are listed in Table II. Significant associated chronic illnesses also present in these patients are recorded in Table III. If a patient had more than one chronic illness, he was tabulated more than once. Nine surgical mortalities occurred and are described in Table IV. The various minor and major surgical morbidities are listed in Table V.

Discussion

Although there are anecdotal reports of neurosurgical intervention in older patients, few collected series are readily available. Our present series reports the surgical outcomes for various neurosurgical procedures performed on 100 patients over 65 years of age.

The SSOS report of 1975 indicated that a "typical" neurosurgical practice involved predominantly spinal diseases, which accounted for 43 percent to 80 percent of the total surgical case load.[20] Even in our unselected population over age 65 in one community hospital this balance appeared to be maintained (Table II). Forty-three of our 100 cases involved lumbar or cervical spondylosis or disc disease, spinal trauma requiring

Dr. Hirsh is chief of the neurosurgery division at Crozer-Chester Medical Center in Chester. Dr. Dalton is a resident in neurosurgery at Hahnemann University. *The authors recognize the help of the Medical Records Department of Crozer-Chester Medical Center, Betty Tarry, and Trish Mullan.*

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fusion, or spinal tumor. Carotid endarterectomy was performed 11 times. Fourteen craniotomies were performed for tumor (2 metastatic, 1 primary glial, 7 meningiomas, 1 arachnoid cyst, and 3 miscellaneous benign neoplasms), six for aneurysm clipping, and 17 for trauma. This distribution of cases might not be expected in a larger tertiary referral hospital, where a greater proportion of elective intracranial procedures might be performed.

Common associated illnesses in an elderly population include hypertension, cardiovascular disease, diabetes, and chronic obstructive lung disease.[12] Our population demonstrated these characteristics (Table III).

Operative mortality while in the hospital occurred in nine patients (Table IV). Of these nine patients, four had undergone emergency surgery (1 spinal epidural metastases and 3 acute subdural hematomas). Four of these nine patients also had significant coexisting medical diseases. The causes of death appear not to be directly related to the neurosurgical procedure in seven of the nine cases, but rather reflect the existence of serious underlying chronic illness or the dangers of enforced immobility of an elderly population. Pulmonary embolism has been reported to account for one-third of all surgical deaths in patients over 75 years of age.[14] This suggests that more aggressive measures to prevent venous stasis and thrombophlebitis in the elderly must be developed.

Emergency surgery is considered to increase the risks of most operative procedures.[5,9,14] Despite including both elective and emergency procedures, our mortality figures appear to be within the expected range. Pia et al., have reported a mortality rate of 9.7 percent for all neurosurgical procedures in patients over 60 years of age, compared to a 4.9 percent rate in individuals younger than 60.[15] Schirmer and Boch report a mortality rate of 7.3 percent following surgery for various intracranial tumors in patients over 60 years of age.[18] A case management mortality rate of approximately 20 percent in patients over 60 years of age with ruptured intracranial aneurysms has been reported by several authors.[1,7,8] Mortality following cranial/cerebral trauma has been reported to be up to 20 percent higher in patients over 65 years of age, when compared to those younger.[2,10]

The increased risk of death in older patients is usually attributed to coexisting chronic diseases or the occurrence of fatal cardiovascular events rather than to the stress of the actual surgical procedures.[1,2,5,9,17,19] Even aneurysm surgery, or the use of intraoperative hypotension, has not been contraindicated in elderly patients when necessary.[1,4] However, surgical procedures lasting longer than two hours are associated with higher mortality rates in elderly patients.[14]

The morbidity following surgery in older patients is generally expected to be higher than in younger individuals.[13,16] Twenty-five patients in our series suffered complications. Minor complications occurred in 19 patients, and included urinary tract infections, wound infections or superficial hematomas, and ulcer disease. Major complications such as pneumonia, myocardial infarction, congestive failure, or spinal cord injury occurred in six patients. Some patients had both major and minor complications. Of the 25 patients who had complications, nine had underlying medical problems.

Lutz and Georglieff have reported a 13 percent complication rate in postoperative surgical patients over 60 years of age, and a 7 percent rate in those younger.[12] The majority of the complications were due to cardiovascular disorders and were secondary to underlying chronic illnesses.

The average hospital length of stay was calculated for surviving patients in

Table III
Associated Chronic Illnesses

Diagnoses	Number of Patients
Hypertension	29
Cardiovascular disease	18
Diabetes mellitus	10
Chronic obstructive pulmonary disease	10
Cerebrovascular disease	7
Miscellaneous (alcohol or drug addiction, hypothyroidism, anemia, dementia, Parkinson's disease, etc.)	19

Table V
Surviving Patient Surgical Complications

Minor Complication	Number of Patients
Urinary tract infection	8
Wound infection	3
Wound hematoma	1
Gastritis/ulcer disease	2
Shunt obstruction	1
Electrolyte disturbance	1
Phlebitis of calf	1
Focal seizure	2
Total	19
Major Complications	
Pneumonia/respiratory insufficiency	3
Myocardial infarction/ congestive heart failure	2
Spinal cord injury	1
Total	6

Table IV
Surgical Mortalities

Age	Sex	Diagnosis	Causes	Associated Diseases
77	M	Acute subdural hematoma	Cardiac arrest	Leukemia
78	M	Acute subdural hematoma	Renal failure	
77	F	Acute subdural hematoma	Pulmonary embolus	Diabetes, hypertension
93	F	Meningioma, cerebral metastasis	Cardiac arrest	
72	F	Cerebral grade III astrocytoma	Pulmonary embolus	
68	F	Posterior fossa meningioma	Gram negative meningitis	
70	F	Aneurysm	Stroke	
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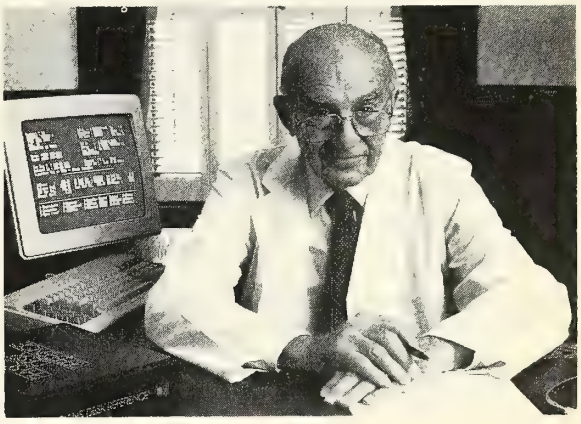

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the larger diagnostic groups. The average length of stay for 22 patients with lumbar spondylosis or disc disease was 14 days. Ten patients with cervical spondylosis or disc disease stayed in the hospital on an average of 19 days. The arithmetic mean length of stay for the appropriate diagnostic related group is 20.2 days.[11] Eleven patients underwent craniotomy for subdural hematomas and were hospitalized an average of 35 days. One of these 11 patients was hospitalized for 165 days. If this individual is excluded, the average length of hospitalization for craniotomy for trauma is 22 days. The diagnostic related grouping arithmetic mean length of stay for such patients is 19.7 days. Seventeen individuals underwent craniotomies for nontrauma related diseases (tumor or aneurysm) and stayed an average of 32 days. If the three longest hospital stays are excluded, the average length of stay of these patients is 25.6 days. The diagnostic related grouping arithmetic mean length of stay for such cases is 21.4 days.

Conclusion

This review indicates that a wide variety of neurosurgical diseases and procedures in patients over age 65 are treated and performed in community hospitals. Although the expected mortality and morbidity will be higher than in younger patients, they certainly are not prohibitive. Many of these untoward events appear related to associated chronic medical diseases and not simply to the patient's age or to the actual neurosurgical operation. Therefore, appropriate neurosurgical treatment rarely should be withheld because of age alone. Finally, the federal guidelines for hospital lengths of stay appear reasonable for most neurosurgical patients over age 65 in community hospitals. □

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KePRO report

Disclosing physician-specific quality problems

Donald E. Harrop, MD

Shortly after KePRO received its contract from the Health Care Financing Administration (HCFA), one issue was discussed but not approved by the KePRO Board of Directors. This issue, the disclosure of physician-specific quality of care data to the hospital in which a particular problem occurred, has been raised numerous times since then.

Hospitals contend that they have a right to be made aware of quality problems because they are placed in jeopardy when problems occur and because they may be unaware of the existence of problems. Hospitals would prefer to assist in solving problems in the early stages rather than learn about serious mistakes and outcomes when it may be too late. Although the KePRO Board was sympathetic to the hospitals' position and discussed the issue at a number of Board meetings over the past three years, the Board was concerned with interpretation of the federal confidentiality regulations and the questions of what information would be released and to whom.

In May 1988, HCFA issued a memorandum that clarified the confidentiality regulations and made it obvious that such disclosure was allowable. At its July 1988 meeting, the Board of Directors agreed in principal to release physician-specific quality information to hospitals.

Several questions remained. At a special Board meeting in September, the Board decided that hospitals would be notified only when cases were assigned a quality severity indicator of 3, 4, or 5. The Board could see no need to disclose information on assignment of severity indicator 2, which is defined as a "quality management concern which did not affect the patient's well-being but had the potential to have an adverse effect on the patient's condition." Severity indicator 1 means that no quality of care management problems are evident.

Another decision was that any such information would be released only to a physician representing the hospital and that further discussions should be held with a combined group of representatives from the PMS Ad Hoc Committee on KePRO Oversight, the PMS Hospital Medical Staff Section, the Pennsylvania Osteopathic Medical Association (POMA), and the Hospital Association of Pennsylvania (HAP) to recommend the protocol for this disclosure. Further, information would be released to hospitals only in those cases where admissions occurred on and after January 1, 1989. This would allow time for the physician community to be informed of the new procedures.

As you can see, this decision was not haphazard. Considerable discussion, debate, negotiation, and consultation preceded the Board's final decision. The Board realizes that its decision may generate some criticism and concern in the physician community; however, the Board believes that hospitals have a right to such information and that the overall results will be beneficial and should further enhance the quality of medical care delivered in Pennsylvania.

Dr. Harrop is president of the Keystone Peer Review Organization and immediate past president of the Pennsylvania Medical Society. He is a family physician.

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Yes
Henry S. Sawin, MD

3:30 p.m.–4:00 p.m.
No
Mark S. Hochberg, MD

4:00 p.m.–5:00 p.m.
Case presentations—*Thach N. Nguyen, MD*
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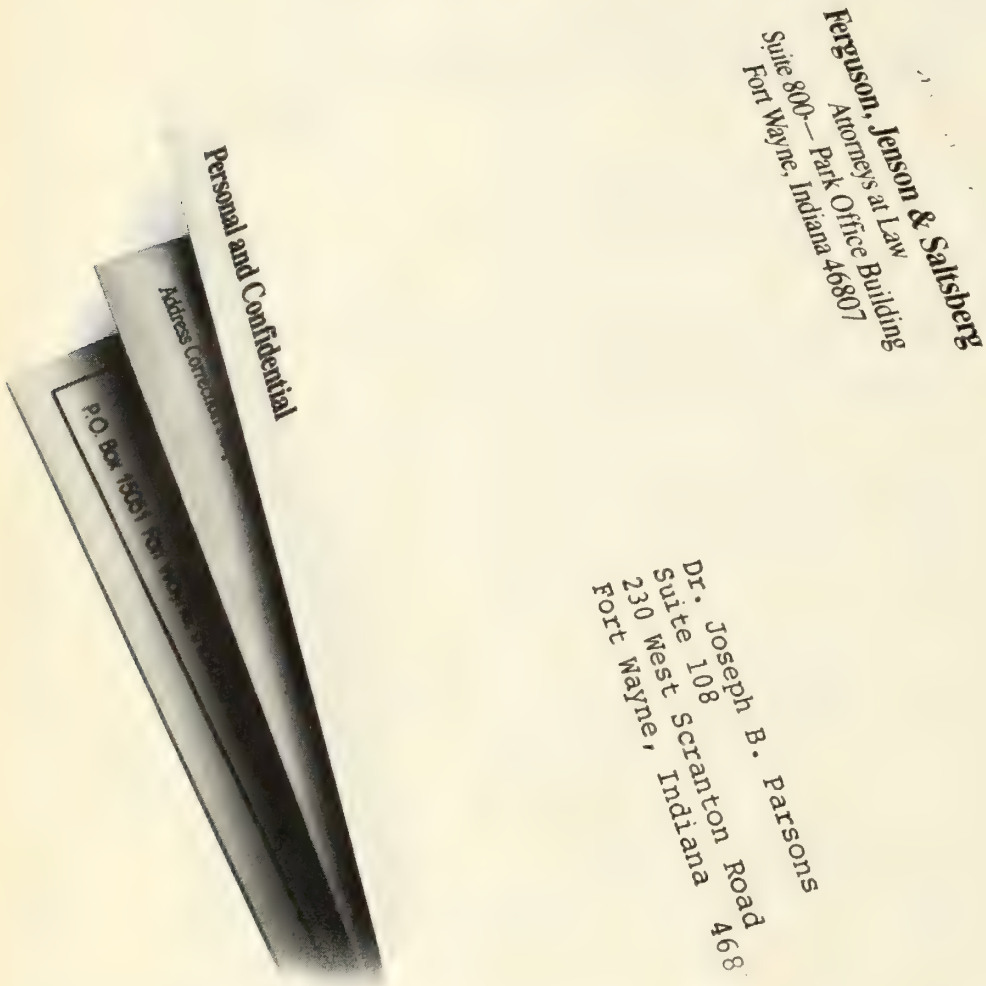

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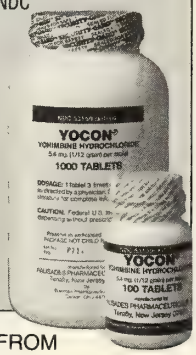

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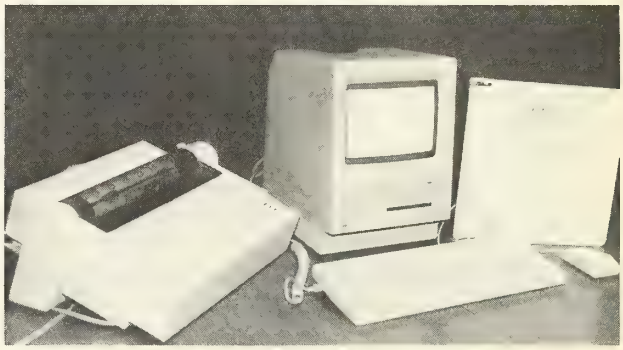

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physicians in the news

Baruch S. Blumberg, MD, PhD, vice president for population oncology at Fox Chase Cancer Center and winner of the 1976 Nobel Prize in medicine, received the John P. McGovern Award from the American Medical Writers Association (AMWA) for communicating science to the public. Dr. Blumberg narrated "Plagues," a television program that traced the origins of epidemics.

Myron Yanoff, MD, professor and chairman of the Department of Ophthalmology at Hahnemann University, received the Humboldt-Award from the Federal Republic of Germany and the Alexander von Humboldt Foundation. Dr. Yanoff studied the eximer laser at the University of Erlangen-Nurenberg in West Germany.

Philip C. Taylor, MD, Wayne, and **Ronald H. Friedman, MD,** Abington, both from the Department of Internal Medicine at the Germantown Hospital and Medical Center, have earned board certification in geriatric medical care.

Harry Shubin, MD, Philadelphia, was elected a fellow of the American Occupational Medical Association, and was the recipient of the Statesman Award in Health Care Administration by the American Academy of Medical Administrators.

William Frankl, MD, director of the Likoff Cardiovascular Institute at Hahnemann University, has received the Charles T. Mears Humanitarian Award from the American Heart Association.

Laurence H. Beck, MD, has joined the Geisinger Clinic as chairman of the Departments of Medicine at Geisinger Medical Center. Dr. Beck had been with the University of Pennsylvania School of Medicine as director of geriatric medicine.

Selma Kramer, MD, was recently appointed professor of psychiatry at Jefferson Medical College. Dr. Kramer had been director of child psychiatry and professor at the Medical College of Pennsylvania.

Presbyterian-University of Pennsylvania Medical Center has named **Warren A. Katz, MD,** chairman of the department of medicine. Dr. Katz served as acting chairman before his appointment.

Louis Lipschutz, MD, staff psychiatrist at Philadelphia Psychiatric Center (PPC), is the new director of the Forensic Psychiatric Service at PPC. The service was established to help attorneys and other legal professionals with civil and criminal mental health matters.

Steven Mandel, MD, Philadelphia, participated recently in a symposium on minor head injuries at the World Congress of Psychiatry.

Luther W. Brady, MD, professor and chairman of the Department of Radiation Oncology and Nuclear Medicine at Hahnemann University, has been named medical director of the radiation oncology services at the Norristown Regional Cancer Center.

Bernard J. Ostrum, MD, chairman of the Department of Radiology at Albert Einstein Medical Center, has been named "Man of the Year" by the Philadelphia Jewish National Fund Physicians and Surgeons Division.

Temple University School of Medicine has raised $5.5 million in future endowment to establish four chairs: the **Waldo E. Nelson Chair in Pediatrics; the Earle H. Spaulding Chair in Microbiology; the W. Edward Chamberlain Chair in Radiology; and the Thomas M. Durant Chair in Medicine.** Dr. Nelson was chairman of the Department of Pediatrics from 1940 to 1964. Dr. Spaulding was chairman of the Department of Microbiology and Immunology from 1949 to 1972. Dr. Chamberlain was chairman of the Department of Radiology from 1930 to 1957. Dr. Durant was chairman of the Department of Medicine from 1956 to 1966.

Vincent J. DiStefano, MD, team physician for the Philadelphia Eagles since 1972, has been appointed chairman of the Department of Orthopedics at Graduate Hospital.

Jane K. Dorval, MD medical director at Moss Rehabilitation Hospital, has received the 1988 Pennsylvania Association of Rehabilitation Facilities Individual Distinguished Service Award.

Carlo M. Croce, MD, an internationally recognized molecular geneticist, is director of the Fels Institute for Cancer Research and Molecular Biology and professor of medicine and pathology at Temple University School of Medicine.

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Ophthalmic Nursing Meeting	Friday, March 10, 1989
Keratometry Workshop	Saturday, March 11, 1989

More than seventy (70) original papers will be presented by individual authors, covering all aspects of the field of Ophthalmology. Spouse Program, including attendance at the Philadelphia Flower Show and Luncheon, is scheduled for Thursday, March 9, 1989. Brunch and a demonstration of flower arranging is scheduled for Friday, March 10, 1989, at the Adam's Mark Hotel.

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You can have as many problems collecting outstanding bills directly from patients as you have patients. In our experience, many physicians whose practices depend largely on self-pay patients have developed effective collection systems. However, other physicians, particularly those who derive much of their revenues from third party reimbursements, do not take the right steps to maximize their direct patient collections.

In today's competitive environment, it is the rare physician who can afford to let earned revenues remain uncollected, when diligence and common sense can turn these accounts into dollars. Here are some suggestions that may help you increase your collections.

Get the right billing information

A good collection system starts with getting all the information you need to bill and collect from the patient, and getting it right the first time. Obvious? Yes, in theory, but often not in practice. Unfortunately, too many offices fail to get *all* the patient information needed for direct billing at the time of the visit. Likewise, hurried or sloppy handwriting, faulty data transcription, and other similar unchecked errors can make the collection information on file useless.

Take the case of Dr. Sidney Bones, an orthopod, whose office, after months of unsuccessful billing, was prepared to write off a large balance owed by his patient Ami Rich, of "1234 Hines Street," Philadelphia. Luckily, a member of Dr. Bones' staff realized that there was a "1234 Hines Street" in a neighboring Bucks County community. This turned out to be the correct address for Ms. Rich. A new bill was sent, and payment was received.

A good collection system, however, cannot rely on chance. Make sure your staff gets at least the following information (with correct spelling) for each and every patient (and where appropriate, other responsible party): full name; home address; employer's name and address; supervisor's name; home and work telephone numbers; full name of spouse and his/her work address and phone number; and primary *and* secondary insurance coverage information. For minor patients, you need all of the above information for *both* the mother and father or other legal guardians. Have the patient or a family member write down or recite all of the above information, and have a staff member check the information for completeness and legibility. When in doubt, ask questions. Make a copy of all medical insurance cards, and keep that copy with your billing information.

Educate your patients

Your patients must understand the financial commitment they are making to you when they request your services. This can be no easy matter for many patients, for one almost has to be a reimbursement specialist to make heads or tails out of many carriers' subscription agreements, with their deductibles, copayments, excluded services, preconditions to payments, and so on. The result: Many patients assume, wrongly, that if they have insurance, it will pay for *all* your bills. Then, when your bill arrives for the balance that insurance didn't pay, the patient may be suspicious, resentful, and frankly, not inclined to pay.

Consider Dr. Bones' successful treatment of little Ami Rich's fractured wrist. Her mother's commercial insurance fulfilled its contractual obligations to pay the resulting "reasonable and customary" expenses, which in this case were considered to be less than 62 percent of Dr. Bones' fee. Imagine Mrs. Rich's surprise when, with no prior warning, she received Dr. Bones' computer bill for the balance. Concluding the remaining amount owed must be "unreasonable and not customary," she raised havoc with the billing staff, complained to all her neighbors about Dr. Bones' exorbitant bill and greediness, and refused to pay any remaining amount. Eventually the account was written off.

You can avoid these kinds of situations by educating your patients about your fees and your payment expectation. When your office first sees the patient or schedules any surgery, a staff member should explain to your patient about your fees, the amount his or her insurance is likely to pay, and the likely remaining balance the patient will have to pay personally. To do this, your staff must be familiar with the various carriers and the amounts that they are likely to reimburse for your usual range of procedures and services. Likewise, the person responsible in your office for this explanation *must have* above-average interpersonal skills. Properly used, this explanation can even be a good marketing tool.

Billing is not collection

Billing is the process of requesting payment for your services using com-

The principal authors of this article are Sandra E. D. Smith, JD, MBA, and Susan Gorn, JD, attorneys and consultants with the Health Care Group in Plymouth Meeting.

monly understood language, forms, and methods to advise patients and third parties of your charges. Those payers receive your information and react to it in whatever way they consider appropriate.

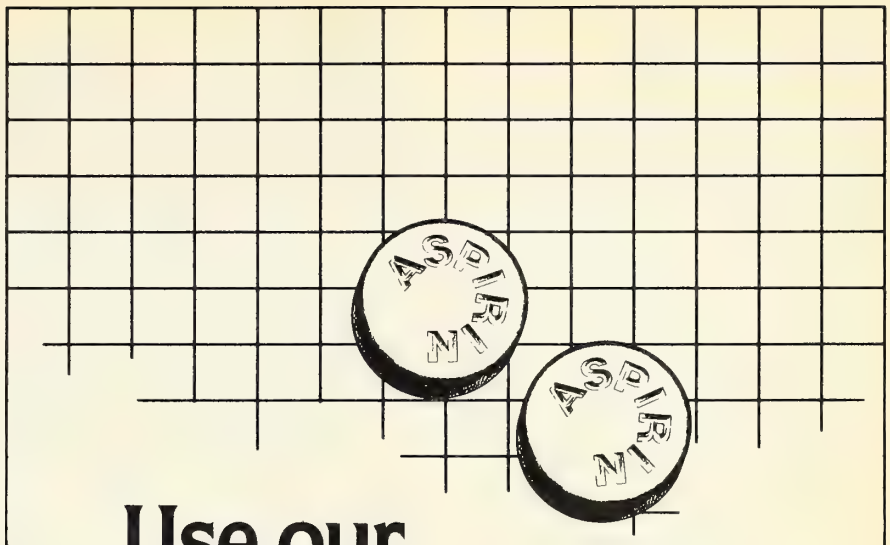
Collection is very different. It is positive, aggressive, *professional* action on your part to *make* reluctant and slow paying parties pay up.

With computerized billing, both in-house and by billing services, some physicians have forgotten this big difference. Instead, some have come to rely on printing collection notices on their computerized billings as their only means of collection. Typically, the computer billing program is set up with a counter system, so that the severity of the collection notice depends upon the number of prior invoices that have been sent to any given patient. The theory is that "slowpays" or "deadbeats" will pay up in response to the perceived severity of the threat of action against them.

But many reluctant payers are smart, at least in terms of avoiding their obligations. The perverse effect of relying solely on a computerized billing system with collection notices is that it may actually *discourage* payments. It is a passive system, and the savvy slow payer soon learns to distinguish between these insubstantial threats and actual collection actions.

Our beleaguered orthopod, Dr. Bones, had incorrectly come to think that his collection problem was with his billing, so he contracted with a new billing service. This service agreed to send out four monthly notices to patients with outstanding balances. The first notice was a statement of the amount owed. Notices two, three, and four contained increasingly ominous statements threatening to turn the patient over for collection action. (These notices, by the way, may be illegal if you have no actual intention to take such action.) After four billings, the notices stopped and the accounts were turned back to Dr. Bones. He assumed nothing more could be done, so he wrote off the outstanding balances without further action.

Follow-up with one nonpaying patient proved interesting. The patient said he didn't pay the bills because they were just "some computer notice which kept coming month after month." After the third notice, he figured no one was really interested in whether he paid or not; so he didn't. Besides, when he received the same kind of bills from Dr.



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Bones the year before, he didn't pay them either and nothing happened to him, so he decided to wait and see what Dr. Bones would do this time.

Clearly, even a good billing system has limits. It will communicate your fees to people willing to pay them; it will not, however, on its own, force anybody to pay your bill. If you rely on a computer billing system for collections, some patients, sooner or later, will decide they can avoid their obligations to you with impunity.

The answer: active collection

As Dr. Bones eventually did learn, the end of his billing cycle was not the end of his collection system—the system that started when he gathered all the necessary information to collect from his patients if they or their insurance didn't make payment in full.

No one collection system is best. What works best for you will depend upon your practice, your patients, your staff, and the extent of your outstanding accounts. Your system must be tailored accordingly. But any practice that intends to collect should have some system that is well-thought-out in advance and that operates continuously to bring in accounts in a cost-effective way. No matter what system you choose, keep the following principles in mind:

1. *Don't automatically write off any account.* Some physicians automatically write off unpaid patient balances as a matter of humanitarianism. They assume, often incorrectly, that financial hardship has prevented payment. Often this is not the case. Some people just prefer to have the money in their pockets rather than yours. Never assume any circumstances.

2. *Always make a telephone call.* Always have someone on your staff investigate the reasons for nonpayment. Sometimes you will discover that there are financial problems; then some type of installment arrangement may be worked out. Other times, you may find that your patient billing information was not correct, so your patient never received your bills.

The easiest and most effective way to investigate is to call the patient. You will get the facts you need and your interest in receiving payment for your services will be brought home to the patient. No matter what else you do for collections, always make at least one telephone call.

3. *Consider all your options.* Even when there is no good reason to forgive a patient's debt, many physicians write off unpaid balances on the assumption that they are not worth the cost of collection. For old balances under $100 this may be true. But, if you have a lot of small accounts, they may be worth pursuing. For larger accounts, the most we can say is, it all depends.

Here are some collection options you should consider and cost out:

• *In-house collection*—You could staff your office with an accounts receivable person responsible for sending out letters, making telephone calls, and generally following up on your outstanding accounts. You will have to evaluate the cost of staffing for the level of effort you desire and for what your expected returns could be, given an aggressive collection system. For many group practices, this is an efficient, cost-effective action.

The perverse effect of relying solely on a computerized billing system with collection notices is that it may actually discourage *payments.*

• *Collection agencies*—These agencies are in the business of persuading people to pay. Generally, they will work for a set percentage of actual collections. This percentage may be as high as 50 percent. Although you may think this is a good option because you incur no out-of-pocket expenses in the collection effort, you should consider whether you would be better served to do this in-house. Keep in mind that, as with many contingency fee operations, cherry picking is the rule. Mostly easier accounts, the ones that you probably could collect yourself, will be pursued by the agencies. And keep in mind that when you choose an agency, you should investigate its procedures. After all, if it's going to be collecting delinquent accounts in your name, its practices must not damage your reputation.

Nevertheless, when in-house collection is not feasible, you should contact some reputable collection agencies and consider this alternative.

• *People's court*—Many practices find that pursuing large (over $100) patient accounts through local small claims or people's courts often results in cost-effective collections. Unlike regular or typical lawsuits, small claims often can be handled successfully by the office manager, without additional doctor or attorney involvement. In most instances, you need not even go to court. Simply notifying the delinquent patient of the lawsuit may motivate payment—fast.

While many physicians fear that resorting to court action generates patient illwill, this fear is generally unwarranted. Most people seem to acknowledge that physicians, like everyone else, should not let people take advantage of them.

As you probably will surmise, even simplified legal procedures have their own rules, regulations, and rigmarole. You should consult with your attorney to decide whether small claims actions may be a good thing for you, and if so, establish a procedure for your office manager to follow to simplify this option.

• *Attorney collection*—Attorney collection can be more efficient than either collection agencies or self-help methods. Depending on the volume and type of your accounts, some attorneys may provide their efforts for a very competitive fee. Typically, a letter to a patient on a legal letterhead has a positive effect, much like a court suit, but is possibly less expensive. Many collection attorneys feel that what the collection letter says doesn't matter much. Receipt itself motivates payment.

• *Credit reporting bureaus*—Even if you do nothing else, you should consider reporting delinquent patients to a credit reporting bureau. Sometimes, this will trigger payments in unexpected ways. A patient seeking a mortgage commitment may find it suddenly important to pay you for the services you provided two years ago. True, money loses value over time, but something is always better than nothing. If you choose this option, you should consult your attorney first so you comply with the credit bureau reporting and documentation requirements.

Conclusion

Many considerations are involved in inducing patients to pay their bills. We hope these comments and suggestions lead you to examine your collection process. You can't afford not to maximize your profits. □

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gency Consultants, Inc., 2240 S. Airport Rd., Room 27, Traverse City, MI 49684; 1-800-253-1795 or 1-800-632-3496 in Michigan.

Western New York — Seeking director, full-time and part-time emergency department physicians for moderate volume 127-bed hospital located between Buffalo and Rochester. Excellent compensation, full malpractice insurance coverage and benefit package available. Contact: Emergency Consultants, Inc., 2240 S. Airport Rd., Room 27, Traverse City, MI 49684; 1-800-253-1795 or in Michigan 1-800-632-3496.

Radiologist, board certified needed, Locum Tenens. Southwestern Pennsylvania community hospital, with permanent position possible. Dates: current through June 30, minimum. Respond to Box 274, PENNSYLVANIA MEDICINE, 20 Erford Rd., Lemoyne, PA 17043.

Internist — BC/BE for expanding primary care internal medicine practice in Philadelphia. Flexible scheduling. Respond with CV to: Box 275, PENNSYLVANIA MEDICINE, 20 Erford Rd., Lemoyne, PA 17043.

General surgeons — Growing practice in Philadelphia seeks board eligible or board certified general surgeon, as of June or July of 1989. Preference will be given to vascular, thoracic, endoscopy, and oncology talents. Send Curriculum Vitae and letters of recommendations to: SSL, Box B-5, 9892 Bustleton Avenue, Philadelphia, PA 19115.

Cardiology — Clinical and non-invasive cardiologist to join medicine-cardiology group at Philadelphia teaching hospital. Must have excellent clinical skills and credentials and anticipate about half medicine, half cardiology. Send CV to Box 278, PENNSYLVANIA MEDICINE, 20 Erford Rd., Lemoyne, PA 17043.

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Physician—Pediatrics —Established primary care medical group providing care to a prepaid and growing FFS population seeks BC/BE pediatrician for Philadelphia and suburban sites. We are seeking a motivated physician committed to quality and managed care. Excellent salary, benefits, and incentive package. Send CV to Linda Witczak, Delaware Valley Health Network, 9600 Roosevelt Blvd., Phila., PA 19115.

Physician—Internal Medicine — Established primary care medical group providing care to a prepaid and growing FFS population seeks BC/BE internist for Philadelphia and suburban sites. We are seeking a motivated physician committed to quality and managed care. Excellent salary, benefits, and incentive package. Send CV to Linda Witczak, Delaware Valley Health Network, 9600 Roosevelt Blvd., Phila., PA 19115.

Nevada: Family practice, internal medicine, pediatrics, ob-gyn, radiology: Immediate openings in several rural communities; guaranteed salary, full benefits including paid malpractice, and possible university affiliation. No fee to applicant. Contact Sherry Semiatin, Office of Rural Health, Reno, Nevada 89557-0046; (702) 784-4841.

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cian or group in IM/GP, Philadelphia or Pittsburgh area. Reply to Box 258, PENNSYLVANIA MEDICINE, 20 Erford Rd., Lemoyne, PA 17043.

BC internist — Middle aged mother and educator, recently board certified, seeking part-time employment in the Philadelphia area. Reply to Box 247, PENNSYLVANIA MEDICINE, 20 Erford Rd., Lemoyne, PA 17043.

Board certified radiologist trained and experienced in MRI, CT, US seeks full-time position in imaging center or hospital in Philadelphia area. Box 271, PENNSYLVANIA MEDICINE, 20 Erford Rd., Lemoyne, PA 17043.

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Cardiologist desires to purchase a cardiology practice in the Philadelphia area. Reply Box 273, PENNSYLVANIA MEDICINE, 20 Erford Rd., Lemoyne, PA 17043.

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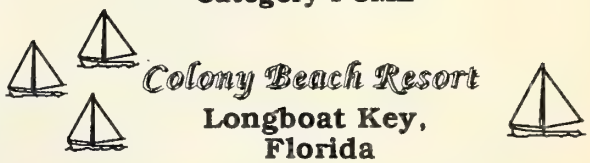

For further information, please contact:
William F. Chaveas, Executive Director
American College of Clinical Pharmacology
175 Strafford Avenue, Wayne, PA 19087
(215) 687-7711

obituaries

• *Denotes PMS membership at time of death.*

Daniel H. Bee, Indiana; Temple University School of Medicine, 1937; age 78, died September 10, 1988. Dr. Bee who practiced general medicine was a past president of the Pennsylvania Medical Society. •

Francis M. Bellarmino, Philadelphia; Temple University School of Medicine, 1940; age 73, died September 26, 1988. Dr. Bellarmino practiced internal medicine. •

Sang Yon Cho, Moorestown, NJ; Yonsei University College of Medicine, 1958; age 56, died October 17, 1988. Dr. Cho was professor of pathology at Jefferson Medical College. Severance Alumni Association in USA fully honors Dr. Cho and expresses deep condolences. •

Joseph T. Devlin, Upper Darby; Jefferson Medical College, 1938; age 78, died September 25, 1988. Dr. Devlin was a pediatrician. •

William S. Dietrich, Mechanicsburg; Temple University School of Medicine, 1930; age 83, died September 16, 1988. Dr. Dietrich was a general practitioner. •

Joseph A. DiMedio, Drexel Hill; Hahnemann University School of Medicine, 1919; age 92, died October 8, 1988. Dr. DiMedio was a surgeon. •

Joseph B. Falchek, Lewistown; University of Central del Caribe, Escuela Medicina de Cayey, Puerto Rico, 1981; age 36, died September 18, 1988. Dr. Falchek was an anesthesiologist. •

John V. Hertzler, Carlisle; Temple University School of Medicine, 1961; age 53, died September 17, 1988. Dr. Hertzler practiced internal medicine. •

Karl K. Lewin, Pittsburgh; University of Pittsburgh School of Medicine, 1948; age 63, died September 1988. Dr. Lewin was a psychiatrist. •

James W. Minteer, Ridgway; University of Pittsburgh School of Medicine, 1932; age 81, died September 12, 1988. Dr. Minteer practiced internal medicine. •

Donald E. Morrison, Halifax; Temple University School of Medicine, 1937; age 77, died September 11, 1988. Dr. Morrison was a family practitioner. •

Raymond J. Mullin, Levittown; Temple University School of Medicine, 1953; age 60, died July 18, 1988. Dr. Mullin was a general surgeon. •

Ross F. Munro, Elverson; University of Pennsylvania School of Medicine, 1934; age 83, died September 5, 1988. Dr. Munro was a general practitioner •

Nizar N. Oweida, Lower Burrell; American University Medical School in Beirut, 1950; age 62, died September 15, 1988. Dr. Oweida was a general surgeon. •

Meade D. Schaffner, Lancaster; Jefferson Medical College, 1925; age 93, died September 21, 1988. Dr. Schaffner was a general practitioner. •

George W. Weber, Hummelstown; Temple University School of Medicine, 1948; age 64, died September 8, 1988. Dr. Weber was a psychiatrist. •

Meena Aggarwal, Bryn Mawr; King George's Medical College, 1968; age 42, died September 15, 1988. Dr. Aggarwal was an obstetrician and gynecologist.

Carl F. Baisden, Huntingdon Valley; Jefferson Medical College, 1954; age 62, died August 16, 1988. Dr. Baisden practiced general medicine.

Alfred G. Gillis, Plymouth Meeting; Jefferson Medical College, 1932; age 82, died September 8, 1988. Dr. Gillis was a surgeon.

Thomas K. Rathmell, Yardley; Jefferson Medical College, 1933; age 84, died September 2, 1988. Dr. Rathmell was a pathologist.

Nelson C. Woehrle, Wilkes-Barre; Jefferson Medical College, 1930; age 86, died September 14, 1988. Dr. Woehrle was a general practitioner.

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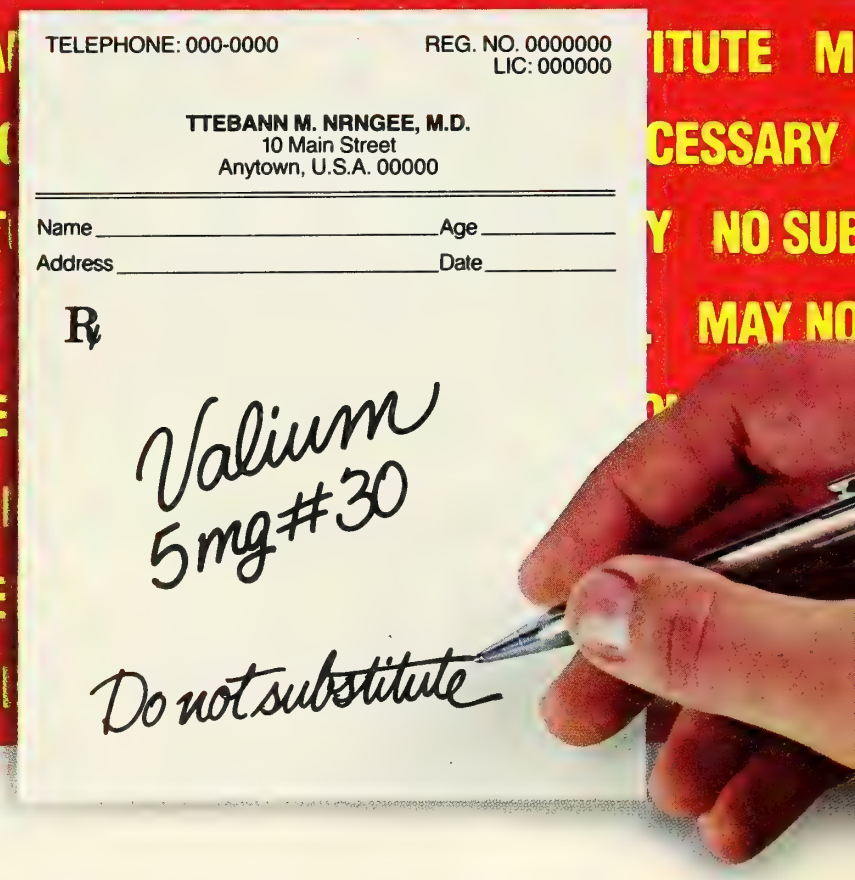

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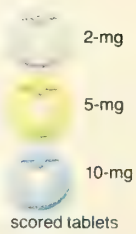

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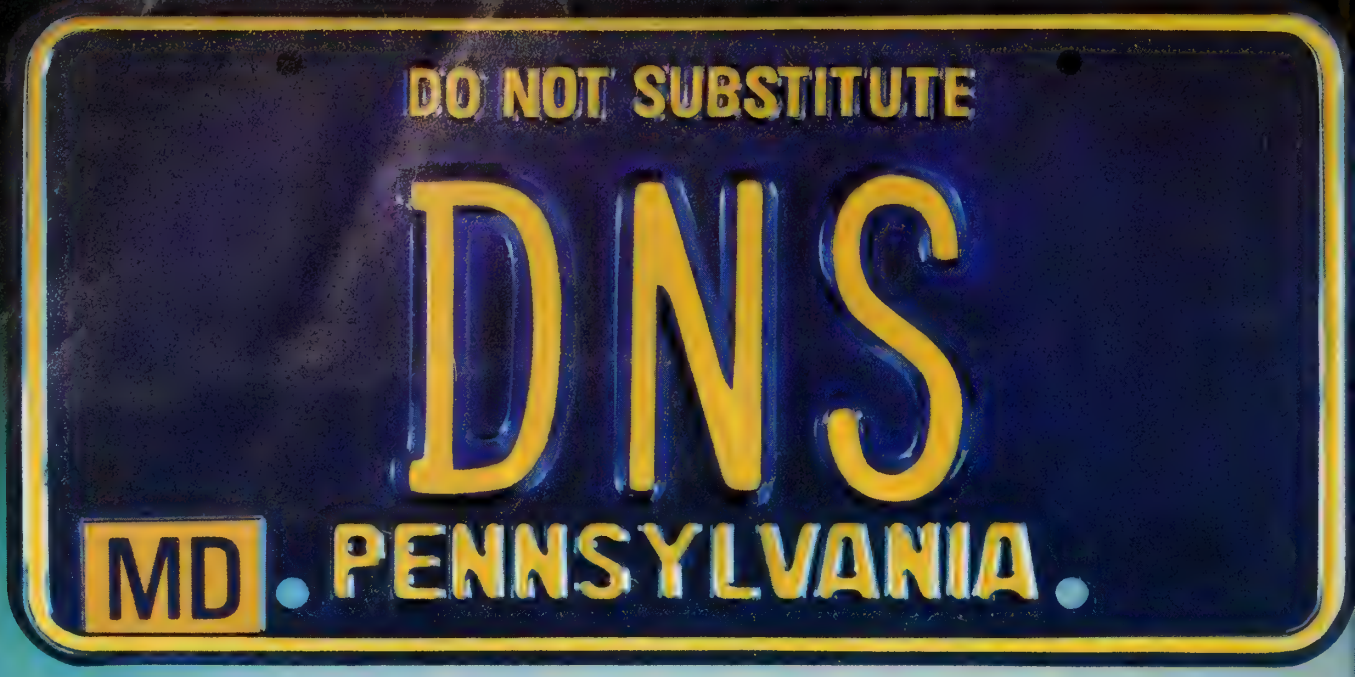

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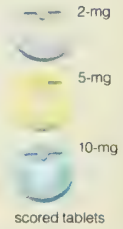

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